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:	The Meath Community Unit
Name of provider:	Health Service Executive
Address of centre:	1-9 Heytesbury Street, Dublin 8
Type of inspection:	Unannounced
Date of inspection:	07 July 2023
Centre ID:	OSV-0000477
Fieldwork ID:	MON-0040723

About the designated centre

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

The Meath Community Unit is a 48 bedded Unit which provides residential, convalescence and respite care. There is a Day Care Centre on site which provides services for older people from the area. Rooms are located over three floors, Camden (1st floor), John Glenn (2nd floor) and Maureen Potter (3rd floor). These were named by the residents committee. The day room where some activities are run is located on the ground floor.
Access to residential care is following assessment by a Consultant in Medicine for the Elderly and completion of the Common Summary Assessment Report (CSAR). Respite services provide people with short breaks away from home, this service is offered to enable carers to take a holiday or a break to help them to continue caring. It is also provided to people who are living alone and require the support which is offered by occasional respite. Initial arrangements are made through Nursing Staff, Social Workers or General Practitioners, subsequent admissions are co-ordinated through the family and the Public Health Nurses and Nursing Administration in the unit.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45

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
Friday 7 July 2023	08:30hrs to 15:30hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

There was a relaxed and social atmosphere within the centre. Residents could move around the centre freely and the inspector observed a number of residents walking around the centre independently or with the help of staff. The inspector spoke with one visitor and four residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided.

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

Residents, visitors and staff expressed their delight at improved communication with staff since the mask mandate had been removed. Staff felt the removal of the mask mandate signaled a return to normalcy which had in turn lead to improved communication and socialisation for residents. A small number of staff said that they had opted to continue wearing surgical masks to protect themselves and residents.

The designated centre was based across four floors. The ground floor had access to a large communal space and a garden area. The ground floor also had a staff canteen and offices.

The layout of the building with separately staffed wards over three floors lent itself to effective outbreak management. Camden Ward was located on the first floor, John Glenn Ward on the second, and Maureen Potter ward was on the third floor. This meant that any ward experiencing an outbreak could operate as a distinct area with minimal movement of staff between units to minimise the spread of infection. Residents' bedrooms were spacious and configured so that each occupant had independent access to the en-suite facilities. Within each ward, residents had access to two communal sitting rooms and a dining room.

The ancillary facilities on each ward generally supported effective infection prevention and control. For example the infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. There was a treatment room for the storage and preparation of medications, clean and sterile supplies on each ward. Staff on each ward also had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and a sluice room for the reprocessing of bedpans, urinals and commodes. The layout of the spacious sluice rooms in the centre supported effective infection prevention and control practices. However hand washing facilities were not available within the housekeeping rooms.

Equipment and furniture view was generally clean. However heavy dust was observed on high surfaces within one of the three wards inspected. Details of issues

identified are set out under regulation 27.

Alcohol-based hand-rub was available in wall mounted dispensers along corridors. Clinical hand wash sinks were available with easy walking distance from all residents rooms.

However some improvements were required in respect of premises and infection prevention and control, which are interdependent. For example some of the surfaces and finishes including wall paintwork and flooring were worn and as such did not facilitate effective cleaning. The provider was aware of the infrastructural deficits and was endeavouring to improve current facilities and physical infrastructure at the centre through upgrading and ongoing maintenance plans.

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

Capacity and capability

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. Details of issues identified are set out under Regulation 27.

This centre was managed and owned by the Health Service Executive. The person in charge held the role of director of nursing (DoN) and had responsibility for the day-to-day operational management of the designated centre. The person in charge worked full-time in the centre and was supported in their management role by including two assistant directors of nursing and eight clinical nurse managers.

This centre is based in the HSE's Community Health Organisation (CHO) 7 area and records showed that there was regular engagement between the management team in the centre and the regional personnel. The infection prevention and control programme was overseen by an infection prevention and control committee which met quarterly.

There was formalised and regular access to infection prevention and control specialists within CHO7. The provider had also nominated five staff members, with the required training, to the roles of infection prevention and control link practitioners within the centre.

A schedule of infection prevention and control audits was in place. Infection prevention and control audits were undertaken by link practitioners and covered a range of topics including hand hygiene, management of spillages, equipment and environment hygiene, laundry, waste and sharps management. Audits were scored,

tracked and trended to monitor progress. High levels of compliance were consistently achieved in recent audits. Oversight audits were also undertaken twice a year by an infection prevention and control specialist.

Monthly monitoring of a minimum dataset of healthcare associated infection (HCAI), antimicrobial resistance and antimicrobial consumption was undertaken through CHO 7. Monthly reports reviewed included breakdown and benchmarking nationally and within CHO7. The most recent report (Quarter 1 2023) showed low levels of prophylactic antibiotic use and outbreaks relative to other centres in the region. This initiative provided ongoing assurance to management in relation to the quality of antibiotic use and the level of HCAI and antimicrobial resistance in the centre.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. Copies of laboratory reports were routinely filed in the resident's healthcare record.

Surveillance of healthcare-associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely undertaken. However a review of acute hospital discharge letters and laboratory reports found that staff had failed to identify a small number of residents colonised with MDROs. Details of issues identified are set out under regulation 27.

The centre had a comprehensive infection prevention and control guideline which covered aspects of standard and transmission based precautions. 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. Practical hand hygiene and training in the use of personal protective equipment (PPE) was provided on a weekly basis.

The inspector observed there were sufficient numbers of clinical and housekeeping staff to meet the infection prevention and control needs of the centre. However improvements were required in the standard of environmental hygiene and oversight of same. Details of issues identified are set out under Regulation 27.

Quality and safety

Overall, the inspector was 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. 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.

There were no visiting restrictions in place and public health guidelines on visiting

were being followed. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Visits and social outings were encouraged with practical precautions in place to manage any associated risks.

The inspector identified some examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of infections and knew how and when to report any concerns regarding a resident. A range of safety engineered needles were available. Waste and used laundry was observed to be segregated in line with best practice guidelines.

A review of outbreak reports found that outbreaks were generally identified, managed, controlled and documented in a timely and effective manner. For example on identifying that a resident had symptoms consistent with scabies, (an infestation of the skin by itch mites) the resident was treated and cared for with contact precautions. All other staff and residents in the affected ward were also treated prophylactically at the same time thus limiting further transmission.

The programme in place to monitor water systems was robust. Documentation reviewed relating to Legionella control provided the assurance that the risk of Legionella was being effectively managed in the centre. For example routine monitoring for Legionella in hot and cold water systems had recently identified high counts of Legionella bacteria in the majority of samples tested. A Water Control Committee was formed with representation from microbiology, public health medicine, management from the centre and engineering. Remedial actions had been taken and re-sampling found that actions had been effective in lowering the levels of contamination. Immediate corrective actions to prevent resident exposure from water systems were also taken.

The provider had also identified that ventilation is an important line of defence for infection prevention and control in the environment. Five high efficiency particulate air (HEPA) filter air cleaners had been installed on each ward to improve the air quality and reduce the risk of airborne transmission including COVID-19. These floor standing devices were located in communal areas on each floor.

A review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. However a dedicated specimen fridge was not available for the storage of samples awaiting collection. If collection is delayed, refrigeration is generally preferable to storage at room temperature.

The universal requirement for staff and visitors to wear surgical masks in designated centres had been removed on the 19 April. Appropriate use of PPE was observed during the course of the inspection.

Paper based care plans were available for all residents. Residents that had been identified as being colonised with MDROs were appropriately cared for with standard infection control precautions. However a review of care plans found that further work was required to ensure that all resident nursing assessments and care plans contained resident's current MDRO colonisation status. In addition not all staff were aware of the MDRO status of residents they were providing care to. Details of issues

identified in care plans are set out under Regulation 27.

Regulation 27: Infection control

The registered provider had generally ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship but some action is required to be fully compliant. For example, surveillance of MDRO colonisation did not identify all residents colonised with MDRO's. As a result appropriate care plans were not available for some residents.

Nursing staff had not communicated the MDRO colonisation status of residents to agency staff. This meant that appropriate precautions may not have been in place when caring for these residents.

Equipment and the environment was generally managed in a way that minimised the risk of transmitting a healthcare-associated infection, however further action is required to be fully compliant. This was evidenced by;

- Heavy dust was observed on high surfaces throughout Maureen Potter Ward. This indicated that cleaning processes and oversight were ineffective.
- Damage from wear and tear continued to impact negatively on the centre for example some surfaces and flooring were worn and poorly maintained and as such did not facilitate effective cleaning.
- Cleaning trolleys observed did not have a physical partition between clean and soiled items. 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. Three cleaning trolleys viewed were visibly unclean. Effective cleaning and decontamination is compromised if cleaning equipment is unclean.
- The design and layout of the housekeeping rooms on each ward were not fit for purpose. For example there was no hand washing sink and surfaces were damaged.
- A dedicated specimen fridge was not available for the storage of laboratory samples awaiting collection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Infection control	Substantially compliant

Compliance Plan for The Meath Community Unit OSV-0000477

Inspection ID: MON-0040723

Date of inspection: 07/07/2023

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • Strengthen the centres existing cleaing mangement oversight processes to ensure compliance with regulatory requirements – 31st September, 2023 • Removal of heavy dust observed on date of inspection on high surfaces on Maureen Potter Ward – Complete • Registered Provider to generate a schedule of works to address the identified wear and tear on flooring surfaces to faciliate effective cleaning - targeted for completion 31st December, 2024 (subject to timely availabliity of funding) • Replace the existing cleaning trolleys to provide a physical partition between clean and soiled items – target 31st December, 2023 • Source cleaning carts equipped with a locked compartment for storage of chemicals – 31st September, 2023 • Review and strengthen the existing cleaning processes for the centre's cleaning equipment – target for completion 31st September, 2023 • Review and reconfigure the design and layout of the housekeeping rooms – 31st December, 2023. • Review and generate an action plan to enhance existing sinks and damage surfaces in the cleaners room an generate an action plan – targeted for completion 31st December, 2024 (subject to timely availabliity of funding). • A dedicated specimen fridge sourced for the storage of laboratory samples awaiting collection – 31st October, 2023.	

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	31/12/2024