



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

Issued by the Chief Inspector

Name of designated centre:	Anna Gaynor House
Name of provider:	Our Lady's Hospice and Care Services DAC
Address of centre:	Our Lady's Hospice & Care Services, Harold's Cross, Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	06 December 2022
Centre ID:	OSV-0000465
Fieldwork ID:	MON-0038585

About the designated centre

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

Anna Gaynor House is a designated centre in south Dublin city which provides full time nursing care and support for up to 89 adult male and female residents. Residents are supported in single, twin and triple occupancy bedrooms across four units in a single storey building. The service provides care primarily for residents who require a high level of care. The centre avails of modern resources to promote and provide appropriate care and facilities for its residents. Residents are supported by a team of qualified nursing and support staff with centre management based on-site. Residents living in this service have on-site access when required to clinical services including geriatrician, physiotherapist, dietitian and occupational therapist. The centre premises includes large communal living and dining areas as well as multiple external courtyards and gardens on the site.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	83
--	----

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 6 December 2022	09:10hrs to 12:40hrs	Deirdre O'Hara	Lead
Wednesday 4 January 2023	08:45hrs to 17:30hrs	Deirdre O'Hara	Lead

What residents told us and what inspectors observed

Overall feedback from residents was that this was a nice place to live. The inspector spoke with eight residents living in the centre during the course of this inspection. Residents said that they were very satisfied with the care they received and that staff were very kind and were "great professionals". One resident said that staff knew what they liked and anticipated their needs and assisted them if they needed help. Care was observed to be given in a kind, dignified and unhurried manner. Others said that staff do their best to "keep us safe" and that they enjoyed the food on offer. Interactions from staff to residents and visitors were seen to be friendly, kind and respectful. Staff were familiar with the residents' preferred daily routines, care needs and activities.

Upon the inspectors' arrival to the centre on each day of the inspection, they were greeted by a staff member who guided them through the required infection prevention and control measures. This included checking for signs of respiratory infection, hand hygiene and wearing of face masks before entering the rest of the centre. There was restricted visiting in place during the inspection due to two small outbreaks in two of the units on the first day of inspection and one outbreak on the second inspection day. This was done to prevent onward transmission of droplet or airborne viruses. Residents in these areas could have visits with their nominated visitors and visits could be facilitated for residents who required visits on compassionate grounds.

During the course of this inspection, two residents who had a confirmed infection, were cared for in a quiet room and an activity room. This meant that these rooms were used as a bedroom accommodation and were not available to residents for communal space. This resulted in the provider being in breach of a condition of their registration, as these rooms were not registered as bedrooms. This was brought to the attention of the provider.

Anna Gaynor House is a purpose built 89 bedded residential care facility located on the grounds of Our Lady's Hospice & Care Services in Harold's Cross. It is set out over four units, each with their own bedroom accommodation and communal space. Bedroom accommodation comprised of single bedrooms and multi-occupancy bedrooms. Residents had access to bathing facilities in either en-suite or shared showers or bathrooms. Many residents' bedrooms were seen to be homely and decorated with personal items such as family photos and other memorabilia. Residents reported finding their rooms comfortable and they could have their personal items around them if they wished. They said that they liked their room and were satisfied with the standard of hygiene in their bedrooms and communal areas.

The provider was endeavouring to improve current facilities and physical infrastructure at the centre, through ongoing maintenance and renovations. The provider was in the process of installing planted screen boxes in a communal area

called the 'Red square', to provide a more relaxed environment for residents and facilitate more privacy for when they have visitors. There was a display in the Red square showing the life story of residents, called 'This is me'. This project was done by residents, who were supported by staff, to celebrate resident lives during 'positive aging week'.

Visitors who spoke with the inspector said they were looking forward to the Red square refurbishment being completed, as they had little privacy in shared bedrooms during visits and had to use the communal sitting room, if it was available. The provider had recently reconfigured one of the three bedded bedrooms to allow residents access their belongings in private. This room remained at an occupancy of three, following reconfiguration works. This was upgraded to a good standard, with surfaces, finishes and furnishings that readily facilitated cleaning. The inspector was informed that the provider anticipated that the remaining multi-occupancy rooms would be reconfigured by the end of 2023. This would positively impact the lived experience of residents.

While the centre provided a homely environment for residents, there were infrastructural issues that impacted effective infection prevention and control. For example, there was evidence of general wear and tear to paintwork, doors, some floors and desks at nurses' stations which impacted on effective cleaning and a comfortable visual atmosphere for residents in the centre.

There were ample clinical hand-wash sinks available for staff to clean their hands, however the majority of these clinical hand-wash sinks did not comply with current recommended specifications for clinical hand-wash sinks. There were no hand washing facilities available to staff in three cleaners rooms reviewed, which may impact on good hand hygiene.

Alcohol based hand rub was available throughout the centre to support hand hygiene practice. There were posters illustrating the correct procedure to perform hand hygiene, above all alcohol based hand rub dispensers and hand wash sinks. Hand hygiene practice was seen to be good during this inspection. Additional infection prevention and control signage located throughout the centre informed residents, staff and visitors of protocols to follow to reduce infection such as cough etiquette and the wearing of personal protective equipment (PPE).

Residents said that they enjoyed the activities on offer and were observed to actively take part in SONAS sessions, sing-a-longs, ball games and a complimentary therapist attended the centre during the second inspection day. Residents were seen to respond positively to the activities provided.

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

The provider generally met the requirements of Regulation 27 and the *National Standards for infection prevention and control in community services (2018)*, however further action is required to be fully compliant. Weaknesses were identified in infection prevention and control training, infrastructure, equipment management and hand hygiene facilities. This is further detailed in Regulation 27: Infection control.

This was an unannounced inspection which took place over two days. This inspection focused on Regulation 27: Infection control. There were 83 residents accommodated in the centre on the first day and 80 residents on the second day of inspection.

This centre is managed by Our Lady's Hospice and Care Services DAC (Designated Activity Company). There was an established governance and management structure in the designated centre. The person in charge was supported by a senior management team who provided operational and administrative expertise. They were also supported by clinical nurse managers, nurses, health care assistants, activity staff, a general hotel services manager, who managed catering and household staff, and other allied health and social care professionals such as infection control and tissue viability nurse specialists, dietitian, physiotherapists and occupational therapists.

The inspector found that there were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infections in the centre. The provider and staff had access to 1.5 whole time equivalent (WTE) infection prevention and control nurse specialists. One of these nurses was nominated as the infection control lead. They were available to staff either by phone, email or when they attended the centre at least two times each week and more often during an outbreak. In addition, there were infection control nurse champions in each unit to support good practice in the centre.

During the course of this inspection there were two outbreaks in the centre, a Respiratory Syncytial Virus (RSV) and a COVID-19 outbreak. The RSV outbreak started in early December 2022 and was closed by Public Health on 15 December 2022. The COVID-19 virus started on 5 December 2022 and had not completed by the second day of inspection. In records reviewed, these outbreaks were seen to be well managed.

While it may be impossible to prevent all outbreaks, careful management can mitigate spread of infection and limit the impact of outbreaks for residents. Regular contact and consultation with Public Health was seen in records reviewed. Outbreaks in the centre were promptly identified in order that prevention measures could be put in place to prevent further spread of infection. For example, there was no crossover of staff between units, there was adequate supplies of PPE available to

staff and visitors. The provider ensured additional face-to-face training on the correct use of PPE for all staff including agency personnel. There was enhanced cleaning and surveillance of infection prevention and control practice, whereby the infection control nurse specialists attended each unit two to three times each day to support staff.

There were sufficient staff available to care for residents and meet the cleaning needs of the centre in accordance with the statement of purpose. Gaps in staffing due to sickness levels were filled by the centres own staff or agency staff.

There was a clear commitment evident among care staff and the management team, to ensure that care and welfare services provided were of a high standard. Staff who spoke with the inspector reported that they felt well supported by the management team and the infection control nurse specialists. During the inspection, the person in charge was visible in the designated centre and was familiar to the residents living there.

Various committees were in place to monitor infection prevention and control in the centre, such as regular infection control and clinical governance meetings, where audits, metrics and aspects of standard and transmission based precautions were discussed. Three monthly reviews of antimicrobial medication was done by a multi-disciplinary team and prescribers (Medical officers on site) were supported by the pharmacist before antibiotics were prescribed to residents, using national and local antimicrobial guidelines. This supported appropriate antimicrobial use for residents.

Information reviewed in quality reports with regard to healthcare-associated infections was very detailed. Surveillance of healthcare-associated infections and multi-drug resistant organisms (MDROs) was routinely undertaken and recorded. This meant that the provider was able to monitor changes in infectious agents and trends in development of antimicrobial resistance.

There was a comprehensive infection and control annual operations plan for 2023. It covered topics such as surveillance, communication, infection control resources, supplies and equipment, occupational health, policies and procedures, audit and education and training for staff. It was comprehensive and contained details of priorities to improve the quality and safety of care for residents for the year ahead.

Infection prevention and control guidelines covered all aspects of standard and transmission based precautions and the care and management for residents with MDROs. While the provider had guideline for the management of an infectious outbreak, it did not outline additional accommodation such as, the quiet room or activity room, to be used as part of an outbreak management plan. This could result in inappropriate placement of residents in the centre.

Infection prevention and control training was undertaken on-line via e-learning programmes and was supplemented with face-to-face training on request by managers. However, refresher training was required with regard to the correct dilution of a cleaning product and the safe use of urinary catheter bags (a catheter is a flexible tube for draining urine from the bladder is attached to a drainage bag

for collection) in line with evidence based best practice.

Quality and safety

Overall the inspector was assured that the residents living in the centre enjoyed a good quality of life and care was provided to a good standard, through appropriate access to health and social care professionals. 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.

From a review of a sample of records residents had good access to a medical team on the campus and wider allied health and social care professionals. Residents and family reported that they had very good access to medical care and that staff kept them up-to-date with any changes in care provided.

The inspector reviewed six resident records and found that when a resident was temporarily discharged from the designated centre all relevant information about the resident was provided to the receiving facility to ensure the safe transition of the resident. This ensures the receiving facility is aware of infection control precautions needed. There was comprehensive infection control information sought before residents were admitted to the centre, to ensure appropriate measures were in place, to safely care for residents.

The centre had a number of assurance processes in place in relation the standard of hygiene in the centre. These process included the use of colour coded cloths, mops and cleaning trollies to reduce the chance of cross infection and household staff were knowledgeable with regard to cleaning processes. Staff were familiar with regard to the management of spills and needle stick injuries and they had access to safety engineered needles to reduce the risk of needle stick injuries. Clinical waste and clean and dirty laundry was seen to be managed safely in line with national guidance.

There was a well-managed vaccination programme in place. All of the residents who were eligible had received their COVID-19 boosters and influenza vaccines. Staff were also facilitated to access vaccinations through a vaccination programme provided on-site, by the HSE.

Eight resident care plans were reviewed by the inspector. Care plans reviewed were for residents with wounds, MDRO's, infections or medical devices such as, enteral feeding tubes and urinary catheters (a flexible tube for draining urine from the bladder). The care plans were clear and detailed to guide staff in how to prevent infection.

The environment was warm, well ventilated and generally clean. However, as a result of damage to surfaces, such as walls, doors and a small number of medication

trolleys and sticky adhesive residue on some cupboards in the treatment rooms, these surfaces could not be or had not been adequately cleaned. Nurses desks around the centre were observed to be heavily worn and the inspector saw there was a request to the maintenance team to have them re-varnished. The safe management of resident hoist slings required action to ensure that they did not pose a risk of cross contamination. There was no resident identifiers seen on five slings examined, indicating they were not resident specific.

Overall the provider was ensuring that the rights of residents to meaningful contact with friends and family was respected in line with regulatory obligations. Visiting was managed safely and residents could receive their visitors in private or in designated areas such as, their bedrooms, the Red Square and communal areas within each unit. Residents who were in isolation could receive nominated visitors and visits on compassionate grounds. Residents were also observed to go out onto the well maintained grounds with their visitors.

Regulation 27: Infection control

There was evidence of good infection prevention and control practice in the centre however, the following areas for improvement which are fundamental to good infection control practice were identified:

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

- Residents who had a medical device, such as a urinary catheter had specific information in their care plan to guide staff. However, staff were not changing these bags in line with the centres policy and the direction recorded in care plans. This practice may increase the risk of a resident acquiring a healthcare-associated infection.
- Five resident hoist slings examined were not labelled with residents names and could result in them being used for multiple residents and result in cross infection.
- The surfaces throughout the centre were damaged for example: the flooring in three shower rooms and one kitchenette and general wear and tear on doors and paintwork through the centre. The surfaces of doors on three drug trolleys were damaged and there was adhesive sticky residue on the cupboard doors in two treatment rooms inspected. This meant that these surfaces could not be effectively cleaned.
- There were no hand hygiene facilities in cleaners' rooms inspected, as required by best practice and national guidelines.

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 Anna Gaynor House OSV-0000465

Inspection ID: MON-0038585

Date of inspection: 04/01/2023

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:

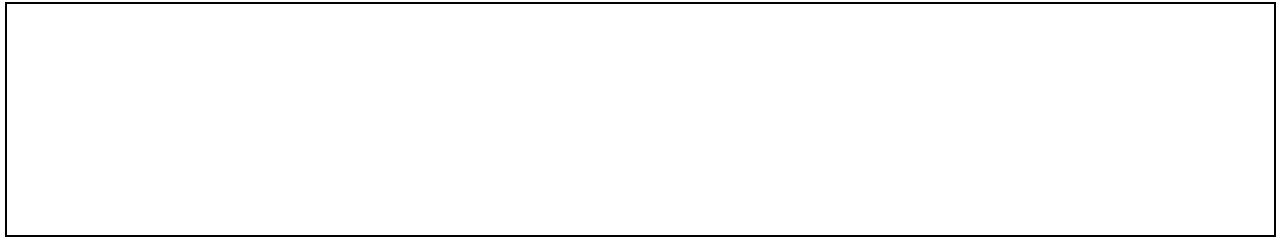
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> Residents who had a medical device, such as a urinary catheter had specific information in their care plan to guide staff. However, staff were not changing these bags in line with the centres policy and the direction recorded in care plans. This practice may increase the risk of a resident acquiring a healthcare-associated infection. Action: Education provided for staff on the need to ensure practice is in line with the centres and national policy. Addition made to the local policy in the procedural section to reinforce need to change catheter bag if disconnected for any reason. Completed by: April 2023 Five resident hoist slings examined were not labelled with resident’s names and could result in them being used for multiple residents and result in cross infection. Action: Temporary solution in place with labelled bags. Washable labels being sourced for all slings. Completed by: April 2023 The surfaces throughout the centre were damaged for example: the flooring in three shower rooms and one kitchenette and general wear and tear on doors and paintwork through the centre. The surfaces of doors on three drug trollies were damaged and there was adhesive sticky residue on the cupboard doors in two treatment rooms inspected. This meant that these surfaces could not be effectively cleaned. Action: Facilities team working through the wards to address the damaged surfaces, floors and paintwork. New drug trollies and drug boxes on order for the wards. Surface residue cleaned in all wards. Completed by: July 2023 There were no hand hygiene facilities in cleaners’ rooms inspected, as required by best practice and national guidelines. Action: Janitorial units to be sourced for the cleaners rooms Completed by: July 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	31/07/2023