



**Health
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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:	Killarney Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Rock Road, Killarney, Kerry
Type of inspection:	Unannounced
Date of inspection:	19 April 2023
Centre ID:	OSV-0000685
Fieldwork ID:	MON-0039912

About the designated centre

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

Killarney Nursing Home is situated in a leafy suburb of Killarney town, just five minutes from the town centre. It is a purpose built centre that can accommodate a maximum of 56 residents. It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. There are 52 single bedrooms with en-suites and two twin bedrooms with en-suites. The communal space includes a large comfortably furnished day room a large dining room and a number of smaller sitting rooms, two further smaller dining rooms and an oratory. Nursing care is provided 24 hours a day, seven days a week and supported by a General Practitioner service. A multidisciplinary team is available to meet resident's additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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How we inspect

To prepare for this inspection the inspector or 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 20 April 2023	09:00hrs to 14:30hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

The inspector spoke with two visitors and seven residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents spoken with were also happy with the standard of environmental hygiene.

There were no visiting restrictions in place and public health guidelines on visiting were being followed. Visits and outings were encouraged and practical precautions were in place to manage any associated risks.

The universal requirement for nursing home staff and visitors to wear surgical masks in designated centres had been removed on the day of the inspection. Residents expressed their delight at improved communication and being able to see staff faces and smiles again. One visitor said they were excited and feeling hopeful about things going back to normal. Staff felt the updated mask guidance represented a phase of the pandemic where life within the centre was returning to a pre-pandemic normal.

The inspector noted staff to be responsive and attentive without any delays with attending to residents' requests and needs. It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences.

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. Residents had a choice to socialise and participate in activities. The inspector observed a large group of residents enjoying live music in the day room. Visitors were seen coming and going over the course of the inspection. Visits were observed taking place indoors in residents' rooms.

The centre is a purpose-built three-storey facility, two of which are allocated to residents and the basement housed the centre's laundry facilities and storage for the centre. It is registered to provide care to 56 residents and was full on the day of this inspection. Bedroom accommodation consists of 51 single and two twin rooms, all with en-suite facilities.

The layout of the building over two separately staff floors lent itself to effective outbreak management. This meant that each area could be operated as a distinct cohort area with minimal movement of staff between zones to minimise the spread of infection should an outbreak develop in one area of the centre.

The centre was seen to be bright and well decorated throughout. Many of the common areas had a wallpaper feature walls which provided a warm and homely feeling. Overall the general environment and residents' bedrooms, communal areas

and toilets, bathrooms inspected appeared well decorated and clean.

There was appropriate directional signage provided on doors and corridors to assist residents in finding their way around the centre. However the inspector noted that there was COVID-19 social distancing signage in place on both units with was no longer required.

The main kitchen provided was adequate in size to cater for residents' needs. Clean linen was stored in a designated cupboard and transported in enclosed mobile trolleys. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. This area was well ventilated, clean and tidy. Both units had access to sluice rooms for the holding and reprocessing of bedpans, urinals and commodes and dedicated housekeeping rooms for storage and preparation of cleaning trolleys and equipment. These areas were observed to be visibly clean.

The clinical room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings was located on the ground floor. This room was shared between both floors. This was not ideal from an infection prevention and control perspective, particularly during outbreaks. A specimen fridge was stored within this clinical room. This increased the risk of environmental contamination and cross infection.

Hand washing sinks for staff use were available within easy walking distance of resident rooms. However these sinks did not comply with the recommended specifications for clinical hand wash basins. Alcohol-based hand-rub was available in wall mounted dispensers along corridors. However additional dispensers or individual bottles of alcohol hand gel were required to ensure alcohol hand gel was readily available at point of care.

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

Capacity and capability

This was an unannounced risk inspection to monitor the designated centre's compliance with regulation 27 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. The registered provider had ensured that procedures, consistent with the Health Information and Quality Authority (HIQA)'s standards for the prevention and control of healthcare associated infections were implemented by staff.

Mowlam Health care Services Unlimited Company is the registered provider of Killarney Nursing Home. There were clearly defined local, regional and national

governance structures in place with explicit lines of authority and accountability.

The inspector found that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. The provider had nominated an assistant director of nursing to the role of infection prevention and control lead and link practitioner. A review of documentation found that there was also access and support from infection prevention and control specialists.

During the inspection there appeared to be adequate number of suitably qualified staff on duty to meet the dependency needs of the residents. There were two nurses on duty on both day and night shifts. Two housekeeping staff were rostered on duty on the day of the inspection and all areas were cleaned each day.

Surveillance of healthcare-associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely undertaken and recorded. The volume of antibiotic use was also monitored each month. Antimicrobial stewardship guidelines were available and information was displayed on a notice board within the clinical room. Individual antimicrobial monitoring charts were used to monitor resident response to antibiotic treatment. However the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example, audits of antimicrobial use had not yet commenced and the antimicrobial stewardship programme did not have input from local general practitioners (GPs).

Infection prevention and control audits covered a range of topics including sharps safety, environment and equipment hygiene and hand hygiene. Audits were scored, tracked and trended to monitor progress. High levels of compliance were consistently achieved in recent audits. However other elements of standard infection prevention and control audits including aseptic technique, waste and linen management were not routinely audited.

The provider had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, flat mops and colour-coded cloths to reduce the chance of cross infection. A deep cleaning schedule was also in place.

Equipment was decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. Green labels to alert staff to when equipment was last cleaned were observed on equipment. This system appeared to be consistently used on both units.

The centre had a comprehensive infection prevention and control guideline which covered aspects of standard including hand hygiene, waste management, sharps safety, environmental and equipment hygiene.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. All staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. The

inspector identified, through talking with staff, that staff were knowledgeable and competent in the management of residents colonised with MDROs.

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. 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. Visitors were reminded not to come to the centre if they were showing signs and symptoms of infection.

The centre had effectively managed several small outbreaks and isolated cases of COVID-19 since the onset of the pandemic. The largest outbreak of COVID-19 to date had occurred in 2022. The early identification and careful management of this outbreaks had contained and limited the spread of infection to 15 residents.

A recent gastroenteritis outbreak in October 2022 had also been effectively contained to eight residents and four staff. The symptomatic residents had since fully recovered and a formal review of the management of the outbreak of had been completed.

The inspector identified some examples of good practice in the prevention and control of infection. For example staff applied standard precautions to protect against exposure to blood and body substances during handling of sharps, waste and used linen. Care was provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection. The provider had substituted traditional needles with a safety engineered sharps devices to minimise the risk of needlestick injury. Waste, 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 in both units to collect used laundry and linen. However general waste bins were not available within the sluice rooms. A clinical waste bin was also inappropriately located within the clinical room.

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. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed during the course of the inspection with few exceptions. For example, two staff members were observed on the corridor wearing gloves when there was no indication for their use.

Residents that had been identified as being colonised with an MDRO were appropriately cared for with standard infection control precautions. Care plans ensured that information about residents health-care associated infection status was

accessible. All resident files viewed contained residents' current healthcare associated infection status and history.

Regulation 27: Infection control

The service had clear governance arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship. Lines of infection prevention and control communication and escalation were clearly defined. Staff were supported in their roles with access to appropriate training and infection control and public health specialist advice where required.

A review of documentation found that outbreaks of infection were identified, managed, controlled and documented in a timely and effective manner.

Staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment, cleaning and safe handling and disposal of sharp, waste and used linen.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Quality and safety	
Regulation 27: Infection control	Compliant