



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Peter's Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Sea Road, Castlebellingham, Louth
Type of inspection:	Unannounced
Date of inspection:	07 August 2024
Centre ID:	OSV-0000122
Fieldwork ID:	MON-0044439

About the designated centre

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

St Peter's is a purpose built nursing home which was extended in recent years. It offers care to 69 residents, male and female over the age of 18 years. The centre provides long-term residential care, convalescent and respite care. They care for those with a diagnosis of dementia and an acquired brain injury. They cater for those of low, medium, high and maximum dependency. Their purpose is to provide care on an individualised, fair and in an equal way while involving the resident and their families. The centre has 63 single and three twin en-suite bedrooms. Included in this is a 20 bedded dementia care unit. The centre is situated within five minute's walk of the village of Castlebellingham where residents' can access a variety of amenities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	67
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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
Wednesday 7 August 2024	08:45hrs to 16:00hrs	Yvonne O'Loughlin	Lead

What residents told us and what inspectors observed

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. The inspector spoke with nine residents. The overall feedback from residents was one of high satisfaction with the quality of care in the centre. Residents spoke very positively about the staff and management in the centre.

St Peter`s Nursing Home was a purpose built one storey building that provided suitable accommodation for residents that met their residents` needs in a comfortable and homely way. The centre had a new 20 bedded dementia friendly unit which had its own dining and communal areas that had good lighting and was decorated nicely. Bedroom accommodation in the centre comprised of 63 single rooms and three twin rooms, all with en-suite toilet and shower facilities. Residents` bedrooms were well laid out with adequate storage space for their personal belongings.

There was a good variety of activities for residents to choose from. All activities available were displayed on a notice board and each resident had a poster in their room to outline the schedule of activities for the coming week. On the day of the inspection a group of residents were enjoying watching the "Olympic Games" on the television and there was good interactions between staff and the residents. A selection of daily newspapers were readily available at the reception area for residents to access and read.

The dining rooms were bright, spacious, clean and very nicely decorated. For example, the tables were nicely set with a menu of the day in the centre of the table and had good quality cutlery and crockery. Residents enjoyed meal times as many were laughing and talking with staff. Many residents told the inspector that the food was 'good quality' and that they had access to choices at mealtimes, this was evidenced by talking to the the chef who knew the residents needs and preferences. The kitchen was clean with a separate area for storing cleaning equipment and chemicals.

Residents had the choice to have their personal clothes laundered in the centre. The feedback from residents on this service was very positive, 'clothes are returned like new'. Residents' wardrobes were found to be neat and tidy with ample space for their personal clothing.

The reception area had the nurses station in the centre and was bright and clean with a welcoming atmosphere. On one wall there was a leaflet display for residents and visitors that gave information on ways to prevent the spread of infection in the centre.

The inspector met with four visitors during the inspection. Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and

friends and stated that their interactions with the management and staff were positive. Visitors reported that the management team were approachable and responsive to any questions or concerns they may have.

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 provided.

Capacity and capability

This unannounced inspection focused on the infection prevention and control related aspects of Regulation 5: Individualised assessment and care planning, Regulation 6: Healthcare, Regulation 9: Residents rights, Regulation 11: Visits, Regulation 15: Staffing, Regulation 16: Training and staff development, Regulation 17: Premises, Regulation 23: Governance and management, Regulation 25: Temporary absence and discharge, Regulation 27: Infection control and Regulation 31: Notification of incidents.

There was a defined management structure in place and this inspection identified it was a well-run centre with a culture which promoted person-centred care. This centre was part of the Trinity Care Nursing Home Group who have 12 nursing homes throughout Ireland. The director of nursing was new to the position but had worked in the centre for many years and was supported by the management team within the group. Regular meetings were held with the other directors of nursing in the group to share learnings and provide support. Overall, the registered provider was striving to provide a service compliant with the regulations. Some opportunities for improvements were identified in the area of governance and management and quality and safety which is further discussed within this report. On the day of the inspection there were 67 residents living in St. Peter`s Nursing Home.

The director of nursing had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. The provider had an IPC link practitioner who was booked to start the national IPC link practitioner course in September of this year.

IPC policies were available to guide staff and up to-date posters as reminders of best practice, these did not included the new national policy *National Clinical Guideline No.30-(IPC) 2023* or the *HSE Antimicrobial Stewardship guidance for Healthcare settings (2022)*.

An annual review was available and reported the standard of services delivered throughout 2023 which included IPC.

The centre had not had an outbreak since late last year. A review of the notifications submitted found that the previous outbreaks were managed, controlled and reported.

Documentation reviewed relating to *Legionella* control provided the assurance that the risk of *Legionella* was being effectively managed in the centre. For example, unused outlets were regularly flushed and routine monitoring for *Legionella* in the hot and cold water systems was undertaken.

The centre had a schedule for conducting infection prevention and control audits, carried out by the management team. The audits covered various areas such as hand hygiene, spillage management, equipment, environmental cleanliness, laundry and waste management. The audit scores were high but they did not capture some of the findings that the inspector found on the day of inspection, this is discussed further under Regulation 23.

An accurate record of residents with previously identified multi- drug resistant organism (MDRO) colonisation (surveillance) was not maintained. This meant that the provider was unable to effectively monitor the trends in the burden of antimicrobial resistance within the centre. A review of documentation found that there was some ambiguity regarding to the MDRO status of a small number of residents colonised with multi-drug resistant bacteria. Details of issues identified are set out under Regulation 23 and Regulation 25.

There were adequate housekeeping staff to meet the needs of the centre. The provider had a number of processes in place to ensure a high standard of environmental hygiene. This included cleaning instructions, checklists and colour coded cloths to reduce the chance of cross-infection. Housekeeping trolleys were clean and well-maintained with a lockable store for chemicals.

Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of residents living in the centre.

There were sufficient staff resources to maintain the cleanliness of the centre. There were housekeeping staff in each area of the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to IPC training that was relevant to their role. There was a blended approach to training with a combination of on-line and face to face training.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements generally ensured the sustainable delivery of safe and care. However, further action was required to be fully compliant. For example:

- The management of residents who had an MDRO was not robust. For example, a resident in the centre was identified as having an MDRO when transferred from the acute care, this information was inaccurate and could effect the medical management of this resident in the future. The nursing handover sheet did not capture all the residents in the centre who had an MDRO this meant that the appropriate precautions may not have been in place when caring for some residents that were colonised with MDROs.
- The system for auditing was not sufficiently robust to capture areas where improvements were required. For example, patient equipment that was visibly dirty. This is discussed further under Regulation 27.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Quality and safety

Residents were receiving a high standard of care in an environment which supported and encouraged them to enjoy a good quality of life. Residents were found to be receiving care and support in line with their needs and preferences. However, further improvements were required in relation to infection prevention and control which will be discussed under their respective regulations.

Some barriers to effective hand hygiene practice were observed during the course of this inspection. For example, there was one wall mounted alcohol gel dispenser between four residents, this meant that staff could not sanitise their hands between episodes of care. This is discussed under Regulation 27. Conveniently located new clinical hand wash sinks that complied with the recommended specifications were available in the areas of the centre where residents were living and in the large reception area near the nurses station.

The main areas of the centre were bright, clean, tidy and conformed with the matters set out in schedule 6 of the regulations. The overall environment was designed and laid out to meet the needs of the residents. The premises on the whole was well maintained and corridors were wide and uncluttered. Residents rooms were nicely decorated and were furnished with personal belongings.

The ancillary facilities generally supported effective infection prevention. However improvements were required for a safe and effective service. For example, some of the patient equipment viewed on the day of inspection was visibly dirty and the storage area for residents equipment had equipment that was dirty also, this room could not be cleaned properly and this is discussed further under Regulation 27.

There was a dedicated housekeeping room for the storage and preparation of cleaning trolleys and equipment. The on-site laundry supported the separation of the clean and dirty phases of the laundering process and was clean and well organised. There was a dedicated clean utility room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings.

The provider had substituted traditional needles with safety engineered sharps devices to minimise the risk of needle stick injury. Waste and used linen and laundry was segregated in line with best practice guidelines. Colour coded laundry trolleys and bags were brought to the point of care to collect used laundry and linen.

The inspector viewed a sample of residents electronic nursing notes and care plans. There was evidence that residents were assessed prior to admission, to ensure the centre could meet residents' needs. Based on a sample of nine care plans viewed, plans were sufficiently detailed to guide staff in the management of urinary catheters and the residents that were identified as having an infection.

There were no visiting restrictions in place on the day of the inspection. On the day of inspection visitors were seen walking freely throughout the centre.

The National Transfer Document and Health Profile for Residential Care Facilities was used when transferring residents to hospital. The inspector viewed a sample of

records and found that a small number had not been accurately completed. This is discussed further under Regulation 25.

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. Visitors spoken with by the inspector were complimentary of the care provided to their relatives and were happy with the visiting arrangements in place.

Judgment: Compliant

Regulation 17: Premises

The premises was generally bright, clean, tidy and conformed with all matters set out in schedule 6 of the regulations. The overall environment was designed and laid out to meet the needs of the residents.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care had been integrated into the electronic care management system. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services. On the day of the inspection two residents that were transferred to hospital that had an MDRO did not have their IPC status included on the form. This meant that staff may not have used the appropriate precautions to prevent the spread of colonisation and infection.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the *National Standards for infection prevention and control in community services* (2018), however further action is required to be fully compliant. For example;

- Alcohol gel dispensers were not sufficiently available at the point of care for staff to decontaminate their hands between the care of each resident. This could lead to infection spread.
- The large storeroom was carpeted and areas of the carpet were dirty. This room was difficult to clean as it was overfilled and disorganised. This increased the risk of equipment being contaminated.
- Some of the resident care equipment was visible unclean and increased the risk of the spread of infection. For example:
 - The two hoists and two of the wheelchairs in the storeroom were visibly dirty.
 - Two trays used to hold the sharps boxes for blood collection were dusty.
 - A urinal used to empty a catheter bag was reused without being cleaned in the bedpan washer and was visibly dirty.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents.

Care plans viewed by the inspector were comprehensive and person- centred. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months.

Judgment: Compliant

Regulation 6: Health care

The inspector identified some examples of good antimicrobial stewardship. Staff were knowledgeable about "Skip the Dip" the national programme to reduce the use of dipsticks to determine if a resident had a urinary tract infection. Antibiotic consumption data was available and trends of antibiotic usage could be used to

inform practice at a group level. Residents had access to specialists such as wound care experts and dieticians as necessary.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to access recommended vaccines, in line with the national immunisation guidelines. The inspector observed kind and respectful interactions between residents and staff on the day of inspection. There was a separate room for residents to receive visitors in private if they so wished.

Judgment: 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Peter's Nursing Home OSV-0000122

Inspection ID: MON-0044439

Date of inspection: 07/08/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Both The DON and ADON work supernumerary.</p> <p>The service is supported by a Clinical Operations Manager, Human Resources Manager and the Registered Provider Representative. Fortnightly management meetings take place with the clinical operations manager where a comprehensive review of the service is conducted, and issues discussed. A weekly report is also submitted of all KPI’s</p> <p>There is a comprehensive monthly auditing schedule in place and is completed by DON, ADON and CNM.</p> <p>Following inspection, the CNM’s will have a total of 4 hours protected management time each week. This will be used to enhance the systems currently in place to oversee care and service delivery. This time will be used to check the following:</p> <ul style="list-style-type: none"> • Review of admissions during the week, to include assessments, care plans and referrals • Review and update handover and to include resident with A MDRO status. • Review audit actions • Review patient equipment to ensure all is clean and in working order. • Review patient and medical equipment cleaning records. 	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p>	

A comprehensive assessment will be carried out on all new residents with 48 hours of admission to nursing home to include their MDRO status with relevant care plans to be completed.

Nurses to be retrained on the important on completing the national transfer document in full and to include infection status of resident were it applies.

Regulation 27: Infection control

Substantially Compliant

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

St Peters has a comprehensive infection control policy in place that is updated regularly and is in line with current best practice. Policies are easily accessible for all staff. All staff complete infection control training prior to commencing employment and are retrained every two years. This includes Infection, Prevention and control, hand hygiene, respiratory and cough etiquette, donning and doffing PPE. There is a cleaning schedule in place for daily and deep cleaning of the home. Cleaning stations are at several locations throughout the home to enable staff to clean equipment appropriately

New alcohol gel dispensers have been ordered once received will be placed around the nursing home outside resident's bedroom so easily accessible.

Plan to remove carpet from main storeroom and replace it with laminate/wooden flooring. The storeroom is to be re-organised every night and deep cleaned weekly.

Increase cleaning to be carried out on all resident and medical equipment within the nursing home. Clean/ dirty cleaning labels to be used. All resident and medical equipment to be cleaned straight after use with disinfectant wipes.

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 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.	Substantially Compliant	Yellow	30/09/2024
Regulation 25(2)	When a resident returns from another designated centre, hospital or place, the person in charge of the designated centre from which the resident was temporarily absent shall take all reasonable steps to ensure that all relevant information about the resident is obtained from the other designated centre, hospital or place.	Substantially Compliant	Yellow	30/09/2024

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	31/10/2024
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