



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

## Issued by the Chief Inspector

Name of designated centre:	Mount Sackville Nursing Home
Name of provider:	Sisters of St Joseph of Cluny
Address of centre:	College Road, Dublin 20
Type of inspection:	Unannounced
Date of inspection:	14 November 2023
Centre ID:	OSV-0000176
Fieldwork ID:	MON-0041843

## About the designated centre

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

Mount Sackville Nursing Home is located in Chapelizod, Dublin 20 and is close to the Phoenix Park amenities, schools and bus routes. The centre has 33 single bedrooms all laid out over three floors, and can accommodate both male and female residents. Floors can be accessed by stairs or passenger lifts. Full-time long-term general nursing care is provided for persons over the age of 65, and people living with dementia. Admission takes place following a detailed pre-admission assessment.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	32
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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 14 November 2023	10:00hrs to 16:00hrs	Kathryn Hanly	Lead
Tuesday 14 November 2023	10:00hrs to 16:00hrs	Yvonne O'Loughlin	Support

## What residents told us and what inspectors observed

There was a calm and relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. Inspectors spoke with nine residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents also reported satisfaction with the quality and quantity of food they were provided with.

It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. All residents observed on the day were well dressed in appropriate clothing and footwear. Those residents who could not communicate their needs appeared comfortable and content. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner.

Residents had a choice to socialise and participate in activities throughout the day. A group of residents were observed partaking in "imagination gym" which combined group relaxation, imagination and mindfulness. Mass was offered every day in a beautiful chapel dating from 19th century which is attached to the main building.

There were no visiting restrictions in place and visits and social outings were facilitated and encouraged. Inspectors were informed that inter-generational bonds were fostered between the residents and pupils from the adjoining schools. Pupils regularly visited and wrote letters to the residents. Residents had recently enjoyed attending a musical performance of Oklahoma in the adjoining school.

The extensive landscaped grounds were well-maintained and provided a safe space available for residents' use. Residents told the inspectors that they enjoyed the scenic views of the gardens, Phoenix Park and Liffey Valley. The centres dog, goat, donkeys and sheep created a therapeutic environment that residents said brought them joy and comfort. Residents were seen to move freely through the centre and inspectors were informed that many residents enjoyed walks on the well-kept grounds of the campus.

Residents' bedroom accommodation comprised 33 single rooms with the majority en-suite. Bedroom accommodation was available on the ground floor, first floor and second floor. The second floor was organised into three separate units to include areas referred to as the second floor, the chamblanc floor and third floor. Through walking around the centre, inspectors observed that the majority of residents had personalised their bedrooms and had their photographs and personal items displayed.

Communal spaces on the ground floor included a large dayroom and dining room. Residents also had access to a chapel, hairdressing room, a small oratory, parlour and conservatory.

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 inspectors observed that the décor in the centre was showing signs of minor wear and tear. Surfaces and finishes including wall paintwork, wood finishes and flooring in some resident rooms and ancillary facilities including a housekeeping room were worn and poorly maintained and as such did not facilitate effective cleaning. Findings in this regard are further discussed under regulation 27.

Sluice rooms did not facilitate effective infection prevention and control measures. For example, sluice rooms were not equipped with sluice hopper and equipment cleaning sink. Access to the hand hygiene sink was obstructed within one sluice room. Cleaning chemicals were also prepared within the sluice room which posed a risk of cross contamination. Cleaning carts were not equipped with a locked compartment for storage of chemicals. Findings in this regard are further discussed under regulation 27.

The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process.

There was no dedicated clean utility or treatment room for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. Clean and sterile supplies were stored in the nursing office and in presses along the corridor. The medication trolley was stored in a kitchenette which was adjacent to the office.

Despite the infrastructural issues identified, overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared visibly clean. Equipment viewed was also generally clean and well maintained with some exceptions. For example, manual handling slings were shared between residents and two foam mats were worn and did not facilitate easy cleaning. Heavy dust was also observed on three bed-frames.

Alcohol-based hand-rub wall mounted dispensers were readily available within resident's bedrooms an additional hand hygiene sink were also available within easy walking distance of residents bedrooms. However, the available clinical hand wash sinks did not comply with the recommended specifications for clinical hand wash basins.

## Capacity and capability

Overall inspectors found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Improvements were required in infection prevention and control governance, environment and equipment management.

Inspectors found that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. Mount Sackville nursing home is an unincorporated body with two members on the board of committee. The provider representative worked full-time in the centre supporting the person in charge (PIC) who managed the centre on a daily basis. The provider had nominated a staff member with the required link practitioner training and protected hours allocated, to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

Inspectors also observed there were sufficient numbers of clinical and housekeeping staff to meet the infection prevention and control needs of the centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and color coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day.

The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through a planned eight bedroom extension to the existing building. Building works had commenced and were at an advanced stage. An aspergillosis risk assessment had been undertaken and appropriate risk reduction measures were in place to protect at-risk residents during the ongoing renovations within the centre.

Inspectors identified some examples of good antimicrobial stewardship. Antibiotic consumption data was analysed each month and used to inform infection prevention practices. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Staff also were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance.

However, surveillance of multi drug resistant organism (MDRO) colonisation including Carbapenemase-Producing *Enterobacterales* (CPE), Vancomycin-resistant *Enterococci* (VRE) and Extended Spectrum *Beta-Lactamase* (ESBL) was not routinely undertaken and recorded. Findings in this regard are presented under regulation 27.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Documentation reviewed relating to *Legionella* control provided the assurance that the risk of *Legionella* was being effectively managed in the centre. For example, unused outlets were regularly flushed and routine monitoring for *Legionella* in hot and cold water systems was undertaken.

However, disparities between the findings of local infection prevention and control audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services. Details of issues identified are set out 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 all staff were up to date with mandatory infection prevention and control training. However, inspectors also identified, through talking with staff, that further training was required to ensure staff are knowledgeable and competent in the management of residents colonised with MDROs including CPE. Details of specific issues identified are set out under regulation 27.

## Quality and safety

Overall, inspectors were assured that the quality of service and quality of care received by residents was of a high standard. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them.

Staff working in the centre had managed a small number of outbreaks and isolated cases of COVID-19 over the course of the pandemic. A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and documented in a timely and effective manner. 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. Staff and residents had recently received their annual influenza and COVID booster vaccinations.

Inspectors identified some examples of good practice in the prevention and control of infection. Waste and used laundry was segregated in line with best practice guidelines. Staff also had access to safety engineered sharps devices which minimised the risk of needlestick injury.

Documentation reviewed showed that residents were encouraged and supported to perform hand hygiene at regular intervals throughout the day.



However, a number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. These included the identification of residents colonised with CPE. Findings in this regard are presented under regulation 27.

A review of documentation found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. However, specimens awaiting collection were stored within a medication fridge in a kitchenette. This was immediately addressed when highlighted to management and a dedicated specimen fridge for the storage of samples awaiting collection was sourced on the day of the inspection.

Resident care plans were accessible on a computer based system. However, a review of care plans found that accurate infection prevention and control information was not recorded in resident care plans to effectively guide and direct the care residents that were colonised with an MDRO. Details of issues identified are set out under regulation 27.

## Regulation 27: Infection control

Infection prevention and control and antimicrobial stewardship governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- Surveillance of MDRO colonisation was not undertaken. There was some ambiguity among staff and management regarding which residents were colonised with MDROs including ESBL and CPE. As a result accurate information was not recorded in two resident care plans and appropriate infection control and antimicrobial stewardship measures may not have been in place when caring for these residents.
- Disparities between the finding of local infection prevention and control audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services. For example, local audits had not identified the issues with the housekeeping room and sluice rooms.

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

- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of moving and handling equipment within a communal bathroom on the ground floor. This posed a risk of cross contamination.
- Residents shared moving and handling slings which posed a risk of cross contamination.

- Two cleaning trolleys observed did not have a physical partition between clean and soiled items. In addition, cleaning carts were not equipped with a locked compartment for storage of chemicals. This increased the risk of cross contamination and ingestion of hazardous cleaning products.
- Surfaces and finishes within the housekeeping room did not facilitate easy cleaning and mould was visible on the wall.
- Sluice rooms did not support effective infection prevention and control. For example rooms were small and did not contain an equipment cleaning sink or a sluice hopper. Access to the hand hygiene sink was obstructed within one sluice room.
- Oversight of single use products required improvement. For example, several single use wound dressings were observed to be open and partially used. This may have impacted the sterility and efficacy of these products. A single use urine drainage bag was also observed with an en-suite bathroom and staff informed inspectors that these bags were reused.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Infection control	Not compliant

# Compliance Plan for Mount Sackville Nursing Home OSV-0000176

Inspection ID: MON-0041843

Date of inspection: 14/11/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Surveillance of MDRO colonization commenced immediately after the inspection on 14.11.2023.</p> <p>All resident`s transfer and admission documents reviewed by DON.</p> <ul style="list-style-type: none"> <li>• For residents colonized with MDRO, care plan for Particular MDRO developed (CPE, ESBL).</li> <li>• Audit on the same developed and in use, to be reviewed on monthly basis.</li> <li>• Alert on VCare (Software) developed for easier monitoring.</li> <li>• GP notified re the same</li> <li>• Added note on Digicare (Kardex) when prescribing.</li> </ul> <p>Local IPC audits reviewed and updated to be more accurate. Next audit due on 8.12.2023</p> <p>New and additional moving and handling slings were ordered on 15.11.2023. The same received in 2 days and in use. Each sling is assigned and used for an individual resident only. Slings are kept in residents bedrooms on the wheelchairs, cleaned weekly and after use.</p> <p>Dressing storage audited and all opened dressings removed and binned. All nurses reminded to discard reaming dressing once opened and unused. Poster applied inside the storage press as reminder. The same actioned on the day.</p> <p>Single use urine drainage bag discarded and bags changed daily. The same actioned on the day.</p> <p>Lack of appropriate storage for moving and handling equipment: Building company notified and came on site on 15.11.2023 to assess the communal bathroom and sluice room to do necessary changes to be compliant. Plan is to be done before 01.02.2024.</p>	

New cleaning trolleys with a physical partition between clean and soiled items and with a locked compartment for storage of chemicals are going to be purchased in January 2024. At present looking for the most suitable and affordable.

Housekeeping room is going to be refurbished and improved by building company on site (building extension). It is planned to be done before 01.02.2024.

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	01/02/2024