



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

## Issued by the Chief Inspector

Name of designated centre:	Knockeen Nursing Home
Name of provider:	Knockeen Nursing Home Limited
Address of centre:	Knockeen, Barntown, Wexford
Type of inspection:	Unannounced
Date of inspection:	08 June 2023
Centre ID:	OSV-0000243
Fieldwork ID:	MON-0040297

## About the designated centre

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

Knockeen Nursing Home is a purpose-built single-storey building that first opened in 1997. It consists of 49 single en-suite bedrooms. The provider is a company called Knockeen Nursing Home Ltd. The centre is located in rural setting near the "Pike Men Monument" in Barntown, Co Wexford. There was a number of communal sitting and dining rooms and multi-purpose rooms; as well as an oratory which was also used also used for activities, visits, and celebratory occasions for residents and their families. There was a smoking room, a nurses' station, administrative offices, a suitably equipped kitchen and a laundry room. There was staff changing facilities and a treatment and hairdressing room that completed the accommodation. The centre also has two enclosed gardens as well as extensive landscaped grounds on the two acre site. The centre provides care and support for both female and male residents aged 18 years and over. Care is provided for residents requiring long-term care with low, medium, high and maximum dependency levels. The centre also provides care for respite, palliative care, convalescence care, acquired brain injury, people with a dementia and young people who are chronically ill (physical, sensory, and intellectual disability). The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful. Pre-admission assessments are completed to assess each resident's potential needs. Based on information supplied by the resident, family, and or the acute hospital, staff in the centre aim to ensure that all the necessary equipment, knowledge and competency are available to meet residents' needs. The centre currently employs approximately 74 staff and there is 24-hour care and support provided by registered nursing and healthcare 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:	48
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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 8 June 2023	09:00hrs to 16:00hrs	Kathryn Hanly	Lead

## What residents told us and what inspectors observed

There was a relaxed and social atmosphere within the centre. 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 spent time observing residents daily lives and care practices in order to gain insight into the experience of those living in 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 removal of mask mandates in nursing homes in April 2023 marked a significant transition in the COVID-19 pandemic. Staff members expressed how the absence of masks facilitated clearer communication with residents. The inspector was informed that facial expressions and non-verbal cues became more transparent, allowing for enhanced understanding and empathy during interactions.

To enhance the feeling of homeliness the provider encouraged and supported residents to bring with them items that are meaningful to them. Through walking around the centre, the inspector observed that the majority of residents had personalised their bedrooms and had their photographs and personal items displayed.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example barriers to effective hand hygiene practice were observed during the course of this inspection. There were only two dedicated clinical hand wash sinks (in the sluice room and in the nurses clinical room) for clinical staff use. These sinks did not comply with the recommended specifications for clinical hand wash basins. Hand wash basins were also available for catering and domestic staff in the main kitchen and laundry facilities.

The majority of linen and laundry was sent to off site laundries for washing. The inspector was informed that some resident clothing was washed in the onsite laundry occasionally. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. However dust and residue was noted on several surfaces within the laundry.

A lack of appropriate storage space was also observed which resulted in the inappropriate storage equipment in some areas. For example equipment was stored within a communal bathroom and in the hairdressing room.

Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared clean with some exceptions. However fabric upholstered furniture was observed in communal areas. The inspector was informed that this furniture was on a regular cleaning schedule in the

interim of upgrading to more cleanable and durable finishes.

In addition all resident bedrooms were carpeted. The inspector was informed that carpets were traditionally used in resident bedrooms for their aesthetic appeal and comfort. However carpets are difficult to effectively clean, maintain, and disinfect. Several carpets viewed were stained and carpet washing records did not provide assurances that carpets were cleaned regularly and after outbreaks of infection.

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 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 and antimicrobial stewardship governance and environmental management. Findings in this regard are further discussed under Regulation 27.

Knockeen nursing home is operated by Knockeen Nursing Home Limited who are the registered provider. The centre has two directors, one is the person in charge and the second director is director of operations. There was a clearly defined management structure with identified lines of accountability and responsibility for the centre. The person in charge was supported on-site by two clinical nurse managers, staff nurses, healthcare assistants, catering, housekeeping, maintenance and administration staff.

The inspector found that that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. The person in charge had nominated a clinical nurse manager with protected hours allocated, to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. Infection prevention control advice and support was also provided by an infection prevention and control specialist nurse for a local hospital as required.

The provider had implemented a number of antimicrobial stewardship measures in recent years. The volume of antibiotic use was monitored each month. This data was analysed and used to inform and target quality improvement initiatives. For example the use of prophylactic antibiotic use was closely monitored and reviewed with a view to stopping prophylactic use when possible.

Staff had electronic access to relevant laboratory results required to support timely

decision-making for optimal use of antibiotics. Surveillance of multi-drug resistant organism (MDRO) colonisation was also routinely undertaken and recorded.

Overall, the staffing and skill-mix on the day of inspection appeared to be appropriate to meet the care needs of residents. The inspector observed there were sufficient numbers of housekeeping staff to meet the needs of the centre. However, there were insufficient local assurance mechanisms in place to ensure that carpets were cleaned in accordance with best practice. Furthermore the inspector did not find documentary evidence that all carpets had been steam cleaned following the December 2022 COVID-19 outbreak.

The centre had a suite of recently updated infection prevention and control policies which covered aspects of standard precautions, transmission-based precautions and guidance in relation to COVID-19. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that all staff were up to date with mandatory infection prevention and control training.

Infection prevention and control audits were carried using a validated audit tool. Audits were scored, tracked and trended to monitor progress. However the inspector found that some of the findings of recent audits did not align with the findings on this inspection. For example recent audits had found that clinical hand wash sinks conformed to the required specifications for clinical hand wash sinks and were dedicated for staff use. Audits also incorrectly reported that hand washing facilities were available in the domestic room. Findings in this regard are presented 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. There was a varied programme of activities that was facilitated by nursing and care staff and was tailored on a daily basis to suit the expressed preferences of residents. On the day of inspection art was taking place in the morning and skittles in the afternoon. Positive interactions between staff and residents were observed during the inspection.

The centre had effectively managed several small outbreaks and isolated cases of COVID-19 since the onset of the pandemic. A review of notifications submitted to HIQA found small outbreaks and isolated cases were generally well managed and contained to limit to spread of infection within the designated centre. The first significant outbreak of COVID-19 had occurred in December 2022. All 34 residents that had tested positive had since fully recovered and a formal review of the

management of the outbreak of COVID-19 had been completed.

The universal requirement for staff and visitors to wear surgical masks in designated centres had been removed on the 19 April 2013. The inspector was informed by staff that the removal of mask mandates in the nursing home had brought about significant changes, fostering improved communication, emotional connection, and enhanced morale. Appropriate use of personal protective equipment was observed over the course of the inspection.

While the removal of mask mandates brought several benefits, the provider continued to manage the ongoing risk of infection from COVID-19 and other infections 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. Visits and social outings were encouraged with practical precautions in place to manage any associated risks. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection.

Resident care plans were accessible on a computer based system. Care plans for the small number of residents colonised with an MDRO viewed by the inspector were generally personalised, and sufficiently detailed to direct care.

## Regulation 27: Infection control

The registered provider had generally ensured effective governance and oversight arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship, however further action is required to be fully compliant. This was evidenced by;

- Disparities between the findings of local infection prevention and control audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.
- Assurances were not provided that carpets in resident bedrooms were cleaned in line with best practice guidance. Carpets in three bedrooms were visibly stained. The fibers of carpets can trap bacteria, viruses, odours and other contaminants, which increased the risk of cross-contamination and infection transmission.

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

- The sluice room did not facilitate effective infection prevention and control measures. For example, there was insufficient space for cleaning and storage of equipment such as commodes, used linen skips and the clinical waste bin and the detergent in the bedpan washers had expired.

- There was no janitorial unit within the housekeeping store. The inspector was informed that chemicals and buckets were prepared within the adjacent sluice. This posed a risk of cross contamination.
- Hand hygiene facilities were not in line with best practice. For example there were a limited number of hand hygiene sinks available. This may impact the effectiveness of hand hygiene.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Infection control	Substantially compliant

# Compliance Plan for Knockeen Nursing Home OSV-0000243

Inspection ID: MON-0040297

Date of inspection: 08/06/2023

## 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"> <li>Disparities between the findings of local infection prevention and control audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.</li> </ul> <p>The IPC link nurse/cnm has reviewed and updated the IPC audit to reflect the current status of Hand washing sinks and update the action plan in line with our compliance plan.</p> <p>As in our previous inspection compliance plan:- PLAN:-We plan a gradual replacement of these sinks and will adopt any new infection controll guidance around specifications.</p> <ul style="list-style-type: none"> <li>Assurances were not provided that carpets in resident bedrooms were cleaned in line with best practice guidance. Carpets in three bedrooms were visibly stained. The fibers of carpets can trap bacteria, viruses, odours and other contaminants, which increased the risk of cross-contamination and infection transmission.</li> </ul> <p>All three carpets cleaned that evening, as are all carpets when needed and as per scheduled decontamination of rooms. There was a deficiency of recording of carpet cleaning and we have made the recording much more easier for household staff within care monitor (our records). We have always been happy to invest in the extra work it is to keep dense/low pile carpets in residents bedrooms, from extra cleaning times to annually replacing 2-6 bedrooms which would be identified as worn or damaged in any way. As further carpets need replacing we will look at floor covering options to meet the wishes and wellbeing of the residents and their infection prevention and control needs.</p> <ul style="list-style-type: none"> <li>The sluice room did not facilitate effective infection prevention and control measures. For example, there was insufficient space for cleaning and storage of equipment such as commodes, used linen skips and the clinical waste bin and the detergent in the bedpan washers had expired.</li> </ul>	

The sluice room is within the foot print of store b . Linen skips and the clinical waste bins are kept in Store B which is outside the sluice room. The bedpan detergent has been replaced.

- There was no janitorial unit within the housekeeping store. The inspector was informed that chemicals and buckets were prepared within the adjacent sluice. This posed a risk of cross contamination.

There is no janitorial unit within the housekeeping press. To reassure the inspector and lessen the risk of cross infection we have engaged a plumber to look at locating a janitorial skin in the immediate area outside the house keeping press within the foot print of store b.

- Hand hygiene facilities were not in line with best practice. For example there were a limited number of hand hygiene sinks available. This may impact the effectiveness of hand hygiene.

As in our previous inspection compliance plan:- PLAN:-We plan a gradual replacement of these sink and will adopt any new infection controll guideance around specifications. And look at strategic positioning of same keeping in mind the fire officer requirements to keep corridors free of obsticales.

**Section 2:**

**Regulations to be complied with**

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	08/06/2028