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:	Virginia Community Health Centre
Name of provider:	Health Service Executive
Address of centre:	Dublin Road, Virginia, Cavan
Type of inspection:	Unannounced
Date of inspection:	24 January 2023
Centre ID:	OSV-0000503
Fieldwork ID:	MON-0039120

About the designated centre

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

The designated centre provides 24 hour nursing care to 56 residents, both male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is a two storey extended building located on a greenfield site. The philosophy of care is to provide a caring environment that promotes health, independence, dignity and choice. The person centred approach involves multidisciplinary teamwork which aims to embrace positive ageing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49

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
Tuesday 24 January 2023	09:05hrs to 17:40hrs	Deirdre O'Hara	Lead

What residents told us and what inspectors observed

Overall, the feedback from the residents and visitors was positive with regard to the care they received in the designated centre. There were arrangements in place to ensure that all visitors continued to have screening for respiratory infections, in addition to completion of infection prevention and control procedures, such as mask wearing and hand hygiene.

On the day of inspection, the residents were freely moving around the centre on their own or with the assistance of staff. There were a range of communal areas available to residents and visits took place in resident rooms, communal spaces and a designated visitor room was also available. Visitors who spoke with the inspector said that they normally booked visits but could visit if they had not pre-booked also.This was not in alignment with national guidance. In conversations with the inspector, residents who had been isolating due to a COVID-19 outbreak in the centre, said they were facilitated to receive visits from their nominated visitor. There were no residents in isolation due to COVID-19 virus on the day of inspection.

Virginia Community Health Centre was warm and comfortable and there was a calm atmosphere in the centre. The centre was located in a two-storied building in the outskirts of Virginia town. It had wheelchair-accessible ramps and lifts to connect the two floors and support the residents to access different floors of the centre independently. Bedroom accommodation comprised of single and double occupancy rooms. Resident had access to bathing facilities in either en-suite or shared bathrooms. Resident rooms were decorated with personal items such as family photographs, soft toys and other memorabilia important to them.

While the centre was generally well maintained, there were issues that impacted effective infection prevention and control. For example, there was evidence of wear and tear on a small number of walls, nurses' desks and wooden surfaces bedside grab rails on ramps. There was inappropriate storage of clean linen, stock supplies on floors in store rooms and equipment in communal bathrooms. This impacted on effective cleaning and could result in cross contamination. The management of resident belongings required action to ensure that they were managed safely. For example, a sample of vacant rooms were inspected and there was evidence of belongings from previous residents in wardrobes and lockers and some surfaces were not clean.

There were clinical hand-wash basins in resident bedrooms, however these were being used as dual purpose by residents and staff. Additionally, there were no clinical hand-wash facilities in two clinical rooms to support good hand hygiene practice.

The provider was endeavouring to improve the current facilities through ongoing maintenance. They had booked a flooring contractor to address damaged flooring.

Items such as commode lids, had been ordered and reupholstering of damaged comfort chairs was in progress to facilitate effective cleaning.

During a tour of the centre with a nurse manager, the inspector noted that five bedroom fire doors had large gaps between them and may not prevent the spread of smoke in the event of a fire. This was brought to the attention of the person in charge, who took immediate action and a fire consultant attended the centre to carry out works to make doors safe. The provider gave an undertaking to have all fire doors surveyed and any resulting works required, completed by the end of the week of this inspection.

Residents were seen to be treated in a courteous manner and are addressed by their chosen name. Residents informed the inspector they were happy in the centre and felt safe. Residents said that they liked their room and were complimentary about the level of environmental hygiene in their bedrooms and communal areas.

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

Capacity and capability

Overall the inspector 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). Weaknesses were identified in infection prevention and control training, oversight of environmental and equipment cleaning, safe laundry management and hand hygiene facilities. This is further detailed in Regulation 27: Infection control. This was an unannounced inspection which took place over one day. This inspection focused on Regulation 27: Infection control.

The registered provider of this designated centre is the Health Service Executive (HSE), and a service manager was assigned to represent the provider. The management structure consisted of a service manager, director of nursing, person in charge and clinical nurse managers, nurses, healthcare assistants, catering, housekeeping and maintenance staff. There were adequate staff in the centre to meet the health and social care needs of residents and cleaning within the centre in accordance with the centres' statement of purpose.

The person in charge was the infection prevention and control lead. They were supported in their role by two community infection control nurse specialists, who visited the centre at least monthly and more often in the event of an outbreak. They were also contactable by phone or email outside of these times. Additionally, the provider had facilitated two nurses to attend an infection control link practitioner course. They were allocated eight hours protected time each week to support the

programme in the centre. The inspector was informed that two more staff were scheduled to attend link practitioner training in the months following this inspection.

The centre was experiencing a COVID-19 outbreak that started at the end of December 2022 and there were no residents effected on the day of inspection. In records reviewed relating to the outbreak, the provider had regular correspondence with Public Health.The person in charge and staff were also supported by community infection control nurse specialists. The outbreak was seen to be well-managed. For example, there was enhanced cleaning and dedicated staff to care for residents affected by the virus. There was increased staff supervision on the units, to monitor infection prevention and control practice.

There was good oversight of antimicrobial use, which was monitored to ensure residents received the correct antimicrobial agents and antimicrobial guidelines were available to staff for referral. Prophylactic antimicrobial use was reviewed by the Medical Officer using national antimicrobial guidelines. Monthly monitoring of a minimum data set of healthcare-associated infection (HCAI), for residents with Carbapenemase-producing Enterobacterales (CPE) and newly diagnosed residents with C.Difficile infection, outbreaks and number of residents on antibiotics during a specified twenty four hour period was undertaken through Community Health Organisation 1. However, surveillance of all HCAIs and MDRO colonisation was not routinely undertaken to ensure early identification of HCAIs to improve practice.

Infection prevention and control was incorporated into senior management and staff meetings. Examples of topics covered was training, audits, outbreaks and outbreak reviews, cleaning, resident care and the vaccination programme.

Staff had access to comprehensive infection prevention and control policies and guidelines. The policies covered topics such as, standard and transmission based precautions and the care and management of residents with multi-drug resistant organisms (MDROs) and other infections.

Infection prevention and control training was undertaken online via e-learning programmes and was supplemented with face-to-face training by link Nurse practitioners. Practice was monitored through observational audits for hand hygiene and the correct wearing of PPE. This was borne out in good practice seen on the inspection.

Cleaning staff were being facilitated to attend specific course on health related cleaning. Increased oversight was required to ensure that vacant rooms and spaces used for activities were cleaned and made safe for further use. All nurses had access to and completed online antimicrobial stewardship and aseptic non-touch technique training to enhance infection prevention and control practice within the centre. The majority of staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. However, refresher training was required with regard to equipment cleanliness, such as, nebulizers, spills management, safe sharps and urinary catheter management, to ensure safe infection prevention and control practice was implemented.

Quality and safety

Overall, the quality of care provided to residents was found to be of a good standard, and the medical needs of the residents were met through timely access to Medical Officers (Doctors) and other allied health and social care professionals, specialist medical and nursing services. While there was evidence of good infection control practice identified, a number of actions are required by the provider in order to fully comply with this regulation. Details of issues identified are set out under Regulation 27: Infection Control.

Appropriate transfer documentation was used when residents were being transferred into and upon discharge from the acute hospital setting. These documents contained details of health-care associated infections to support sharing of and access to information within and between services. However, while the pre-admission assessment documentation contained detail with regard to residents' medical history, it did not contain information with regard to vaccinations, infections or MDROs. The person in charge gave the inspector assurances that this document would be rectified, to include all relevant infection prevention and control information.

There was an ongoing vaccination programme in place. All of the residents who chose to or were eligible had received their COVID-19 boosters and influenza and pneumonia vaccines. Staff were also facilitated to access vaccinations in the centre by the HSE mobile vaccination unit. The person in charge had displayed information in the centre with regard to vaccinations to highlight the importance of vaccination to prevent infections such as COVID-19 and influenza. Reminder posters were on display around the centre with regard to hand hygiene, respiratory etiquette and PPE use.

Overall the environment was warm, bright and generally well maintained. Residents' bedrooms and the communal areas were clean and tidy, with a few exceptions. There was damage to surfaces, such as a small number walls and window sills in resident bedrooms, nurses' desks and wooden surfaces beside ramps. Additionally, the underside of seven commodes were unclean and three vacant rooms contained items from previous residents. This meant that these surfaces and equipment could not be or had not been adequately cleaned.

The provider also had a number of assurance processes in relation to the standard of environmental hygiene. These included cleaning checklists, well-maintained cleaning equipment, the use of flat mops and disposable cleaning cloths to reduce the chance of cross infection. Cleaning staff had good knowledge of cleaning systems and cleaning chemical**s** were stored safely.

In a sample of care plans reviewed there was good direction for staff to guide safe care for residents with MDROs. From discussions with staff and a review of care plans for residents with urinary catheters, staff were not using evidenced based best

practice for the changing of catheter bags. This practice may result in bags not being changed appropriately and result in infection.

Visits were being managed well in line with the regulations and residents were supported to receive their visitors in private or in designated areas such the foyers, a visitor room and communal areas in each unit, when available.

Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and other respiratory illnesses. They knew how and when to report any concerns regarding a resident. Staff and residents were regularly monitored for signs and symptoms of infection to facilitate prevention, early detection and control the spread of infection.

Regulation 27: Infection control

The registered provider had not ensured that all effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example:

- A review of local infection prevention and control audits did not identify issues highlighted on this inspection and therefore failed to drive quality improvement. For example, safe and effective cleaning and management of equipment
- tracking and trending of HCAIs and MDRO colonisation was not routinely undertaken to allow for early identification of healthcare-associated infections to ensure appropriate measures were in place
- the oversight cleaning of vacant rooms and one foyer, used for activities, required strengthening. There were items observed in wardrobes belonging to previous residents and stains on doors and shelving in cupboards in one foyer. This meant that they had not been cleaned and made safe for further use
- refresher training was required to ensure that staff managed nebulizer equipment and urinary catheters to align with best practice guidelines and to prevent possible healthcare-associated infection
- staff required additional training to ensure that they had the appropriate knowledge with regard to the safe management of blood and urine spills to prevent exposure to potentially hazardous bodily fluids
- the system to store clean laundry was not in alignment with best practice. Clean laundry was stored with other equipment and uncovered on corridors which may result in cross contamination.

The environment and equipment were not always managed in a way that minimised the risk of transmitting a healthcare-associated infection. For example;

- Clinical hand-wash basins within residents rooms were used as dual purpose by both residents and staff. This practice increased the risk of cross infection

- all sharps bins inspected did not have the temporary closure mechanism engaged when they not in use and two sharps boxes were overfilled. The sharps bins in the sluice rooms were wall mounted at a level that would not facilitate all staff visual access to the opening of these boxes. All intravenous trays (IV) trays were unclean and contained used paper and plastic items. This meant that residents and staff could be inadvertently exposed to contaminated clinical waste stored within them
- the underside of a small number of commodes were not clean and the surfaces of nurses desks and other wooden surfaces were damaged. This meant that these surfaces had not been or could not be cleaned effectively between use
- there was inappropriate storage in two communal bathrooms and medical equipment was stored on floors. This impacted on effective cleaning and possible contamination of medical supplies.

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 Virginia Community Health Centre OSV-0000503

Inspection ID: MON-0039120

Date of inspection: 24/01/2023

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

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

• The IPC Clinical Nurse Specialist has carried out an unannounced IPC audit on both units within the Centre to establish an IPC compliance baseline. The IPC Clinical Nurse Specialist has met with the IPC Link Nurse Practitioners in the Centre on the 10th March 2023 to provide further education and training in the accurate and factual completion of detailed IPC/MEG audits. The IPC Clinical Nurse Specialist shadowed the IPC Link Practitioners in completion of MEG audit to support and enhance the auditing process. This will result in QIP's being identified and action plans developed and implemented in a timely manner to address any deficits. The Clinical Nurse Managers will meet with the Link Nurse Practitioners following completion of each MEG audit to identify any areas of non-compliance and ensure that any identified actions are completed within the specified time frame.

Another Staff Nurse completed their IPC Link Nurse Practitioner Training on the 10th March 2023. There is now three IPC link nurses and a further one to complete the training later this year.

• To ensure safe and effective cleaning and management of equipment the Centre will implement the IPC Decontamination of Service User Care Equipment as per Minimal Cleaning Frequencies National Clinical Effectiveness Committee Draft Guidance on Infection Prevention and Control 2022. Compliance with this guidance will be monitored by the IPC Link Nurse Practitioners, Clinical Nurse Managers and the PIC. The PIC will add the monitoring of this, as a standing agenda item at the Centre's local management meetings. All staff will complete the AMRIC Cleaning and Disinfecting in Healthcare Environment and patient equipment on HSEland by 31/05/2023.

• IPC Clinical Nurse Specialist has linked with the newly appointed Epidemiologist CH CD LMS and discussed the tracking and trending of HCAI's and MDRO colonisation. Proposed Templates have been developed by the PIC in the Centre and discussed with Epidemiologist and IPC (copy of template attached). Discussed and accepted by SFOP, Cavan Monaghan at our OPS QPS meeting on 07/03/23 .These tracking & tracing

templates will be implemented this across all OPS facilities in Cavan Monaghan. The Epidemiologist has linked with the Surveillance Team in local Lab and plans to develop further links with the Acute Hospital. This quality improvement initiative is also supported by the CHO1 Antimicrobial Pharmacist. It has also been requested that the Senior Antimicrobial Pharmacist will provide an education session for staff in Virginia Community Health Centre.

• The PIC has drawn up a vacant bedroom checklist which will be completed and signed by the Staff Nurse on duty, following cleaning of vacant rooms. This will be appraised on an ad hoc basis by the Clinical Nurse Managers to ensure that vacant rooms have been fully emptied, cleaned and made safe for future use (copy attached), implementation date 13/03/23. The PIC has updated and amended the cleaning checklist for the foyer area to include the cleaning of cupboards, doors and shelving. She has also drawn up a cleaning checklist for the activities coordinators to complete following group activities held in the foyer area to ensure that they have been thoroughly cleaned and made safe for future use, implementation date 13/03/23.

• As a national group, Community IPC nurses will be conducting an audit of the management and care of urinary catheters to determine if there is any quality improvement we could implement to reduce the risk of infection associated with these devices and improve resident safety. Virginia Community Health Centre will be part of this audit, which is taking place between the 13th & 31st March2023. All data collected will be anonimysed and submitted for national collation and review. IPC will visit VCHC in March 2023 to gather this information. There are 4 residents currently with urinary catheters for this audit. IPC have discussed Management of urinary catheters with PIC and the availability of refresher education on HSEland with AMRIC. IPC Clinical Nurse Specialist has provided face to face education / Q & A session with staff on the 13th March 2023.
The PIC plans to introduce single use nebulizer masks and update the nursing staff on the correct protocol for usage of same, implementation date 20/03/23.

• All direct care staff working in VCHC will undertake the HSEland online training in AMRIC management of blood and body fluid spillages to minimise the exposure to potentially hazardous bodily fluids by the 29/04/23. New Management of Blood and body fluids spillages flow charts are now displayed in the clinical rooms on both wards and have discussed at our health and safety pauses to update all staff (copy attached)

• The PIC will complete the segregation of the storage of clean laundry from other equipment in line with best practice, to reduce the risk of cross contamination by 21/04/23.

• To ensure compliance with the HSE Policy on the Prevention of Sharp Injuries 2022, the Clinical Nurse Managers will carry out monthly sharps compliance audits to ensure that the temporary closure mechanism is engaged and that sharps boxes are not overfilled, therefor minimizing the risk of sharps injuries (21/0323) and monthly thereafter. The wall mounted sharps bins in the sluice rooms, have been lowered to facilitate visual access to the opening of these boxes by all staff completed on 03/03/23.

• All nursing staff have been informed in writing via EpicCare messaging system that all

intravenous trays (IV) trays are to be emptied and cleaned after each use. The Clinical Nurse Managers will carry out observational audits twice weekly to ensure compliance with same.

• To ensure safe and effective cleaning and management of equipment the Centre will implement the IPC Decontamination of Service User Care Equipment as per Minimal Cleaning Frequencies National Clinical Effectiveness Committee Draft Guidance on Infection Prevention and Control 2022. Compliance with this guidance will be monitored by the IPC Link Nurse Practitioners, Clinical Nurse Managers and the PIC. All staff will complete the AMRIC Cleaning and Disinfecting in Healthcare Environment and patient equipment on HSEland by 31/05/2023

• To ensure the correct cleaning of commodes, the PIC will have the monitoring of this as standing agenda item at the local management meetings. The PIC has ordered new EASY Clean Commodes which are can be fully dismantled, making them more compliant with correct cleaning standards (14/03/2023).

The surfaces of Nurses desks and other wooden surfaces which were damaged have been resurfaced on 07/03/23. (see photos attached)

• Medical equipment which was inappropriately stored in communal bathrooms has been removed on 25/01/23.The Clinical Nurse Managers will complete ad hoc observational inspections to monitor compliance on an ongoing basis.

• Two clinical hand hygiene sinks have been ordered for the two clinical rooms to support effective hand hygiene practices and will be fitted by 30/06/2023.

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.	Not Compliant	Orange	30/06/2023