



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

Issued by the Chief Inspector

Name of designated centre:	Adare and District Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Adare Road, Croagh, Limerick
Type of inspection:	Unannounced
Date of inspection:	30 August 2022
Centre ID:	OSV-0000404
Fieldwork ID:	MON-0037733

About the designated centre

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

Adare and District Nursing Home is a designated centre which is located in the village of Croagh, a few miles from Adare, Co. Limerick. It is registered to accommodate a maximum of 84 residents. The entrance to the centre is the foyer and this is an expansive place with seating areas for residents and visitors to gather. Most of the building is single storey with a two-storey edifice to the right of the foyer which houses two single occupancy apartments. The centre comprises two units: The Main House (46 bedded) and The Willows (35 bedded) which is the memory care unit. Bedrooms are single and twin occupancy and all have en suite shower, toilet and wash-hand basin facilities. Additional toilet and bath facilities are located throughout the centre. Each unit has their own main dining room, smaller dining room, day room, quiet room and resting areas. Residents have access a sensory room, and to paved enclosed courtyards with seating, parasols, garden furniture and raised flowerbeds. Adare and District Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, respite, convalescence and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	76
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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 30 August 2022	08:35hrs to 18:00hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. It was apparent from observations on the day, and from what residents told the inspector that the residents appeared content living in the Adare and District Nursing Home. On arrival to the centre, the Inspector was met by the clinical nurse manager as the person in charge was on annual leave. After a short opening meeting, the Inspector was taken on a tour of the centre by the clinical nurse manager and shortly thereafter the assistant director of nursing arrived to support the inspection as they had temporarily moved to support another centre within this healthcare group due to a recruitment process.

There was a relaxed atmosphere in the parts of the centre viewed. Staff were observed to be helpful and polite towards residents throughout the day of the inspection. Residents' feedback throughout the day was that they were content living in the centre and they felt supported and cared for by staff and management. The inspector saw that some residents were sitting in communal rooms, helping with activities in the garden, mobilising around the nursing home and others were seen in their bedrooms.

On the day of inspection three residents who spoke in detail with the inspector appeared satisfied living in this centre. One said "it's a good place to live" another said "the staff are great to me" and a third acknowledged they liked it but would like to go out on trips more often. Visits were seen taking place by the inspector during the course of the inspection. One of the visitors spoken to by the inspector also said their family member was very happy and their loved one felt safer since moving in.

The centre is registered to accommodate 84 residents, there were 76 residents living in the centre on the day of inspection. The centre is divided into "The Main House" and "The Willows" (a dementia specific and memory care unit for 35 residents). The centre also has two registered single bedroom apartments on the upper level. Bedroom accommodation within the centre comprised of 18 single and 33 double rooms. All bedrooms had en suite facilities.

The provider had provided décor and furnishings throughout the centre, such as wall murals, paintings, cabinets and ornaments. The areas of the nursing home viewed by the inspector were largely visibly clean. 11 out of 12 pillows and 6 out of 6 mattresses were checked and were undamaged and clean. However, some areas were cluttered, resident equipment was stored inappropriately and maintenance and repairs was needed so effective cleaning and disinfection could be accomplished. For example; there were damaged beds, flooring and walls, a store room contained resident equipment and sterile supplies. Resident hoists were in a sitting room and unclean, nebuliser compressor machines were seen in the nurse's clinical room and residents bedrooms. These practices increase the risk of cross contamination and risk of infection for residents.

There were clinical hand wash sinks available in the centre but they were not accessible or convenient to all bedrooms. Some were compliant with HBN 00-10 part C sanitary assemblies however, a number were not. For example; both clinical hand wash sinks in the two nurses clinical rooms were not compliant. Staff did have access to wall mounted alcohol gel dispensers, but similar to the hand wash sinks they were not accessible to all bedrooms and areas, which would not support hand hygiene practices. Staff were observed using the sinks in the laundry room and some staff told the inspector they used resident sinks to wash their hands as there wasn't enough clinical sinks for them to use.

There was inadequate facilities for the cleaning and disinfection of reusable plastic bedpans and urinals between uses in The Willows sluice room (sluice room is a room found in healthcare facilities such as hospitals and nursing homes, that is specifically designed for the disposal of human waste products and disinfection of associated items). The inspector was told by two members of staff that they empty body fluids either into a toilet or walk through the corridor through to the Main House sluice room to disinfect urinals. On occasions both stated they have been splashed by these body fluids, which may lead to exposure to both residents and staff with infectious agents. There was no risk assessment, equipment or record of agreed procedures in place to ensure that a consistent method of disinfection is employed by all staff. This was a repeat finding from the previous inspection dated 19th May, 2021.

There was a purpose built hair-dressing and barber salon which was visually clean. However, hairdressing equipment such as a portable hairdressing sink, brushes and combs were not all clean and there was no sterilising unit in place for shared hair brushes and equipment. This practice was not in alignment with the centres own policy that stated hair combs should be used on a single resident only. Additionally, this room was used as a store for activity equipment.

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

This inspection focused specifically on Regulation 27: Infection Control. Regulation 27 requires that the registered provider ensures that procedures, consistent with the HIQA National Standards for Infection Control in Community Services (2018) are implemented by staff.

Overall the inspector found that while the registered provider was striving to implement systems and controls to protect residents from the risks associated with

infections, improvements were required in relation to storage, maintenance, premises and infection prevention and control governance and oversight to comply with Regulation 27 infection control.

The registered provider of this centre is Mowlam Healthcare. The Chief Executive Officer (CEO) is also CEO of a number of other nursing homes operating throughout the country. There was a new person in charge and assistant director of nursing leading the team since the previous inspection, and it was seen that they were influencing change and structures within the nursing home. By advocating facility and quality of life improvements for residents.

Although there was a clearly defined management structure in place, with clear lines of authority and accountability, there were gaps in this structure. This was due to the absence of the assistant director of nursing who had temporarily moved to support another centre within this healthcare group. This was in contradiction to the centres Statement of Purpose that states there is one assistant director of nursing on staff. However, it was seen on the staffing planner that either or both of the clinical nurse managers were supernumery in the absence of the person in charge. At an operational level, support was provided by persons participating in management (PPIM) (2) and the provider representative of the company. There was evidence that regular management meetings had taken place and the PPIM visited the service regularly to provide support.

Overall accountability for infection prevention and control within the centre rested with the person in charge who was also the designated COVID-19 lead, with support from the assistant director of nursing and clinical nurse managers.

From the records provided to the inspector; staff, resident and management meeting records were taking place. The meeting minutes shown to the inspector included discussions surrounding upgrading the physical environment, storage, staff practices, hoist sling management, hand-washing and risks. However, there were lost opportunities to improve the quality and safety of care for residents, by means of correcting these deficits. For example; it was noted during a hygiene audit in May, 2022, inappropriate storage of items in the sluice, flooring and maintenance deficits. These were still evident on the day of inspection. A quality improvement plan seen dated 20th May, 2022 did not outline responsibility to an individual or allocate a time-line for addressing identified deficits.

All HSE/HPSC (Health Protection Surveillance Centre) Infection Control guidance and their own infection prevention and control policies were available and up to date for staff to use. The centre had access to the HSE infection prevention and control specialist team for outbreak advice and support, but not for other infection control guidance and support.

All Staff had received education and training in infection prevention and control and there were plans to provide further face to face training.

Nursing and care staffing on the day of inspection appeared in line with centre Statement of Purpose, except for the assistant director of nursing role and the laundry worker role which will be discussed under regulation 27. There was

sufficient numbers of staff available in the designated centre on the day of the inspection to meet the needs of the residents. The sample of residents spoken to felt staff were available when they needed help and came to their assistance when called. Staff members spoken to by the inspector feel supported by management but did say on some shifts it was very busy.

Quality and safety

Overall, while there were areas of good practice and governance noted with infection prevention and control, it was found that improvements were required to ensure residents received care in a safe and clean environment that minimised the risk of acquiring a healthcare-associated infection and to become fully compliant with Regulation 27 : Infection Control.

Residents spoken to informed the inspector that they were aware of the COVID-19 restrictions but were happy that life is returning to a more normal state where their visitors could support them in a more meaningful way. The centre also discussed infection prevention and control in their annual review of their quality and safety of care and support review. The provider had copies of resident information leaflets to hand out in the event that a resident had a diagnosis of an infection or colonisation. Residents had good access to healthcare services based on their assessed needs and choices.

Staff spoken to, were aware of residents who were prescribed antibiotics, and the provider was using their transfer form when transferring their residents into hospital if unwell. This form included detail on infection prevention and control information. A sample of five care plans, including wound care and infection control care plans were seen by the inspector, and were appropriate.

Several open-but-unused portions of wound dressings were observed by the inspector, which would increase the risk of cross contamination and impact on the effectiveness of the dressing.

There were plenty of supplies of Personal Protective Equipment (PPE) and the inspector observed masks and gloves were being used appropriately by staff during the Inspection. However, the supply of gloves in the centre were vinyl gloves rather than nitrile, which offer less protection than nitrile gloves from blood borne viruses for the wearer.

The Housekeeping staff were knowledgeable and their equipment mostly was well maintained, one trolley was in need of replacement as it only had one water container. There were processes in place directing staff in what, when and how to clean. The household team spoken with had a system of colour-coding in place, with appropriate separation of clean and unclean items during cleaning processes. There was a system for deep cleaning bedrooms on a rotational basis. There was a cleaning equipment schedule also. However, in some areas where storage was

inappropriate and cluttered it was difficult to clean those areas sufficiently. A infection control committee had been created to review infection control and hygiene in the centre.

There was regular monitoring of cleaning and cleaning audits to ensure processes were fit for purpose. There was also a housekeeping supervisor who supported and supervised the housekeeping staff. This role was not supernumery as she had to supervise staff in addition to carrying out cleaning duties. The housekeeping room did not store chemicals within a dedicated store which is necessary to ensure the safety, stability and longevity of the chemicals. There was also inappropriate storage of cleaning equipment in the sluice which was a similar finding from the previous inspection.

Although resident clothing and bedding is sent out to an external laundry, the mops, cloths and resident hoist slings were laundered within the nursing home. The laundry room did not support the separation of the clean and dirty phases of the laundering process. There was no named staff member allocated to the laundry on the day of inspection and the inspector observed housekeeping staff moving between the laundry and housekeeping. This posed a risk of cross contamination, and was not in alignment with the Statement of Purpose. The laundry contained two domestic machines which do not have a sluice wash and accurate disinfection temperatures for the washing of soiled laundry items. Also, there was inappropriate storage of clean linen in the laundry which may become contaminated in this area, due to the close proximity of dirty laundry. The resident laundry trolley was damaged and in need of replacement and there was not an appropriate hand wash sink for this area.

Regulation 27: Infection control

While the provider had some measures and resources in place to manage infection prevention and control in line with national standards and guidance, a number of actions are required by the provider in order to fully comply with this regulation.

Hand wash sinks did not support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection. Sinks in the resident's rooms were dual purpose used by residents and staff. This practice increases the risk of cross infection.

The wearing of Vinyl gloves during personal care procedures offers less protection than nitrile gloves from blood borne viruses for the wearer.

Infection prevention and control and environmental audits undertaken did not guide changes to support the safety and quality of the care provided, as deficits were not always actioned after the audits.

Laundry staffing was not effectively planned, organised and managed to meet the services' infection prevention and control needs. There was no laundry worker

rostered on the staff duty work planners.

The laundry trolley was damaged and was not fit for the purpose as draws were missing.

The storage of clean linen and resident clothes was at risk of cross contamination due to proximity of the washing area.

There was inadequate facilities for the cleaning and disinfection of reusable plastic bedpans and urinals between uses in The Willows sluice room.

Equipment and supplies was not safely and effectively cleaned, maintained, stored and managed in accordance with legislation, the manufacturer's instructions, and best practice guidance. For example;

- Management of single use dressings was not in line with best practice as single use items had not been discarded after use
- Damage to flooring, walls and equipment impedes cleaning
- A number of storage areas were cluttered
- Resident supplies were stored in sluices, bathrooms and cleaners room
- Nebuliser compressor machines were unclean and not maintained as per manufactures instructions.
- Nebuliser medication chambers were not cleaned and dried as per best practice guidelines.
- Inappropriate storage of hoists
- Cleaning trolley was damaged and a water container was missing.

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 Adare and District Nursing Home OSV-0000404

Inspection ID: MON-0037733

Date of inspection: 30/08/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) and the Facilities Manager will conduct a review of handwash basins by 15/10/2022. Any sinks that do not currently comply with HBN 00-10 part C will be upgraded by 31/12/2022. • The Registered Provider will ensure that there are sufficient clinical sinks located throughout the home to allow for safe and effective hand hygiene practice. • All staff in MCC will be issued with personal hand sanitisers at the start of each shift. We can only install a limited number of wall-mounted hand sanitisers in the Memory Care Centre in locations that are not usually accessible by residents, owing to the risk of ingestion of the hand gel by residents with acute cognitive impairment in this area. • We will increase the number of wall-mounted hand sanitisers in the general nursing home area. • Nitrile gloves are available for use by all staff in the event of an outbreak of infection. • The PIC and Assistant Director of Nursing (ADON) will review all Infection Prevention & Control (IPC) audit actions each month to ensure that any identified non-compliances have been addressed. • The Facilities Manager will lead a scheduled programme of works to review and upgrade the laundry area in the home; it is anticipated that these works will be completed by 31/12/2022. The PIC will ensure that there is appropriate segregation of clean and dirty laundry, and that appropriate storage arrangements for clean laundry are available. • With immediate effect, laundry duties will be assigned to a designated member of staff to reduce the risk of cross contamination. • We have replaced the damaged laundry trolley identified on the day of inspection. • A review of all areas that are damaged will be undertaken by Maintenance and Facilities and a plan implemented to address all areas requiring upgrade or repair. Works to be completed by 30/01/2023 • The PIC and Facilities Manager have completed a review of storage areas, and a quality improvement plan has been developed to ensure that residents’ personal possessions and clinical equipment are stored appropriately and in accordance with regulatory 	

requirement and best clinical practice guidelines. Some storage issues will be resolved upon completion of the scheduled works programme by 31/12/2022.

- The PIC will oversee the clearance and 'decluttering' of storage spaces to ensure that space is used efficiently and appropriately, where items can be easily and safely stored and retrieved. All obsolete items will be disposed of, and damaged items of furniture or equipment will be repaired or replaced as required.
- Areas of damaged flooring or walls will be repaired.
- Nursing staff are responsible for the appropriate cleaning and storage of nebulisers, ensuring that they are thoroughly dried and used for a limited period for individual resident use in accordance with recommendations and guidelines. nebulisers.
- Nursing and care staff will receive additional education and training on cleaning and decontamination of clinical equipment procedures, including the appropriate disposal of single use equipment immediately after use, such as opened dressing packs.
- The PIC has ordered a new cleaning trolley on 29/09/2022.
- The Facilities Manager will arrange for the installation of a bed pan washer by 31/01/23.
- The Clinical Nurse Managers will oversee cleaning and decontamination schedules and standards in the nursing home.

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	31/01/2023