



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

Issued by the Chief Inspector

Name of designated centre:	Roselodge Nursing Home
Name of provider:	Killucan Nursing Centre Limited
Address of centre:	Killucan, Westmeath
Type of inspection:	Unannounced
Date of inspection:	12 July 2022
Centre ID:	OSV-0000088
Fieldwork ID:	MON-0037424

About the designated centre

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

Killucan Nursing Centre Limited is the registered provider of Roselodge nursing home. Accommodation and full-time nursing care is provided for 50 residents, both male and female over the age of 18 years. General nursing care for people who require long-term care and short-term respite care including residents with dementia.

The centre was purpose-built close to the centre of the rural village of Killucan, Co Westmeath. There is close access to local shops, pubs and churches. All facilities including bedroom accommodation is located on the ground floor. Residents have access to a central landscaped courtyard. The modern building has a number of communal spaces used as sitting rooms and a separate dining area. A bright reception space is well furnished and facilities include a hairdressing room and spacious visitor's room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 12 July 2022	08:45hrs to 16:45hrs	Deirdre O'Hara	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that this was a nice place to live, with plenty of communal and private space available to them. Residents said that they were satisfied with the care provided and with the cleanliness of their rooms and communal areas. Residents who spoke with the inspector said that they felt that they had been through the worst of the pandemic and they were happy that life was "returning to normal". Interactions between staff and residents were seen to be kind, courteous and respectful. Residents commented that the staff were wonderful, very professional and dedicated in their work.

On arrival to the centre, the inspector was guided through the centre's infection control procedures which included monitoring for any signs of infection before entering residents' accommodation.

Roselodge Nursing Home was located on the ground floor. There was a range of communal rooms and hallways that were bright and decorated in a homely fashion. The premises was seen to be generally well maintained, however, a small number of cloth covered chairs in the reception and smoking area were stained or damaged. These items could not be effectively decontaminated between uses and presented an infection control risk. Walls behind sinks in the laundry, clinical room, cleaners' room and the care staffs' shower room were not intact or clean. The surface of the sink in the clinical room was cracked. This impacted on effective cleaning processes.

Overall, the general environment and resident bedrooms, communal areas, toilets, bathrooms and 'dirty' utility rooms inspected were visually clean. The provider had recently installed additional hand hygiene sinks to support good hand hygiene, however, they did not meet recommended national standards. There was some inappropriate storage observed, such as hoists and hoist slings in the sitting room and storage of supplies on floors which could result in cross contamination.

There was signage located throughout the centre which informed staff, residents and visitors of the protocols to follow to reduce the risk of infection, such as, hand hygiene, cough etiquette and the wearing of personal protective equipment (PPE).

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

Capacity and capability

While the provider had appropriate 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. Weaknesses were identified in infection prevention and control governance, and oversight and monitoring systems. Infrastructural barriers to effective 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.

Roselodge Nursing Home was operated by Killucan Nursing Centre Ltd. The provider attended the centre each day and was involved in the day to day management of the centre. There was no person in charge of the centre since 17 June 2022. The inspector was informed that a new person in charge was due to start in their role on 25 July 2022.

The provider had nominated the nurse manager as the lead for infection outbreaks, in the absence of the person in charge, until a new person in charge was in position. 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. There were sufficient cleaning resources to meet the needs of the centre. Housekeeping staff were rostered on duty seven days a week. Care was supported by the nurse manager and a team of registered nurses, healthcare assistants, household, catering and activities staff.

Surveillance of infections and colonisation was used to inform antimicrobial stewardship measures to improve the quality and safety of care. 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 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 a comprehensive infection prevention and control guidelines which covered aspects of standard precautions including hand hygiene, waste management, sharps safety, environmental and equipment hygiene.

Infection prevention and control training was provided to staff using a blended learning approach. This was done through online and face-to-face training by an external provider. Three nurses had completed antimicrobial stewardship online training to assist in supporting the centres antimicrobial stewardship programme.

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good

quality of life.

The inspector observed good hand hygiene practice and the appropriate use of PPE during the inspection day. However, practices in the centre did not always align with safe infection prevention and control standards. For example staff were observed bringing un-used continence wear from a room with a resident who was colonised with a multi-drug resistant organism to restock it in a general store room. This practice is not recommended due to the risk of contamination of continence wear.

Care plans for good infection control practice for the safe management of medical devices were viewed. Examples were seen in care plans for the prevention of infection for residents who had wounds, urinary catheters and information with regard to resident's colonisation or infectious status was also documented.

Visits were encouraged and practical precautions were in place to manage any associated risks. Visits took place in resident bedrooms, allocated visiting rooms and on the grounds of the centre. There were no visiting restrictions in place and national guidance on visiting was being followed.

There were spill kits available in the centre and staff had good knowledge of how to manage blood or body fluid spills and knew what to do should they experience a needle stick injury. While used sharps, such as needles, were disposed of in the appropriate way, action was required to ensure that clinical waste was stored securely to prevent needle stick injury. There was evidence seen where used face masks were inappropriately disposed of in clinical waste. Disinfectant cleaning chemicals and 70% alcohol wipes were used when they were not indicated.

The centre's outbreak preparedness and emergency plan to be used in the event of an outbreak were last updated in April 2020 and January 2021 respectively. The COVID-19 risk assessment was last updated during October 2020. It required updating to reflect revised guidance on the management of visiting to the centre, isolation times for residents with COVID-19 infection and contact details for management staff working in the centre.

An outbreak of COVID-19 was declared in the centre in March 2022 and declared over in April 2022. This was the second significant outbreak experienced by the centre since the beginning of the pandemic. Twenty residents and 6 staff tested positive during this outbreak. A formal review of the management of the outbreak to include lessons learned to ensure preparedness for any further outbreak had been completed as recommended in national guidelines.

There was a successful vaccination program on offer in the centre and vaccines were available to residents and staff. Many residents had received their second COVID-19 booster in recent weeks. Serial swabbing was still in place for staff in the centre on Public Health advice. This allowed for early detection of possible COVID-19 infection, to prevent possible onward transmission of the virus to residents and other staff. Staff were aware of the possible signs and symptoms of COVID-19 in residents and their roles and responsibilities with regard to reporting to management should they become ill.

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27, however, some action was required to be fully compliant. This was evidenced by;

- The provider had an outdated contingency plan in place to respond to an outbreak of infection which may result in a delayed response by staff.
- The layout of the laundry did not support the separation of clean and dirty activities. Dirty laundry was transported through the clean room before being washed and dried. The door to the laundry room was wedged open over the course of the inspection day. This may result in ingress of animals and birds. These practices could result in contamination of clean laundry.
- The medicine fridge and curtains were not included in a cleaning schedule to give the provider assurances that they had been cleaned and maintained safely.
- Local infection prevention and control audits failed to identify issues identified on the day of the inspection. For example, hand hygiene facilities were marked as compliant, when there was damage seen on walls behind some sinks and the surface of the sink in the clinical room was damaged. Hand hygiene sinks available did not meet national recommended standards.

The inspector identified inconsistencies in applying standard and transmission based precautions as per standard 2.1. As a result, efforts to prevent and control transmission of infection were restricted. This was evidenced by:

- Routine decontamination of the care environment was performed using a combined detergent and disinfectant solution at a dilution of 1,000 parts per million when there was no indication for its use. Tubs of 70% alcohol wipes were inappropriately used throughout the centre for cleaning of small items of equipment and surfaces in the dining and sitting rooms. This practice could result in surfaces not being cleaned appropriately and possible damage to surfaces with prolonged use.
- There were gaps seen in the effective cleaning of equipment. For example, there was dust and red staining seen on one intravenous tray and the medicine fridge had evidence of white powder and brown coloured residue.
- Domestic waste, such as used face masks, were inappropriately disposed of in the clinical waste stream.
- Re-useable nebulizer chambers were not rinsed with sterile water and stored in a dust proof container as directed by the centre's cleaning policy.
- In one dirty utility (sluice) room, storage did not facilitate effective infection control measures. Commode bowls, bedpans and wash basins were stored on an open shelf under the sluice hopper and equipment sink.
- The centres' policy directed that slings should be for single resident use. Hoist slings were seen to be stored on top of each other and draped over hoists. Hoist slings were used for multiple residents. Hoist slings stored and used this way posed a risk of cross contamination.

- There was inappropriate storage in the clinical room and cleaners chemical store, where clinical supplies were stored on the floor and cleaning chemicals stored on the edge of the janitorial sink. Clean linen were stored in uncovered trollies on corridors and continence wear were stored out of their packets in store rooms. These practices could impact on effective infection prevention and control in the centre.

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 Roselodge Nursing Home OSV-0000088

Inspection ID: MON-0037424

Date of inspection: 12/07/2022

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> <p>Section 1:</p> <p>The contingency plan of Roselodge Nursing Home has been updated to respond to an outbreak of infection. August 2022</p> <p>The laundry floor has been marked to indicate clean / dirty area August 2022 The fly screen in laundry is closed at all times August 2022</p> <p>The medicine fridge is included in the cleaning schedule August 2022</p> <p>The clinical room sink will be replaced and splashbacks are in place October 2022</p> <p>Correct solution is now being used by cleaning staff in relation to cleaning all areas August 2022</p> <p>All trays used by staff nurses are washed and disinfected after each use – Audit in place August 2022</p> <p>All face masks are appropriately disposed of August 2022</p> <p>Nebulisers are cleaned after each use and placed in dust free containers in residents bedroom August 2022</p> <p>Storage in sluice room will be wall mounted October 2022</p> <p>Hoist slings to be individualised to the person - cleaning schedule in place to ensure slings are washed once weekly / PRN - Audit of same in place August 2022</p> <p>Additional shelving to be fitted in clinical room and cleaners chemical room to ensure no</p>	

items are stored on the floor to eliminate the risk of cross contamination. September 2022

All incontinence wear is stored in their packets and in residents bedrooms August 2022

Section 2:

Roselodge Nursing Home will continue to provide face to face training and HSEland training to all staff members to ensure that procedures, consistent with the standards for the prevention control of healthcare associated infections are implemented and followed and same audited.

All staff have been directed to re read and sign that they understand the policy September 2022.

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	31/10/2022