



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

## Issued by the Chief Inspector

Name of designated centre:	Riverside Nursing Home
Name of provider:	Riverside Care Centre Limited
Address of centre:	Milltown, Abbeydorney, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	28 June 2022
Centre ID:	OSV-0000274
Fieldwork ID:	MON-0037067

## About the designated centre

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

Riverside nursing home is a 27-bedded nursing home located close to the village of Abberdorney, Co. Kerry. All residents are accommodated on the ground floor in 12 twin and three single bedrooms. The centre provides 24-hour nursing care to both female and male residents with a range of diagnoses, including dementia. Communal space comprises a large combined sitting and dining room, a sitting room and a smaller room that can be used for residents to meet with visitors in private. There is also secure outdoor space.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	26
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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
Tuesday 28 June 2022	09:30hrs to 15:50hrs	Kathryn Hanly	Lead

## What residents told us and what inspectors observed

The inspector spoke with four residents living in the centre. Residents said that they were satisfied with the care provided and the standard of environmental hygiene. Some residents said they were anxious and worried in the earlier stages of the pandemic but staff reassured and supported them.

The inspector saw that staff were respectful and courteous towards residents. Appropriate use of personal protective equipment (PPE) was observed and all staff were bare below the elbow to facilitate effective hand hygiene practices.

The centre is a one storey building. Bedrooms comprised three single rooms and 12 twin rooms, each of which contained a hand wash basin for resident use. One single room was en-suite. There was a variety of indoor communal space available for residents in the centre, including two sitting rooms, a dining room, a conservatory and an oratory. Through walking around the centre, the inspector observed that the centre was homely and well maintained.

Overall the general environment and residents' bedrooms and communal areas inspected appeared well decorated and clean with a few exceptions. There was a sufficient number of toilets, and of wash-basins, and baths and showers available for resident use. Suitable communal facilities were available for residents to receive visitors.

While the centre provided a homely environment for residents, a number of infrastructural issues impacted effective infection prevention and control. For example, appropriate sluicing facilities were not available and the laundry facility did not support the separation of clean and dirty activities. There were only two hand wash sinks (in the sluice room and nursing office) dedicated for staff use. These sinks did not comply with the recommended specifications for clinical hand wash basins. Findings in this regard are presented under regulation 27.

The provider was endeavouring to improve current facilities and physical infrastructure at the centre through a planned extension and renovations. The person in charge was aware that consultation with an infection prevention and control specialist was required during the planning and construction phase of the new extension within the centre.

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

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 governance, guidelines, oversight and monitoring systems. Infrastructural barriers to effective decontamination, hand hygiene, storage and laundry management were also identified during the course of this inspection. Findings in this regard are further discussed under the individual Regulation 27.

Riverside Home is operated by Riverside Care Centre Ltd. The person nominated by the provider to represent the registered provider, the Registered Provider Representative, attended the centre each day. There was a person in charge of the centre, who worked full-time. They were supported in this role by an assistant director of nursing and a team of registered nurses, healthcare, domestic, catering and activities staff.

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 infection at the centre. The provider had nominated an assistant director of nursing to the role of infection prevention and control link practitioner. The inspector was informed that there were sufficient cleaning resources to meet the needs of the centre. Housekeeping staff were rostered on duty seven days a week.

Infection prevention and control audits covered a range of topics including waste and linen management, environmental hygiene and hand hygiene facilities. Almost full compliance was achieved in recent audits. However, disparities between the consistently high levels of compliance achieved in local infection control audits and the observations on the day of the inspection indicated that there were insufficient local assurance mechanisms in place to ensure compliance with infection prevention and control measures.

The centre had number of infection prevention and control guidelines which covered aspects of standard precautions. However some elements of local infection prevention and control guidelines did not reflect national guideline or best practice. For example guidelines did not give sufficient detail on the use of transmission based precautions to be implemented when caring for residents with known or suspected infection or colonisation. Furthermore the cleaning guidelines were generic and not centre specific.

## Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life.

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 COVID-19 and knew how and when to report any concerns regarding a resident. A range of safety engineered needles were available.

The centres outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. A outbreak of COVID-19 was declared in the centre in March 2022. This was the first significant outbreak experienced by the centre since the beginning of the pandemic. Approximately two out of three residents tested positive during this outbreak. However a formal review of the management of the outbreak to include lessons learned to ensure preparedness for any further outbreak had not been completed as recommended in national guidelines.

Resident outings and visits to homes of families and friends were again being encouraged and facilitated. However some visiting restrictions remained in place. For example, visiting continued to be scheduled. Contrary to updated public health guidelines, the risk assessment completed by visitors included questions regarding vaccination status and temperature monitoring.

Care planning and assessment documentation did not include sufficient detail to inform infection prevention and control practices. Findings in this regard are presented under regulation 27.

## Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by;

- Visiting care plans were not available for residents. A *Clostridioides difficile* (C. diff) "problem identification sheet" lacked sufficient detail to guide care. Admission and transfer documentation did not include a comprehensive infection prevention and control history or risk assessment.
- Up to date infection prevention and control training records were not available to view on the day of the inspection.
- Local infection prevention and control audits failed to identify issues identified on the day of the inspection.
- Surveillance of infections and colonisation was not routinely undertaken and used to inform practice. This meant that the provider did not monitor local trends in infection and colonisation development of antimicrobial resistance within the centre.

Equipment and the environment was not managed in a way that minimised the risk

of transmitting a healthcare-associated infection. This was evidenced by;

- There was no bedpan washer or macerator available in the sluice room. Staff said that they manually decanted the contents of disposable urinals/ bedpans into the sluice prior to disposal in the general waste stream. Manual decanting posed a risk of environmental contamination.
- The covers of three mattresses, five pressure relieving cushions and three chairs viewed were worn or torn. These items could not effectively be decontaminated between uses, which presented an infection risk.
- Used wash-water was emptied down residents sinks and basins were rinsed in the residents' sinks which posed a risk of cross contamination.
- Soap dispensers were being refilled and topped up as required. This increases the risk of contamination.
- Alcohol hand gel was not available at point of care. For example; there was only one wall mounted dispenser on a corridor accommodating eight residents.
- The underside of the four shower grids viewed in communal bathrooms were visibly unclean.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment. Cleaning equipment was inappropriately stored within a communal bathroom and the laundry.
- The layout of the laundry did not support the separation of clean and dirty activities.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Infection control	Not compliant

# Compliance Plan for Riverside Nursing Home OSV-0000274

Inspection ID: MON-0037067

Date of inspection: 28/06/2022

## 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
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Visiting Care Plans have been completed for all residents. Clostridioides Difficile care plan has been reviewed. A copy of all training records are available. Our IPC audit has been reviewed to ensure it is accurate. We are monitoring infection status to identify any trends. The Dirty Utility is under review and we have engaged to services of an IPC advisor with regard to this area and the laundry facility. Following this review, the Dirty Utility will be refurbished and will have a bedpan washer. Any worn/torn equipment has been replaced. Used wash water is disposed of in the sluice. We are awaiting a site survey for the installation of Alcohol hand gel in the bedrooms and to upgrade the soap dispensers. We are awaiting recommendations from the IPC advisor with regard to the shower trays and will implement any changes recommended. We are also awaiting the report from the IPC advisor as to recommendations for the laundry area and for the storage of cleaning equipment, once this is received we will develop a plan for the refurbishment of the areas highlighted in the report to ensure compliance.</p>	

**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.	Not Compliant	Orange	31/12/2022