



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

Issued by the Chief Inspector

Name of designated centre:	Kerlogue Nursing Home
Name of provider:	Candela Healthcare Limited
Address of centre:	Kerlogue, Wexford
Type of inspection:	Unannounced
Date of inspection:	11 March 2021
Centre ID:	OSV-0000240
Fieldwork ID:	MON-0031617

About the designated centre

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

Kerlogue Nursing Home is a purpose-built two-storey building that first opened in 2002. It can accommodate 89 residents and all bedrooms are ensuite consisting of 66 single, 10 twin and one triple bedroom. The provider is a limited company called Candela Healthcare Ltd. The centre is situated on the outskirts of Wexford town. The centre offers nursing care for low, medium, high and maximum dependency residents by assessing the individual using the Barthel Index 2 assessment tool. The type of care and support that is provided is for both female and male adult residents including: younger acquired brain injury, palliative care, rehabilitation e.g. post-operative and post stroke. The centre has access to in-house physiotherapist. The centre also cares for residents with conditions associated with advancing age. Residents' medical care is directed by their own General Practitioner (GP) and the centre works closely with the Gerontology department in the day unit of Wexford General Hospital. The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful. The centre currently employs approximately 120 staff and there is 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	71
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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
Thursday 11 March 2021	09:30hrs to 16:15hrs	Liz Foley	Lead
Thursday 11 March 2021	09:30hrs to 16:15hrs	Catherine Furey	Support

What residents told us and what inspectors observed

On the day of this unannounced inspection, the centre were notified by the local Public Health department that their recent COVID-19 outbreak had been declared over. The outbreak had been significant and had impacted greatly on the residents, their families and staff. However, from the observations of the inspectors and what residents told us, it was clear that despite the ongoing Level 5 restrictions, the residents received a high standard of quality care. The overall feedback from residents was that the management and staff were supportive and caring. Residents expressed that they were happy living in the centre.

On arrival, inspectors were met by the General Manager, who ensured that hand hygiene and temperature checking were implemented prior to accessing the centre. A short opening meeting was held and inspectors were then guided on a tour of the centre by the Person in Charge. Inspectors spoke with a number of residents, and approximately nine residents in more detail during the inspection to identify their experiences of living in Kerlogue Nursing Home. The person in charge outlined that approximately 90% of the residents were living with some level of cognitive impairment. The inspectors observed that all residents appeared comfortable and relaxed and were well-groomed. All of the residents who spoke to inspectors were highly complimentary of the service provided. One resident described how staff "couldn't do enough for you" while another stated "they are excellent in every way". The inspectors observed resident and staff interactions throughout the day. Staff were observed to have a relaxed manner and there was cheerful exchanges of conversation with residents. It was obvious that the staff and residents knew each other well. There was a lovely sense of community in the centre, with all grades of staff including visiting essential service providers whom inspectors observed engaging in a friendly a respectful way with residents.

During the COVID-19 outbreak, the Coolbarrow wing became the initial zone for COVID-positive resident cohorting. This wing, comprising 13 single ensuite rooms was undergoing extensive cleaning and interior renovations in preparation for the centre reopening to new admissions. While awaiting further guidance from the Public Health department, the three remaining wings remained cohorted separately, with specific staff allocated to each wing. Group activities had been suspended during the outbreak, however the activities coordinators were scheduled to resume a structured activity programme within each wing on the following week. Inspectors observed residents walking in the corridors to the day rooms and dining areas on each wing. Residents told inspectors that they were very excited to resume normal living and meet their friends in the dining room at mealtimes. Social distancing was seen to be maintained in the communal areas. Some residents chose to remain in their bedrooms.

Inspectors observed that residents were frequently offered hot and cold drinks and snacks. Discreet assistance was provided by staff when required. Residents were complimentary of the choice of food. Resident surveys identified that where minor

issues regarding food were identified, they were acted on accordingly. For example, residents requested more choice at mealtimes and in response, the chef offered three different options of main course each day. The person in charge and general manager were seen to have good oversight of the delivery of care to residents and were a visible presence throughout the centre. Visiting restrictions during the outbreak were allowed on compassionate grounds only, and most of the residents spoken with told inspectors they missed their loved ones and were anxious for visits to resume. However, residents told inspectors they spoke to their families throughout the outbreak via phone and video calls. Residents confirmed that they could go outside during the outbreak with supervision to get fresh air. The provider had sought to improve the visiting experience for residents and their families by installing two outdoor visiting "pods" where the resident and visitor were separated by a secure Perspex window. This ensured that the resident and family member could have a private visit, communicating via a telephone intercom system in a comfortable and warm surrounding, while adhering to infection prevention and control guidelines. Visits were booked in advance and were scheduled to begin on the day following the inspection.

The centre was seen to be clean throughout and there were sufficient cleaning staff on duty. Most corridors were bright with sufficient natural and artificial lighting. However, one internal corridor which linked two wings was noted to be very dark as a result of having to keep the connecting doors closed. There was no ceiling lighting on this corridor. The general manager undertook to have the bulbs of the wall lights replaced with higher wattage bulbs and this was completed before the end of the inspection. The general manager agreed to review the lighting arrangements of this area. The main dining room was undergoing renovations to increase its size, allowing for more residents to be accommodated in the area. A second enclosed outdoor area was also undergoing renovation which would increase the capacity of secure outdoor space for residents to enjoy. Residents were up to date with the planned works, with one resident observing the renovations from his window and commenting to inspectors that he was looking forward to the garden being done in time for the good weather.

Overall, inspectors observed a relaxed and happy environment. Staff stated that they felt supported by management and enjoyed their work. Residents confirmed that they felt safe living in the centre. The next two sections of the report will describe in more detail the specific findings of this inspection in relation to the governance and management of the centre, and how this impacts on the quality and safety of the service provided to residents.

Capacity and capability

Kerlogue Nursing Home is operated by Candela Healthcare Limited who are the registered provider. The registered provider representative is a director of the company. There is a clearly defined management structure in place. The centre was

managed on a daily basis by an appropriately qualified person in charge with overall responsibility for the delivery of clinical care. The general manager worked in tandem with the person in charge, in an operational role. The two roles were supported by a full-time assistant director of nursing, a team of nurses and healthcare assistants and a catering and domestic team. A team of activity coordinators, pastoral care and advocacy staff ensured that residents social, spiritual needs were met and their human rights upheld. The registered provider representative visited the centre weekly to meet with the person in charge and general manager. The systems in place promoted good quality care.

This was an unannounced risk-based inspection conducted over one day. The centre was coming to terms with a significant outbreak of COVID-19 which had resulted in 34 residents and 40 staff contracting the virus. This had resulted in a short term staffing crisis. The provider managed to maintain staffing at the required levels through the use of agency staff and by regular staff working extra hours, so that safe and effective care could be maintained. The assistant director of nursing was also redeployed from their management role to provide nursing care. The centre had implemented its COVID-19 contingency plan which included the cohorting of a number of residents into isolation zones within the centre. Sadly, eight residents had passed away from complications relating to COVID-19. Inspectors acknowledged that residents and staff living and working in the centre have been through a challenging time. It was acknowledged that the management team and staff had ensured that the resident's well being and safety had been at the forefront during the outbreak. The centre engaged proactively during the outbreak with the Health Service Executive (HSE) Outbreak Control Team and the local Public Health department.

Due to the temporary closure of the Coolbarrow unit for renovations and due to the fact that there were 17 vacancies, the centre had reduced the number of staff on duty across the nursing and caring complement. There was a nurse on duty both day and night in each of the remaining three units. The provider resourced the centre well, as evidenced by the high staffing levels. Part-time workers had been furloughed as a result of the vacant beds and there was a plan in place to reintroduce staff, including the fourth nurse, in line with new admissions bringing the centre back to its full capacity.

The Authority had received unsolicited information regarding the centre's visiting procedures during the outbreak. Inspectors reviewed this information during the inspection and found that the visiting procedures in place were in line with the Health Protection and Surveillance Centre (HPSC) *COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCFs)* and centre-specific guidance from the Public Health Department.

All staff had received up-to-date training in safeguarding vulnerable adults, moving and handling techniques and management of behaviours that challenge. Staff confirmed that they were encouraged to identify their own learning needs and additional courses were provided in response. Registered nurses undertook annual medication management training and additional training such as venepuncture and collection of COVID-19 swab samples. Staff spoken with said they enjoyed working

in the centre. A large proportion of the staff had worked there for a number of years, including nurses. They were highly complimentary of the management team and stated that they were well supported.

Regulation 15: Staffing

On the day of inspection, suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care with regard to the current resident profile and assessed needs. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supervised in their roles by the director of nursing who was supported daily by the assistant director of nursing and the centre's general manager. Records viewed by the inspectors confirmed that there was a good level of training provided in the centre. A suite of online training in infection prevention and control had been completed by staff including COVID-19 specific training, hand hygiene and donning and doffing (putting on and taking off) of Personal Protective Equipment (PPE). Inspectors reviewed the planned training schedule and saw that in-house training was due to resume following the COVID-19 outbreak.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place with clearly identified lines of accountability and authority. Inspectors spoke with various staff who demonstrated an awareness of their roles and responsibilities. An annual review of the quality and safety of care delivered to residents in 2020 had been prepared. This included a detailed quality improvement plan for 2021, based on a review of audit outcomes.

There was a robust schedule of audits in place including audit of falls, incidents and restraints which were completed on a regular basis. Actions taken following audits included a multidisciplinary approach, for example, the quality improvement plan following the falls audit included weekly discussions of falls with the physiotherapist and reviews of sedative medication by the GP and Pharmacist. Records of management and staff meetings were reviewed and found to discuss audit results, ensuring that areas for improvement were shared and followed up on in a timely

manner.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the centre's accident and incident log found that notifications of incidents were submitted to the Chief Inspector within the required timeframes, in line the requirements of the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which was prominently displayed in the reception area and contained all information as required by the regulations. The inspectors reviewed the complaints log of which there were two open complaints. These had regular updates documented with regard to the investigation of the complaint. Closed complaints were seen to have been investigated thoroughly and included the response to the complainant. The satisfaction of the complainant was documented for all complaints. The inspector spoke with staff who confirmed they were aware of the complaints procedure. Residents confirmed that any concerns or complaints they had would be dealt with and they were confident to highlight issues to staff members.

Judgment: Compliant

Quality and safety

Overall, the quality and safety of care provided to residents in Kerlogue Nursing Home was of a high standard and was observed to be person centered in nature. Inspectors found that residents' healthcare needs during the outbreak had been well managed with a planned and coordinated approach by management. Management systems in place ensured that the quality of life for residents was to the fore and inspectors found that residents had a mostly positive experience living in this centre.

The centre demonstrated a proactive approach to quality and safety evidenced by the ongoing changes to the activities schedule, current and planned premises improvements and the focus on the rehabilitation of the residents following a prolonged period of isolation. It was evident that staff knew the residents very well

and this knowledge was reflected in the resident's individualised care plans which were developed with the resident or their representative where required. Care plans were implemented and reviewed on a regular basis, reflecting residents' changing needs. The inspectors reviewed a sample of the care plans of residents who had contracted COVID-19 and saw that all efforts were made to ensure the needs of the residents were met. Residents had access to a GP of their choice, local geriatricians and palliative care services. The health of residents was promoted through ongoing medical review and nursing assessment using a range of validated tools. These assessments included skin integrity, malnutrition, falls and mobility.

Activities were provided through the outbreak on a smaller scale. One-to-one activities and conversations were held with residents while isolating in their rooms and online music therapy sessions were facilitated. Plans were in place for the reintroduction of a range of stimulating activities to promote the resident's general well-being. The community were very supportive, sending good wishes cards and treats to residents and staff. There was evidence of effective consultation with residents and their wishes and choices were captured during resident forum meetings and satisfaction surveys.

The centre had put in place a contingency plan which assisted them to manage during the outbreak. They had engaged with and were guided by Public Health experts during the outbreak. Correct procedures appeared to have been followed with regard to isolating and cohorting residents within the centre. The layout of the premises allowed for sections of the centre to be safely divided to prevent cross contamination. Protocols remained in place for surveillance and testing for COVID-19 and all residents and staff had been offered vaccinations. Staff continued to participate in regular screening and were observed to have good hand hygiene practices. PPE was readily available to staff and was used in line with the national guidance.

The registered provider was implementing procedures in line with best practice for infection control. Housekeeping procedures were improved in order to provide a safe environment for residents and staff. The centre was cleaned to a high standard with sufficient facilities for hand hygiene observed in convenient locations throughout the building. Housekeeping staff were competent with the correct cleaning procedures to maintain a safe environment for residents and staff.

One wing of the centre and a dining room were undergoing extensive refurbishment on the day of inspection and an additional outdoor space was being added. Bedrooms were all en-suite and communal spaces were available throughout the centre providing residents with choice and space to spend quiet time in. Two lifts provided residents with access to both floors and residents were observed independently using these during the inspection. The provider was reviewing the racking in the sluice rooms to ensure it complied with best practice.

Regulation 11: Visits

Visiting was temporarily suspended in the centre in line with level five restrictions due to COVID-19. The centre were recovering from an outbreak of COVID-19 and window visits had been discontinued during the outbreak in the centre. Window visits were scheduled to recommence the day following the inspection. The centre had continued to facilitate indoor visits on compassionate grounds.

Two visiting pods had been installed to facilitate window visits in a safe and comfortable manner for both residents and their visitors. Inspectors viewed a schedule of visits due to take place the following day.

Judgment: Compliant

Regulation 17: Premises

The centre was designed and laid out to meet the needs of residents, it was clean with suitable and comfortable furniture and generally in good repair throughout. The service was providing a premises which mostly conformed to the matters set out in schedule 6 of the regulations.

Judgment: Compliant

Regulation 27: Infection control

The provider was reviewing the storage of shared equipment in sluice rooms in line with the national guidance. Some sluice rooms did not have appropriate drying racks for cleaned equipment. There was a risk of cross contamination of clean and used equipment.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Only one aspect of the fire regulation was reviewed during this inspection; 28(1)(d). Inspectors followed up on an action from the previous regulatory inspection and found that the centre had been practicing regular simulated fire evacuation drills. The description of the evacuation scenario were clear and learning from each drill was clearly identified and informed ongoing training in fire evacuation in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls. Documentation issues found on the last monitoring inspection were found to be corrected and improvements were sustained.

Care plans had been updated to reflect specific needs should the resident contract COVID-19 and included the residents' preferences at their end of life. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's and consultant psychiatry of older age attended the centre to support the residents' needs. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The use of restrictive practices in the centre were low and were used in line with the national guidance. The centre had effectively reduced the use of bed-rails and had sufficient resources to provide less restrictive alternatives, for example, sensor beams at the bedside which alerted staff to the residents' movement without startling the resident. Low beds and protective floor mats were in use where appropriate and replaced bed rails for some residents.

The centre were reviewing their documentation to ensure that less restrictive alternatives for bed rails were clearly documented.

Judgment: Compliant

Regulation 9: Residents' rights

The service prioritised the rights of individuals by promoting choice in so far as practicable. Residents were consulted about the operations of the service and about their individual care needs. Most residents could undertake activities in private and there are appropriate facilities for occupation and opportunities for all residents to participate in accordance with their abilities. While a recent COVID-19 outbreak impacted on the freedom of residents to move around the centre as normal and to participate in daily activities, residents were kept informed about the reasons for this. Most residents chose to remain in their rooms in line with national guidance and could stay in contact with their families via telephone or video calls. Each resident had their own personal land line phone and additional devices were available for video calls.

Judgment: 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kerlogue Nursing Home OSV-0000240

Inspection ID: MON-0031617

Date of inspection: 11/03/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Remove storage shelf and replace with drying rack 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.	Substantially Compliant	Yellow	30/04/2021