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## St Kieran's Care Home, OSV-0005584, 12 October 2021

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

## Issued by the Chief Inspector

Name of designated centre:	St Kieran's Care Home
Name of provider:	Laurel Lodge Nursing Home Ltd
Address of centre:	The Pike, Rathcabbin, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	12 October 2021
Centre ID:	OSV-0005584
Fieldwork ID:	MON-0034539

## About the designated centre

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

St. Kieran's nursing home is a single-storey nursing home that provides 24-hour nursing care. It can accommodate up to 23 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared bedrooms. There are separate dining and day rooms as well as an enclosed garden area available for residents use.

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

Number of residents on the date of inspection:	16
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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 12 October 2021	11:00hrs to 19:30hrs	John Greaney	Lead
Tuesday 19 October 2021	09:45hrs to 17:30hrs	John Greaney	Lead
Tuesday 19 October 2021	09:45hrs to 17:30hrs	Marguerite Kelly	Support

## What residents told us and what inspectors observed

The inspection took place over two days on the 12 October and the 19 October 2021, against the background of an extensive outbreak of COVID-19. The centre was in the midst of the outbreak on the two days of this inspection. Inspectors arrived unannounced to the centre on both days.

The extent of the concerns of the inspector on day one of this inspection were such that it was deemed necessary to hold a cautionary meeting with the provider on the following day. At the meeting the findings of the inspection were discussed with the provider and they were requested to submit a plan addressing these concerns as a matter of urgency. It was also determined that a further visit to the centre by inspectors was required, to ensure that:

- residents received all required care
- the COVID-19 outbreak was being managed in line with best practice and advice
- there was adequate staffing
- the provider had an effective system of governance and management in the centre.

The centre is a purpose built, single storey property with single and twin room occupancy, only one of which had an en suite toilet. Due to the extent of the outbreak, a decision was made by the Public Health Outbreak team not to cohort residents into 'positive' and 'not detected' areas in the centre. However, the door leading to the residential wing which needed to be kept closed to ensure the separation of a non-COVID-19 and Covid-19 space was open on arrival to the centre, and staff were reminded often during the span of the inspection to keep the door closed. Staff were entering and exiting this same door making the safe flow of staff from the COVID-19 positive area difficult. There was a portable cabin on site that the HSE outbreak team had recommended using to utilise a separate entry and exit, but this was not in use on either of the inspection days.

As a result of the outbreak of COVID-19, advice from Public Health was that all residents should be confined to their bedrooms to minimise the risk of onward transmission. On the first day of the inspection there were three residents that did not adhere to restrictions at all times and two of these residents were observed moving freely around the centre. Two of whom were independently mobile, albeit one with the use of a walking frame and the third used a wheelchair. All other residents were observed to be in bed on each occasion the inspector visited their bedrooms.

On the first day of inspection the inspector was informed that a resident had left the centre unaccompanied on the previous evening. The resident was assisted to return to the centre unharmed, after a member of the public had reported seeing the resident out on the road, a number of miles from the centre. The resident again left

the centre unsupervised on the following morning, despite the fact that this was now a known risk and it was evident that increased supervision was required to ensure the safety of the resident. At the cautionary meeting, the provider was instructed to provide a designated staff member to provide one to one care and supervision for this resident at all times.

There were 16 residents in the centre on both days of the inspection with one further resident in hospital. A second resident was transferred to hospital on the second day of the inspection for investigations of a condition that was not thought to be COVID-19 related. Sixteen of the 17 residents, including both of the hospitalised residents, ultimately tested positive for the virus.

As a result of the restrictions on residents' movements, the lived experience for residents at this time was not reflective of how residents normally spent their day. There were limited opportunities to elicit resident views on life in the centre. On the first day of the inspection, the inspector, wearing a mask, visited a number of residents in their rooms but found it difficult to engage residents in conversation. Some appeared to be too weak to speak and many of the residents were sleeping. Nursing staff had expressed concerns that some residents would benefit from sitting out of bed, to prevent deterioration in their mobility status. On the second day of the inspection, most residents were seated in the sitting room. Inspectors attempted to speak to all of these residents but some had a cognitive impairment and were unable to engage in a meaningful conversation, while others remained weak. On a positive note, there appeared to be a significant improvement in the status of the residents and many appeared to be on the road to recovery. Four residents reported that they felt well looked after in the centre and the food was good. However, one resident wished they could go out of the centre more often for walks and another resident expressed dissatisfaction with activities and told the inspector that activities consisted of throwing a ball and playing cards. On the second day of inspection, there were no meaningful activities seen to take place. Residents were seated around a television in the morning, but they displayed no interest in watching the programmes. There was music played on a CD player in the afternoon, but again this did not appear to be of interest to the residents.

Most of the nursing and care staff working on the first day of the inspection were new to the centre, as a number of staff employed by the provider had tested positive for the virus and were isolating at home. On that day, there were two nurses from the HSE and three healthcare assistants (HCAs) from and an agency working in the centre. There were also three healthcare assistants that were employed by the provider, as their swabs had not detected the virus. The person in charge had resided in the centre since the early stages of the outbreak, over a period of approximately ten days, overseeing care delivery and covering nursing shifts when there were shortages. The inspector expressed concerns to the provider that this was unsustainable, as the person in charge required uninterrupted rest periods to prevent exhaustion. At the cautionary meeting the provider was requested to source managerial support to allow the person in charge to have some time off.

On the first day of inspection there were two cleaning staff from an agency that had

commenced working in the centre on the previous day. Discussions with staff indicated that the centre had been in need of cleaning and that adequate cleaning products were not available and had to be sourced from a local shop. Improvements were noted on day two of the inspection. Cleaning staff stated that they had adequate supplies and equipment to support their cleaning routine. The inspector was informed that there was a significant problem with flies especially in the sluice and bathroom areas. This was confirmed by the inspector and the provider was requested to address this as a matter of urgency. An environmental company was contacted and provided advice on how the problem could be remedied prior to the end of the inspection. One week later, on the second day of this inspection, there continued to be a proliferation of flies in certain areas of the centre, mostly bathrooms. The provider was directed to remedy this as a matter of urgency and an urgent compliance plan was issued.

Nursing staff were overseeing care provided to residents and were administering prescribed medications. There was a system in place to ensure that all resident care needs were met. This included frequent meetings between nursing and care staff to ensure that any changes in the status of residents were recognised and addressed at the earliest opportunity. There were frequent drink rounds, whereby staff went to each resident to assist them have a drink in order to maintain nourishment and prevent dehydration. Call bells were answered within a reasonable time frame and residents appeared to be clean and comfortable.

Visiting was currently restricted due to the outbreak of COVID-19, which was affecting most of the residents and staff. The person in charge informed the inspector that any changes to a resident's status were communicated to family. Efforts were also made to ensure that all relatives were contacted at least every two days at a minimum. Inspectors did get an opportunity to speak with one visitor, who arrived for a window visit. The visitor expressed satisfaction with the care provided to their resident.

## Capacity and capability

Overall, deficits in governance arrangements and poor oversight of risk negatively impacted on the safety of the service provided. Current systems to monitor the quality and safety of care were ineffective and there was an over-reliance on the person in charge to manage the service and to provide clinical care, both day and night during the outbreak.

As a result of the findings of the inspection, a cautionary meeting was held with the provider on the 13th October 2021. The meeting is the first step of a regulatory escalation process to ensure that the provider would address, as a matter of urgency, the limited managerial support available for the person in charge, concerns about staffing levels, the absence of medical reviews for residents and concerns

about the care and welfare of residents. The provider was required to ensure that a medical review was arranged for all residents; that there was adequate nursing, care, cleaning and laundry staff; and adherence to infection prevention and control guidance. The provider provided assurances in the days following the first day of the inspection that these issues were addressed. Appropriate action was not taken to address all issues identified at that meeting and an urgent action plan was issued on 20th October 2021 in relation to infection control and fire safety.

The provider of this centre is Laurel Lodge Nursing Home Limited, a company comprising two directors. The person in charge is responsible for the day to day operation of the centre. They are supported in their role by a Clinical Nurse Manger. Both the person in charge and the registered provider representative facilitated both days of the inspection.

This was an unannounced risk inspection of the designated centre. This risk inspection had been triggered as a result of a significant outbreak of COVID-19. On the first day of the inspection thirteen of the seventeen residents and six staff had tested positive for the virus. Three further residents subsequently tested positive. All of the nursing staff, with the exception of the person in charge, and three care staff were not available to work due to COVID-19 related illness or the requirement to self-isolate. A high percentage of residents and staff in the centre were fully vaccinated against COVID-19. The centre was supported during the outbreak by the Health Service Executive (HSE) and Public Health outbreak team.

Nursing and care staff levels and skill mix had been adversely affected by the number of staff unavailable to attend work due to a positive COVID-19 test. The provider had endeavoured to address the staff shortages caused by the current outbreak. The HSE had redeployed nursing staff to work in the centre and additional nurses were employed from an agency. A limited number of the centre's own care staff continued to work in the centre and these were supported by care staff from a number of agencies. Cleaning and laundry staff were also sourced from an agency.

While the person in charge described contingency arrangements that were in place in the event of an outbreak, this was not documented in the Contingency Plan. This document had not been recently reviewed. The person in charge continued to work in the centre on a daily and sometimes nightly basis. This included working as a nurse out on the floor during the initial phase of the outbreak when adequate nursing staff could not be sourced elsewhere. The provider was requested to source managerial support for the person in charge to allow her to take some time off. A person was identified as being available should the person in charge become unwell or require time off.

As part of the centre's COVID-19 contingency planning, links were established with the local public health team, who were providing support and advice during the outbreak. The HSE had organised for a nurse with expertise in infection prevention and control to do an on-site inspection. However, advice from this person was not always implemented. For example, staff were not using separate changing rooms for the beginning and end of their shifts as advised. The person in charge liaised with the public health team on a daily basis and an outbreak control meeting had been

held in relation to outbreak management in the centre. The person in charge also actively engaged with the Office of the Chief Inspector during this time and provided regular updates on the outbreak.

The provider had scheduled contract cleaners to attend the centre as there was not enough cleaners on site to support the extra cleaning and disinfecting that was required during this outbreak. The cleaners on site were knowledgeable and were aware of cleaning/disinfection and PPE requirements for outbreak situations.

A review of the staff training records found that infection prevention and control training had been completed but there was no record of what this course contained, and the PIC was not aware of what was covered. Inspectors were not assured that it covered specialist infection control training required by residential care staff. Much of the training was done online and there was no evidence of follow up to ensure that the training was effective. This was supported by inspectors' observations of incidences of poor infection control practice in relation to the use of PPE, storage of PPE and over use of gloves. Inspectors concluded that improved supervision and support for staff in relation to infection prevention and control was required.

There were Infection Control policies available and they did appear to be appropriate to the centre. However, the national HPSC guidance that was in the centre on the day of inspection was a previous version that had since been updated. It was seen that within the laundry policy, there was direction that food stuffs should not be stored in this area but on the day of inspection there was at least 8 bags of potatoes stored on shelving in the laundry area.

There was very little evidence that the system of auditing in place was adequate to monitor Infection Prevention and Control standards. There was no recent environmental audit seen. There was one Infection Control audit completed in April 2021 and it was seen to be fully compliant in all areas which was not evident on the day of inspection. There were no evidence that quality Improvement plans were drafted which would help to drive improvements, plan training and changes.

#### Regulation 14: Persons in charge

There was a person in charge who had the relevant experience and qualifications in line with regulatory requirements.

Judgment: Compliant

#### Regulation 15: Staffing

Inspectors found that overall there was insufficient numbers of staff to meet the assessed needs of residents. For example:

- during the initial stage of the outbreak there was only one nurse on duty, which was insufficient to meet the needs of residents, given their increased needs as a result of testing positive for COVID-19. The nurse was required to provide nursing care to residents who tested positive and residents who had no COVID-19 detected.
- a review of the roster indicated that there was one staff member responsible for both cleaning and laundry prior to the COVID-19 outbreak. Discussions with staff during the inspection indicated that cleaning in the centre was not done to an acceptable standard prior to the arrival of agency cleaning staff
- as stated previously, prior to the outbreak and in the initial stages of the outbreak, there was one staff member assigned to both cleaning and laundry. Observations of the inspector indicated that staff assigned to the laundry required additional training to ensure they adhered to best practice on the management of laundry
- there was no staff member assigned to activities duties and residents were observed to be seated in a communal room with minimal stimulation

Judgment: Not compliant

### Regulation 16: Training and staff development

Even though training records indicated that all staff had attended mandatory training, systems were not in place to ensure that this training was effective. Management were unable to provide assurances that the training covered specialist infection control training required by residential care staff and the observations of inspectors were that further specialist training was required.

Judgment: Substantially compliant

### Regulation 21: Records

Adequate records had not been maintained of the fluid and nutritional intake of each resident.

A copy of the transfer record accompanying a resident to hospital was not maintained in the centre.

A medical record was not available for one resident detailing the assessment and review conducted by a medical practitioner even though inspectors were assured that such reviews had taken place.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The centre did not have sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. Risks associated with inadequate staffing resources during the COVID-19 outbreak were inadequately assessed. The measures in place to mitigate the risks were not effective and this impacted on the quality and safety of the care provided to residents. This is supported by the finding that:

- the COVID-19 contingency Plan did not adequately address contingency arrangements in the event of an outbreak of COVID-19, such as staffing arrangements in the event that a number of staff could not work
- deputising arrangements were not put in place to allow the person in charge take time off having worked in the centre continuously for in excess on ten consecutive days
- resources were not made available nor action taken to satisfactorily address issues identified for improvement on the first day of the inspection and on previous inspections
- resources were not made available to provide for the appropriate maintenance and upkeep of the centre
- a resident left the centre unaccompanied on two occasions in a 36 hour period. This posed a significant risk to the health and safety of the resident. Adequate measures had not been put in place following the first absconding incident to prevent the second incident from occurring
- recommended cleaning products were not available to cleaning staff to ensure the centre was effectively cleaned
- issues in relation to environmental hygiene, particularly an infestation with flies, had not been recognised or addressed in a timely manner
- a member of staff that had tested positive for COVID-19 had been requested to work in the centre by the provider and had worked one night shift, without being derogated back to work by Public Health
- there was an inadequate programme of audits to monitor the quality and safety of care delivered to residents as evidenced by the findings of this inspection
- oversight of key areas such as infection prevention and control and the upkeep and maintenance of the centre was not robust and did not ensure that care and services were safe and appropriate.

Judgment: Not compliant

## Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a policy and procedure in place for the management of complaints. The complaints procedure was on prominent display. A review of the complaints log identified that complaints were investigated and the outcome of the complaints process was relayed to the complainant.

Judgment: Compliant

## Quality and safety

This inspection took place during an outbreak of COVID-19 in the centre. The overall findings of the inspection were that significant improvements were required in relation to infection prevention and control, fire safety and maintenance of the premises.

Inspectors reviewed the systems in place to manage the on-going risk to the quality of care and the safety of the residents during this outbreak. Resident's well-being and welfare was impacted during the COVID-19 outbreak. Dedicated staff in the centre worked tirelessly to provide care to residents at the height of the outbreak. A number of staff were sick or unavailable for work. Staffing levels improved through the redeployment of nursing staff from the HSE and the recruitment of agency staff for nursing, caring, cleaning and laundry roles. Experienced nurses from the HSE provided good clinical oversight of the care delivered to residents as they had prior experience in providing support to other nursing homes through outbreaks of COVID-19. While management and staff endeavoured to keep residents as safe as possible, the necessary restrictions had a negative impact on residents' quality of life by the absence of activities and residents being confined to their rooms.

Care plans were electronic and mostly described individualised and evidence based interventions to meet the assessed needs of residents. Validated risk assessments were routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls. These assessments informed the residents' care plans. However, the assessment process could be enhanced through the addition of a comprehensive assessment of the care needs of each resident in addition to risk based assessment tools. Residents who contracted COVID-19 had

not had their care plans reviewed and informed by a comprehensive nursing assessment as their condition changed. On the second day of the inspection when the centre's own nursing staff had returned to work the process of updating care plans was underway.

General practitioners did not visit the centre during the initial stages of the outbreak. On two occasions the person in charge arranged for the transferred of residents to an acute hospital, as she was concerned about a change in their condition. Both residents were transferred back to the centre within 24 hours following review in hospital.

Inspectors observed that staff engaging with the small number of residents who tried to leave their rooms, but it was not possible to consistently supervise residents to ensure that their movements were restricted. It was clearly evident that staff from agencies were not familiar with residents. There was minimal social interaction between residents and these staff as they did not know the residents well enough to socially engage with them. Inspectors were informed that relatives were kept informed of the status of residents and inspectors observed staff answer phones to relatives enquiring on the status of their relative. The person in charge assured inspectors that she made contact with relatives on a regular basis, however, this was not documented.

Inspectors found that residents were still at risk of infection as a result of the provider failing to ensure that procedures consistent with the standards for infection prevention and control were implemented by staff. Staff knowledge of infection prevention and control practices was inadequate. Procedures, frequency and methods for housekeeping and environmental cleaning were required in greater detail to inform staff of their duties.

A review of the roster indicated that laundry and housekeeping roles had been combined prior to the onset of the outbreak without a concomitant increase in the number of hours devoted to each role. When the outbreak occurred there were insufficient housekeeping staff to ensure that the centre was effectively cleaned. From discussions with redeployed and agency staff, it was apparent that the effective cleaning had not been taking place. There was no documented system for deep cleaning bedrooms, sanitary facilities or communal areas. There was also no system in place to ensure that equipment was cleaned after use or to identify if and when equipment was cleaned.

There was a significant problem identified with a proliferation of flies, particularly in the bathrooms. While an environmental company had been deployed on the first day of the inspection and the provider stated that their advice had been implemented, there was no improvement noted on the second day of the inspection, one week later. Despite this, there was no evidence that the provider had taken or planned to take further action to address this issue. An urgent compliance plan was issued to the provider to resolve the problem as a matter of urgency.

The laundry provision was not adequate or following a safe process. There were washing machines and driers in three separate rooms; there was no dirty to clean

flow; and used mops and cloths were in a basin underneath where clean clothes were stored. The walls had areas of exposed concrete and multitudes of cobwebs. Cleaning equipment and chemicals were stored in the laundry area, potentially contaminating clean laundry also.

The waste compound was also in need of review as there was no separation of healthcare risk waste and general waste. The healthcare risk waste was not stored appropriately in a locked covered compound.

### Regulation 11: Visits

Visiting was temporarily suspended in line with public health guidance due to the outbreak of COVID-19. The person in charge assured the inspector that relatives were kept up to date on the status of residents on a regular basis, even though records of these communications were not maintained.

Judgment: Compliant

### Regulation 17: Premises

Arrangements for the upkeep and maintenance of the centre were disorganised and ineffective. This provided an unsafe environment for residents and impacted on the implementation of effective infection prevention and control measures. Issues identified included:

- paintwork was damaged on some doors and on the cupboard under a wash hand basin in a bathroom
- the thermostatic control for hot and cold water required adjustment as the temperature of the water from the hot taps was too hot and posed a risk of scalding to residents This had been pointed out to the provider approximately six weeks previously but had not been satisfactorily addressed
- there was inadequate storage space resulting in hoists being stored in bathrooms and in a sluice room. Wheelchairs and walking aids were stored in a communal sitting room.
- the design and layout of the laundry did not support the segregation of clean and dirty linen. The laundry area was also used for storing cleaning equipment, cleaning supplies and some food products

Judgment: Not compliant

### Regulation 18: Food and nutrition

Discussions with kitchen staff indicated that they knew residents well, including their likes and dislikes. Food was modified in accordance with guidance from a speech and language therapist. The chef modified residents' food so that it could be easily ingested, taking into account residents' weakened state and loss of appetite. Modified food was colourful and attractively presented. The use of disposable dishware is discussed under Regulation 9.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The person in charge assured inspectors that a detailed transfer document was shared with the receiving facility when a resident was transferred to another facility, such as a hospital. A copy of this record, however, was not maintained within the centre. This is addressed under Regulation 21: Records

Judgment: Compliant

### Regulation 26: Risk management

Improvements were required in relation to the identification and management of risk. For instance:

- the door to an outdoor area leading to the laundry was open and could be accessed by residents. There were steps immediately outside the door which could be a fall hazard for residents should they access this area unsupervised. A resident was observed to be attempting to exit the centre via this door on the first day of the inspection
- there was an aluminium strip surrounding a shower in one of the bathrooms that was a potential trip hazard

Judgment: Substantially compliant

### Regulation 27: Infection control

Systems and resources in place for the oversight and review of infection prevention and control practices were not effective. Inspectors observed practices that were not consistent with National Standards for infection, prevention and control in the community services. This was evidenced by:

- facilities for and access to staff hand wash sinks were inadequate throughout the centre. There were no dedicated clinical hand wash sinks in the centre. Resident's sinks should not be used by staff as a hand washing sink,
- there were minimal housekeeping procedures to guide staff to clean the centre and cleaning staff had not received training in cleaning procedures.
- a chlorine-based product was inappropriately used for routine environmental cleaning and surfaces were not cleaned prior to being disinfected with chlorine. This was rectified on the second day of inspection.
- there were many examples of walls and surfaces with flaking paint and chipped wood making cleaning of these surfaces very difficult
- infection control audits did not capture deficits and therefore there were no infection control quality improvements plans following audits to drive and improve the safety and quality of the service,
- cleaning schedules were not used to support equipment hygiene nor was there evidence that communal or resident specific equipment was cleaned regularly. Inspectors saw unclean equipment such as wheelchairs, walking frames, chairs and nebuliser compressors
- there was no designated clinical room to store and prepare sterile supplies for aseptic procedures with a compliant clinical wash hand basin. The room used to prepare such procedures was also a nurses' office
- the over stocking of PPE stations had the potential to contaminate all clean PPE
- a store room had exposed concrete and wood, and had pillows, bed bumpers and clothes stored on the floor
- there were a number of issues that posed a risk of cross contamination and did not comply with good infection prevention and control practices. These included:
  - there were communal toiletries seen in three bathrooms
  - there was a store room used for drying clothes, which was accessed through a bathroom
  - used cloth pillows stored in a storage room, that were not identified for individual use and were therefore an infection control risk as cloth pillows cannot be cleaned effectively
  - there were chairs and pillows seen which were worn, torn and burn holes with some repairs with adhesive tape to wheelchairs handles. As a result, these items could not be effectively cleaned
- there was a bath/shower with jacuzzi jets with no water supply on the day of inspection. There with no associated risk assessment of the risk of legionella contamination in the jacuzzi jets
- there was a proliferation of small flies in three bathrooms and the fire exit, despite extensive cleaning and disinfection from the cleaning staff. Drains that were identified as being the source of these flies had been treated as directed by an environmental company but this had not been effective
- there was a rusty hoist, commodes and toilet seat, making cleaning these very difficult
- there was no equipment cleaning schedule guiding staff in these procedures
- the dirty utility (sluice room) did not contain a sluice hopper connected to foul drainage; it did not have an infection prevention and control (IPC) compliant hand wash basin; the bedpan washer was inappropriately loaded with too

- many urinals; and rolls of unused hand towels were stored on the floor.
- incorrect bags and incorrect waste bag holders were used for healthcare risk waste. Yellow healthcare risk bags were seen in laundry type baskets; some baskets had no covers; and staff were using black bags for contaminated PPE. Safe disposal of waste is imperative to minimise the risk of spreading infection
- adequate facilities were not provided for staff to minimise the risk of cross contamination, such as separate entrances and exits and separate staff changing rooms
- IPC practices were not followed consistently, such as compliance with the staff uniform policy as evidenced by agency staff not changing their clothes on arrival to work on the first day of the inspection. Additionally staff caring for residents that tested positive from COVID-19 from staff caring for residents that were not-detected were not segregated.

Judgment: Not compliant

### Regulation 28: Fire precautions

It was found on a previous inspection in September 2021 that a review was required of the secondary evacuation route for residents occupying bedrooms on the corridor leading from the day room towards the nurses office. The provider was requested to provide assurances that all residents accommodated in this area could be evacuated via the secondary evacuation route in a timely manner should the primary evacuation route not be accessible. This had not been satisfactorily addressed on this inspection and an urgent compliance plan was issued to the provider.

Recommendations contained in a fire safety risk assessment in relation to key controlled final exit doors had not been addressed for three of the six doors cited in the risk report. This was also identified on a previous inspection and had not been satisfactorily addressed on this inspection This was also included in the urgent compliance plan.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The book used to record the stock balance of medications requiring special control measures was signed by one nurse at both 08;00hrs and 20:00hrs on 16 October. There is a requirement that the stock balance is verified with a second nurse.

Medication used in the event of an emergency for residents with diabetes

experiencing low blood sugars had expired in September 2021.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

While most care plans contained a good level of detail and were personalised to each individual resident, improvements were required. For example:

- a comprehensive assessment was not completed for all residents on which the development of personalised care plans could be based. Care plans were not always updated to reflect recently identified risks, such as the risk of absconding
- one care plan contained information on a resident's diet that conflicted with the advice from a speech and language therapist
- residents had end of life care plans but they required improvement to ensure that the residents wishes for their future care needs including, end-of-life care, were reflected in the plan. There was a need to update care plans to reflect end of life preferences in the context of a COVID-19 outbreak.

Judgment: Substantially compliant

### Regulation 6: Health care

A resident was transferred to hospital for medical review on the first day of the inspection, as no on-site medical reviews had taken place since the onset of the COVID-19 outbreak

Following the first day of the inspection, the provider was requested to make arrangements for a medical review of all residents. By the second day of the inspection this had been completed for all but two residents. The provider was requested to ensure that these residents were medically reviewed.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents' rights in relation to freedom of movement and to communicate freely were impacted by the restrictions imposed to contain the spread of COVID-19 in the centre. Residents and their families were informed about the outbreak and residents who spoke with inspectors understood why restrictions were necessary.

Improvements were required in relation to residents rights, particularly in relation to the provision of activities. Improvements required included:

- there was no activity coordinator and residents were observed to be seated in a communal room with minimal stimulation
- a resident that had displayed dissatisfaction with residing in a long term care facility would benefit from the services of an independent advocate
- despite there being adequate staff on the second day of inspection to support residents to spend some time in an outdoor area and get some fresh air, this was not done
- residents desserts were served in a paper cup as disposable plates had run low. The person in charge was advised that disposable plates was not required when crockery was washed at an appropriate temperature in a dishwasher.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for St Kieran's Care Home OSV-0005584

Inspection ID: MON-0034539

Date of inspection: 12/10/2021

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Extra staff have been hired, including two Nurses and Carers who are coming from abroad. New staff have been sourced locally also.</p> <p>Two new carers have started working, and two new cleaners have joined the team. These were hired locally. We are awaiting arrival of two Nurses and two carers who are coming from abroad.</p> <p>During the Covid 19 outbreak, and in line with Public Health guidelines, no activities took place for residents. Since residents have come back up to the sitting room and life in St Kierans has started to return to normal, activities have recommenced. The activities Co-Ordinator works from 10 until 5 daily. Following communication with Public Health, music is due to recommence this Friday and communication has been made with the priest awaiting a date for mass.</p> <p>16/11/2021</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Infection control training will commence soon, and staff will be trained on this and will be doing the Clean Pass programme</p> <p>Contact has been made with clean pass awaiting a date for training to commence. An</p>	

infection control specialist from HSE is due to visit the home in the next few weeks to discuss cleaning and infection control with staff.

Regulation 21: Records

Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:  
All medical reviews are now completed, with no material change as to how residents are treated.

Systems are updated to show residents liquid and Nutritional intake, which was temporarily unavailable at the time of Inspection.

All transfer records are now readily available for review.

All residents are reviewed by a GP every 3 months, or as the need arises. All residents have had a medical review post Covid 19 and same documented in their notes.

All transfers are done via our electronic care record system, and copies of past referrals were available on the old system. Unfortunately these are no longer available on the new system. Going forward 2 copies will be made of all transfer letters one for residents notes and one for the transferring hospital.

Food and fluid charts are available for review.

Comprehensive assessments are now completed for all residents. These, with care plans and assessments, are reviewed every 3 months or sooner if the resident's condition changes.

16/11/2021

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

-Recruitment is ongoing for staff of all disciplines who will be employed on a part-time basis with an agreement to work additional hours in emergency situations, for example when a number of staff cannot attend work at any one time,

- We have introduced the services of an external consultant who is implementing a comprehensive auditing system, as well as conducting regular environmental audits. This person is a qualified nurse, with previous background in nursing home management, and will deputise in the absence of the Person-in-Charge if required going forward,
- Our governance and management structure will be strengthened by the addition of an additional Clinical Nurse Manager, a position for which we have begun recruiting externally,
- Clinical staff will have training in relation to responsive behaviours and delirium awareness in the coming weeks, when training for Infection Prevention and Control and Cleaning and Decontamination have been completed,
- Absconson policy reviewed and updated, and key pads fitted to external exit doors where necessary,
- Cleaning and decontamination products currently in use have been approved by our HSE IPC link practitioner and are stored as per chemical safety guidelines,
- Infestation of flies has been addressed by an external company and their services for assessment and management will continue on a regular basis. There are currently no indications of a reoccurrence of this issue,
- External consultant currently visits weekly, trains staff, conducts audits and all areas of concern/suggested improvements are acted upon promptly.
- The Contingency plan is being updated to incorporate agency numbers for all departments, should a number of staff become unwell.
- Overall a quality Improvement Program and any progress on this will be submitted by December 10th.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 Paintwork now completed on damaged on cupboards and other areas where necessary.  
 Thermostat temperature now adjusted to an acceptable level.  
 Maintenance work is continuing on an ongoing basis. Due to the Covid19 outbreak, maintenance work was unable to continue during the outbreak. Since inspection, Laundry has been closed and outsourced and this space is been used for storage without the risk

of cross contamination.

16/11/2021

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

The shower area in question has been reviewed with repositioning of the shower, as it allowed us to remove the strip in question, and the water flow does not go on the corridor.

Keys have been removed from all doors. Access is by key pad entrance and exit which maintains the residents safety.

The step in question outside the back door has been addressed and work is completed in line with architects advice.

14/11/2021

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Designated staff hand wash sinks will be provided for clinical use.

-Hand-washing sinks for the sole purpose of staff use have been sourced and will be installed as a matter of priority,

-Training by our external consultant (a certified Train-the trainer in IPC) is scheduled for all housekeeping and catering staff for December 3rd. The content of this training module is in line with the requirements outlined in the HSE's Core Infection Prevention and Control Knowledge and Skills Framework Document (2015),

-Cleaning schedules are being introduced to further guide staff and ensure records of cleaning and decontamination are accurately and effectively maintained,

-Many areas of the centre have been refurbished to ensure ease of cleaning and decontamination (e.g. painting and replacement of door saddle strips) and this process

continues,

-The external consultant has commenced and will continue with extensive environmental audits, with highlighted areas of concern being acted upon promptly,

-Cleaning and decontamination schedules will be implemented and records of same retained,

-As approved by our HSE IPC link practitioner, one of our external store rooms will be renovated to become our linen store,

-Communal toiletries are no longer in use,

-Pieces of equipment with rust, holes, tears or burn marks have been removed from circulation and will be disposed of appropriately. Our stand- up hoist (which had rust on the legs) has now been repaired and as good as new.

-Cloth pillows are no longer in use. All materials are washable or wipeable,

-The flushing of the jacuzzi is now included in the weekly schedule for all other water sources to prevent Legionnaire's Disease outbreaks,

-The infestation of flies has been addressed and remedied,

-No unnecessary items are stored in the sluice room. The hand-wash basin will be replaced and guidance is being sought in relation to the insertion of a sluice hopper,

-Our isolation area now has arrangements in place in line with IPC guidelines which include separate entrance and exit areas for staff, and area for break times and donning/doffing areas,

-IPC training will include waste management procedures, including clinical waste, and IPC compliant waste bins are in use,

Full PPE is no longer in use.

Laundry now closed and used as an extra storage area.

PPE is currently been stored upstairs in the designated PPE room, as only surgical masks are required as per Public Health Guidelines. These are stored in a closed water tight container.

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Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 A new door is being created via the bedroom window, to aid secondary evacuation.

This bedroom of concern is currently unoccupied. Residents admitted to this area going forward will be mobile/require minimal assistance with evacuation, whilst awaiting the insertion of an emergency exit door into the bedroom.

Recently completed emergency evacuation drills confirm that if residents are in this area they can be safely and timely evacuated from in an emergency situation via the secondary evacuation route.

- Such fire drills continue regularly with staff on duty both by day and by night,
- Plans to insert an emergency exit door in the bedroom of concern are being addressed as a matter of priority should the evacuation needs of residents in this area change,
- Key pads have been applied to the exit doors in question.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
 Medication now updated for resident with diabetes, in line with due dates.

All controlled medications are now checked by two nurses at the start of each shift. The medication out of date has been returned to pharmacy to be destroyed. A new system has been put in place to ensure all medication is checked every month for expiry dates.

14/11/2021

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  Comprehensive assessments have been completed for all residents, and all care plans have been reviewed to incorporate end of life wishes, especially in the case of a Covid 19 outbreak. All assessments and care plans have are in-depth and updated every 3 months, or sooner if condition changes</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  Doctors review their residents every three months or sooner if their condition requires it. All residents have been reviewed post Covid 19. These records are filed in residents notes and are readily available.</p> <p>15/11/2021</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  As per public health guidelines no activities took place in the height of the Covid 19 outbreak. Now that life is returning to normal in St Kierans, activities have recommenced.</p> <p>Staff are encouraged to take residents outside, weather permitting.</p> <p>Contact has been made with an independent advocate for the resident in question. This advocate will be made available for any other resident who staff feel would benefit from their input.</p> <p>Disposable dishes are no longer in use.</p> <p>15/11/2021</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	16/11/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	16/11/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	16/11/2021
Regulation 21(1)	The registered	Substantially	Yellow	16/11/2021

	provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Compliant		
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/12/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/12/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	14/11/2021
Regulation 27	The registered provider shall ensure that	Not Compliant	Red	31/12/2021

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	31/01/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	20/11/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Not Compliant	Red	21/10/2021

	event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	14/11/2021
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	14/11/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4	Substantially Compliant	Yellow	15/11/2021

	months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	15/11/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	23/11/2021
Regulation 9(3)(f)	A registered provider shall, in so far as is reasonably practical, ensure that a resident has	Substantially Compliant	Yellow	15/11/2021

	access to independent advocacy services.			
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