



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

Issued by the Chief Inspector

Name of designated centre:	Sacred Heart Residence
Name of provider:	Little Sisters of the Poor
Address of centre:	Little Sisters of the Poor, Sybil Hill Road, Raheny, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	04 May 2023
Centre ID:	OSV-0000157
Fieldwork ID:	MON-0040045

About the designated centre

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

Sacred Heart Residence is owned and operated by the Little Sisters of the Poor, and is located near St. Anne's Park in Killester on the northside of Dublin. The centre can accommodate 86 residents, both male and female over the age of 65, with low to maximum dependency levels. Residents are accommodated in 84 single bedrooms and 1 double bedroom, all with en suite facilities. Other facilities available to residents include sitting rooms, a shop, tea bar and a chapel.

The person in charge is supported by the registered provider representative, a chief nursing officer, a clinical nurse manager. There is team of registered nurses and healthcare assistants who provide care to the residents in the centre. Allied health professionals are contracted to provide specialist services to the residents in accordance with their wishes and needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	75
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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
Thursday 4 May 2023	09:15hrs to 17:20hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

On the day of this inspection the centre was in the midst of an outbreak of COVID-19 on one unit. The layout of the building with five spacious, separately staffed units over three floors lent itself to effective outbreak management. This meant that the unit accommodating the four residents with COVID-19 infection was operating as a distinct area with minimal movement of staff between units to minimise the spread of infection during the ongoing outbreak.

The inspector spoke with two visitors and five residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided within the centre. Visitors confirmed that the provider had liaised with families and kept them updated over the course of the pandemic.

The inspector observed staff and residents interactions and found them to be positive with staff demonstrating good insights into the needs of the residents. There was a varied programme of activities that was facilitated by an activity co-ordinator, nursing and care staff.

Residents could move around the centre freely and the inspector observed a number of residents walking around the centre independently or with the help of staff. Residents accommodated on the unit experiencing the COVID-19 outbreak were provided with individual activities within the unit.

Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean. The centre generally provided a homely environment for residents. The corridors were wide and well lit. All residents were accommodated in spacious single bedrooms with en suite facilities. Families and residents were encouraged to personalise bedrooms with ornaments, pictures and photographs. However several day rooms within the units were sparsely decorated and furnished.

There was a treatment room for the storage and preparation of medications, clean and sterile supplies and dressing trolleys on each unit. Units also had access to dedicated housekeeping rooms for storage and preparation of cleaning trolleys and equipment and sluice rooms for the reprocessing of bedpans, urinals and commodes. However only two of the five sluice rooms had a bedpan washer and none of the housekeeping rooms had hand washing facilities. Findings in this regard are further discussed under Regulation 27.

Conveniently located alcohol-based product dispensers on corridors facilitated staff compliance with hand hygiene requirements. However there were a limited number of clinical hand wash sinks available. The available clinical hand wash sinks did not comply with the recommended specifications for clinical hand wash basins. Electric hand dryers were available in sluice rooms (in addition to paper hand towels). Hand dryers in ancillary areas increased the risk of hand and environmental

contamination.

Additional communal areas were available on the ground floor including, chapel, a hairdressing salon and two large dining rooms. The dining tables were set with decorative tablecloths and fine crockery and mealtimes were observed to be a social occasion. Residents confirmed that they enjoyed the meals provided.

The main kitchen, storage areas, office spaces and laundry were located in the basement. The infrastructure of the large laundry supported the functional separation of the clean and dirty phases of the laundering process. This area was well-ventilated, clean and tidy. Designated staff changing rooms were available for changing and storage of everyday clothes.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the provider did not comply with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Weaknesses were identified in infection prevention and control governance, environmental and equipment management.

The Little Sisters of the Poor is an unincorporated body and is the registered provider for Sacred Heart Residence. The governance structure of the centre included the board of trustees, the registered provider representative, the person in charge and a chief nursing officer.

The inspector found that that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. Overall responsibility for infection prevention and control within the centre rested with the Chief Nursing Officer who was also the designated infection prevention and control link practitioner. This person had attended the link practitioner training course and demonstrated a commitment and enthusiasm for their role.

Infection prevention control advice and support was also provided by an infection prevention and control specialist nurse as required. The inspector saw evidence of infection prevention and control specialist nurse on-site visits.

Notwithstanding the clear infection prevention and control responsibility and support structures in place, governance of antimicrobial stewardship and multi-drug resistant organism (MDRO) surveillance required improvement. Details identified are

discussed below.

During the inspection there appeared to be adequate number of suitably qualified staff on duty to meet the dependency needs of the residents. A new cleaning supervisor had recently been employed. Housekeeping staff were rostered on duty seven days a week and all areas were cleaned each day. However it was difficult to distinguish housekeeping staff from healthcare assistants as they wore the same uniforms. The inspector was informed by staff that this occasionally caused some confusion to residents and visitors.

Infection prevention and control audits covered a range of topics including waste management, equipment hygiene and hand hygiene. Audits were scored, tracked and trended to monitor progress. High levels of compliance had been achieved in recent audits. Quality improvement plans were developed in response to audit findings.

The volume of antibiotic use was also monitored each month. However the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. Details of issues identified are set out under Regulation 27.

Surveillance of multi-drug resistant organism (MDRO) colonisation was not routinely undertaken and recorded. A review of the small number of available acute hospital nursing discharge letters and laboratory reports on two units found that staff had failed to identify a residents colonised with MDRO's. Details of issues identified are set out under Regulation 27.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. However copies of laboratory reports were not routinely filed in resident's healthcare records. The inspector was informed that reports were not always readily accessible to staff working in the centre. Findings in this regard are presented under regulation 27.

The centre had a suite of infection prevention and control policies which covered aspects of standard precautions, transmission-based precautions and guidance in relation to COVID-19. The centres outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that the majority of staff were up to date with mandatory infection prevention and control training.

Quality and safety

Overall, the inspector found that residents' care needs were being met. It was

evident that staff knew the residents well and were familiar with their needs and their daily routines.

An outbreak of COVID-19 had been declared in the designated centre on 03 May 2023. Discussion with staff and review of documentation showed that daily management meetings were being convened to oversee the management of the outbreak. On the day of the inspection four residents with confirmed COVID-19 were isolated within their rooms on the second floor (St Therese's). While it may be impossible to prevent all outbreaks, the early identification and careful management of this outbreak had so far limited staff transmission and prevented the spread of infection to the other units within the centre.

The provider continued to manage the ongoing risk of infection from COVID-19 and other infections while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. Public health guidelines on visiting were being followed on the day of the inspection. Visits from nominated support persons were encouraged and practical precautions were in place to manage any associated risks. Signage at the entrance reminded visitors not to come to the centre if they were showing signs and symptoms of infection.

The recent removal of mandatory mask wearing gave the provider flexibility to ensure ongoing COVID-19 measures in the centre were proportionate to the risks of infection within the centre. Staff on the unit accommodating residents with COVID-19 infection wore respirator (FFP2) masks. Ample supplies of personal protective equipment (PPE) were available.

The inspector identified some examples of good practice in the prevention and control of infection. Infection prevention and control information and reminders were displayed on a designated notice board within each unit. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. Waste and used laundry was observed to be segregated in line with best practice guidelines. However safety engineered needles were not available as per local infection prevention and control guidelines. This increased the risk of a needle stick injury.

There were insufficient local assurance mechanisms in place to ensure that equipment and the environment was cleaned in accordance with best practice. A review of cleaning chemicals, equipment and processes was required to ensure compliance with national and local guidelines. For example the inspector was informed by staff on two units that in the absence of a bedpan washer staff manually rinsed urinals in en-suite bathrooms. Cleaning equipment was unclean and there was some ambiguity regarding cleaning processes. These risks presented a risk particularly in the context of COVID-19 outbreak ongoing at the time of the inspection. Findings in this regard are presented under regulation 27.

Resident care plans were accessible on a computer based system. A review of care plans found that further work was required to ensure that all resident nursing assessments and care plans contained resident's current MDRO colonisation status. Details of issues identified are set out under Regulation 27.

Regulation 27: Infection control

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

- While antibiotic usage was monitored, there was no evidence of multidisciplinary targeted antimicrobial stewardship quality improvement initiatives.
- Surveillance of MDRO colonisation was not undertaken. Staff and management were unaware of which residents were colonised with MDROs. As a result appropriate care plans were not available for some residents. This meant that appropriate precautions may not have been in place when caring for these residents.
- Transfer documentation used by the nursing home did not include a section detailing healthcare-associated infection and MDRO colonisation status. This meant that appropriate precautions may not have been in place when the residents were admitted to the acute hospital setting. Furthermore when residents were discharged back to the centre from hospital the person in charge did not ensure that all relevant infection prevention and control information about the resident was obtained from the hospital. This meant that appropriate precautions may not have been in place when caring for these residents.

Equipment and the environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Four cleaning trolleys observed did not have a physical partition between clean and soiled items. Cleaning carts were not equipped with a locked compartment for storage of chemicals. This increased the risk of cross contamination and ingestion of hazardous cleaning products.
- All cleaning trolleys viewed were visibly unclean. Effective cleaning and decontamination is compromised if cleaning equipment is unclean.
- Assurances were not provided that floors were cleaned in line with local or best practice guidance. For example the same mop was used in 13 bedrooms on a unit inspected. The water in the mop buckets was observed to be visibly unclean. Mops immersed in dirty water can lead to cross contamination.
- There was no hand washing sink in the housekeeping store.
- Staff informed the inspector that in the absence of an accessible bedpan washer a small number of urinals are emptied and rinsed in en-suite bathrooms. This increased the risk of environmental contamination and cross infection.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Infection control	Not compliant

Compliance Plan for Sacred Heart Residence OSV-0000157

Inspection ID: MON-0040045

Date of inspection: 04/05/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The Registered Provider will come into compliance with Regulation 27: Infection control by:</p> <p>The overall antimicrobial stewardship program will be further strengthened to support best practice. This will be achieved by working in partnership with the multidisciplinary team and develop a collaborative approach in quality improvement initiatives. Date of completion: July 31, 2023</p> <p>A review of all resident files in the Centre being is being out to identify any MDROs that were missed. The MDRO surveillance list is in place and being updated following the inspection. A review of all resident’s nursing assessments and care plans to include resident’s current MDRO status. Date of completion: June 30, 2023</p> <p>The transfer document used by the nursing home was reviwed and updated to include information detailing healthcare-associated infection and MDRO colonisation status. Date of completion: May 15, 2023</p> <p>A review of the documents received form hospital when residents are discharged back to the Centre from hospital is carried out to ensure that all relevant infection prevention and control information about the resident was obtained from the hospital Date of completion: immediate and ongoing</p> <p>A review of the cleaning trolley was carried out by the person in charge, chief nursing officer and the housekeeping supervisor. New cleaning trollies has been sourced to include features such as partition between clean and soiled items and with a locked compartment for storage of chemicals. The new cleaning trollies will be introduced on a phased basis on all unit floors starting on the 5th of June 2023. Date of completion: September 30, 2023 subject to supply chain.</p>	

Staff are re-trained on the importance of separating clean and dirty to prevent cross infection. Reiterated not to leave their trollies unattended to prevent access to chemicals by residents. Staff were also re-trained on use of mops and when to change water in the buckets. Regular spot checks are being carried out by the housekeeping supervisor to ensure compliance.

Date of completion: immediate and ongoing

A blue tabard will be worn by housekeeping staff to distinguish them from other member of staff.

Date of completion: May 20, 2023

Hand washing sinks is being sourced and will be installed in housekeeping stores.

Date of completion: November 30, 2023 subject to supply chain.

Clinical hand wash sinks that comply to the recommended specifications is being sourced and will be installed on the units.

Date of completion: December 31, 2023 subject to supply chain.

Electric hand dryers in sluice rooms and in ancillary areas will be decommissioned.

Date of completion: September 30, 2023

Disposable urinals will be in use on units without access to a bedpan washer.

Date of completion: May 15, 2023

Safety engineered needles is in place as per local infection prevention and control guidelines.

Date of completion: May 15, 2023

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.	Not Compliant	Orange	31/08/2023