Health Information and Quality Authority

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:	Sacred Heart Hospital Castlebar
Name of provider:	Health Service Executive
Address of centre:	Pontoon Road, Castlebar, Mayo
Type of inspection:	Unannounced
Date of inspection:	21 August 2024
Centre ID:	OSV-0005730
Fieldwork ID:	MON-0044457

About the designated centre

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

Sacred Heart Hospital is a purpose-built facility completed in 2018 that can accommodate 74 residents who require long-term residential care. Care is provided for people with a range of needs: low, medium, high and maximum dependency and people who have dementia or palliative care needs. This centre is a modern two-storey building and is located adjacent to the original Sacred Heart Hospital premises. It is a short drive from shops and business premises in Castlebar. It is comprised of two self contained units. The Ross unit is located on the ground floor and the Carra unit on the upper floor. There is lift access between floors. There are 35 single rooms and one double room, all with full en-suite facilities, on each floor. The centre has a large safe garden area off the ground floor. This has several access points and was well-cultivated with flowers, trees and shrubs to make it interesting for residents. The philosophy of care as described in the statement of purpose is to use a holistic approach in partnership with residents and their families to meet residents' health and individual needs in a sensitive and caring manner while balancing risk with safety.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	65

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 21 August 2024	09:00hrs to 16:15hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

All interactions observed on the day of inspection were person-centred and courteous. Staff were responsive and attentive without any delays with attending to residents' requests and needs. Staff were knocked on residents' bedroom doors before entering. Staff were familiar with residents' needs and preferences and that staff greeted residents by name. The majority of residents spoke of exercising choice and control over their day and being satisfied with activities available. However, one resident said that they generally did not engage in the available activities due to their lack of interest in the available activities.

Those residents who could not communicate their needs appeared to be relaxed and enjoyed being in the company of staff. The inspector observed staff and residents having good humoured banter throughout the day and observed staff chatting, dancing and singing with residents. The resident dog was seen to offer comfort and companionship to the residents living in the centre.

The purpose-built facility comprised two units, the Ross unit, and the Carra unit. It was completed and opened in 2018 is located within the Sacred Heart Hospital. Both units were spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Each unit comprised 35 single en-suite rooms and one twin en-suite room. Both units were self-contained and had a main sitting room, dining area and other small seating areas. Colourful dementia friendly wall murals and artwork brightened up the corridors and helped residents navigate and locate key areas in the centre.

There was open access to the secure enclosed external courtyard from the ground floor. This area was well-maintained with level paving and seating.

Residents were supported to personalise their bedrooms, with items such as photographs and artwork. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety.

The ancillary facilities supported effective infection prevention and control. For example, staff had access to dedicated housekeeping room on each floor for the storage and preparation of cleaning trolleys and equipment. Both units also had a sluice room for the reprocessing of bedpans, urinals and commodes. Barrier washing machines in the recently upgraded laundry had a dual-door system to reduce the risk of cross-contamination in laundry rooms. These rooms were observed to be clean and tidy.

The main kitchen was clean and of adequate in size to cater for resident's needs. Toilets for catering staff were in addition to and separate from toilets for other staff.

Equipment and furniture view was generally clean with some exceptions. Details of issues identified are set out under Regulation 27.

Clinical hand wash sinks were accessible to staff within all bedrooms, in sluice rooms and treatment rooms. Conveniently located, alcohol-based product dispensers along corridors, facilitated staff compliance with hand hygiene requirements.

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 inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the infection prevention and control related findings of the previous inspection of March 2024. Overall, this was a well-managed centre with a clear commitment to providing good standards of care and support for the residents. Improvement had been made in the implementation of transmission based precautions and storage of equipment.

The provider generally met the requirements of Regulation 23: governance and management, Regulation 5: individual assessment and care planning and Regulation 27: infection control, however however further action is required to be fully compliant. Findings will be discussed in more detail under the respective regulations.

The Health Service Executive (HSE) is the registered provider of Sacred Heart Hospital. There were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. The person in charge held the role of the director of nursing (DoN) and had responsibility for the day-to-day operational management of the designated centre. The person in charge worked full-time in the centre and was supported in their role by an Assistant Directors of Nursing (ADON), clinical nurse managers and a team of nursing staff, activity co-ordinators, administration, care staff, housekeeping, catering and maintenance staff.

This centre is based in the HSE's Community Health Organisation (CHO) 2 area and records showed that there was regular engagement between the management team in the centre and the regional personnel. There was formalised and regular access to infection prevention and control specialists and an antimicrobial pharmacist within CHO2. The provider had also nominated two staff members, with the required training, to the roles of infection prevention and control link practitioners within the centre.

There were also sufficient numbers of housekeeping staff assigned to the unit to meet the needs of the centre on the day of the inspection. These staff members were found to be knowledgeable in cleaning practices and processes within the centre. The provider had a number of assurance processes in place in relation to the

standard of environmental hygiene. These included cleaning specifications and checklists and disposable cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day. However deep cleaning records did not confirm that there was a regular schedule of deep cleaning for all bedrooms in the centre.

Infection prevention and control audits were undertaken each month. Audits covered a range of topics including hand hygiene, management of spillages, equipment and environment hygiene, laundry, waste and sharps management. Audits were scored, tracked and trended to monitor progress. Action plans were developed to address issues identified. Oversight audits were also undertaken by an infection prevention and control specialist. However, audit tools were not standardised between the two units to ensure standards were consistently monitored throughout the centre.

Accurate surveillance of multi-drug resistant organism (MDRO) colonisation was not undertaken. As a result, there was some ambiguity among staff and management regarding which residents were colonised with MDROs. A review of documentation and discussions with staff found that staff were unaware that two residents were colonised with Extended Spectrum *Beta-Lactamase* (ESBL). As a result accurate infection prevention and control and antimicrobial stewardship information was not recorded in these residents care plans to effectively guide and direct their care.

Water testing reports provided the assurance that the risk of *Legionella* was being effectively managed in hot and cold water systems in the centre.

The provider had managed three outbreaks of infection in 2024 to date. A review of local outbreak reports found that outbreaks were generally managed, controlled and reported in a timely and effective manner. While it may be impossible to prevent all outbreaks, the outbreak reports confirmed that the early identification and careful management of these outbreaks had contained and limited the spread of infection among residents and staff.

There was an ongoing schedule of infection prevention and control training in place to ensure that staff had relevant and up to date training to enable them to perform their respective roles. Housekeeping staff had also attended a nationally recognised specialised hygiene training program for support staff working in healthcare.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

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.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements generally ensured the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship however further action is required to be fully compliant. For example;

- Accurate surveillance of MDRO colonisation was not undertaken and recorded. There was some ambiguity among staff and management regarding a small number of residents that were colonised with MDROs.
- Infection prevention and control audit tool templates were not standardised between units. Inconsistent data collection was a barrier to monitoring and comparing standards between both units.
- Comprehensive deep cleaning records were not available to view. As a result there were no assurances that all areas were deep cleaned on a regular basis.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by the activity co-ordinators and residents had daily opportunities to participate in group or individual activities. Residents also had the option of attending day services which were located on the ground floor.

Residents had daily access to a the medical team from the nearby hospital as well as specialist treatment and expertise in line with their assessed needs. The inspector was informed that new residents admitted to the centre were given the option of requesting to retain their own GP where available.

There was evidence of appropriate referral to and review by health and social care professionals to speech and language therapists, chiropodist and tissue viability as required. Physiotherapy, occupational therapy services were based onsite.

The centre did not have electronic records. All paper based documentation were well presented, organised and supported effective care and management systems in the centre. 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. Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. However, all residents had generic COVID-19 care plans when there was no indication for their use. Some of the detail in these care plans was from outdated public health guidelines. Findings in this regard are presented under Regulation 23.

The provider had an established antimicrobial stewardship programme in place. Monthly monitoring of a minimum dataset of healthcare associated infection (HCAI), antimicrobial resistance and antimicrobial consumption was undertaken through Community Healthcare Organisation (CHO) 2. A recent report showed low levels of both antibiotic use and infections relative to the majority of other centres in the region. Data also showed a significant reduction in antibiotic use in the centre over the previous three years. This initiative provided ongoing assurance to management in relation to the quality and safety of services, in particular the burden of HCAI and antimicrobial resistance in the centre.

Staff had received training on the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance.

The antimicrobial stewardship pharmacist had also undertaken antimicrobial stewardship audits. Results were discussed with medical and nursing staff.

A review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. However, samples were being sent by the local hospital to a private laboratory for analysis and as a result electronic access to microbiology culture results were not available. The processes that were in place to ensure laboratory results were communicated to the relevant staff was not consistent between the two units. Staff on one unit told the inspector that they could phone the laboratory for the results however nursing and medical staff on the second unit were unaware of this arrangement. This may have resulted in a delay in reviewing laboratory results to support timely decision-making for optimal use of antibiotics.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe, secure and well maintained with appropriate lighting and heating. Bedrooms were personalised and residents had sufficient space for their belongings. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained. The ancillary facilities including sluice rooms and housekeeping rooms also supported effective infection prevention and control. The outdoor space was readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required.

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. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident.

One resident was being cared for with transmission based precautions on the day of the inspection. Appropriate application of transmission based precautions including the use of personal protective equipment (PPE) was observed on the day of the inspection. This was supported by local guidelines which advised that PPE was only required following a point of care risk assessment.

The provider had introduced a tagging system to identify equipment and areas that had been cleaned. However, this system had not been consistently implemented at the time of inspection. For example, several items of shared equipment had not been tagged after cleaning. The inspector also observed that the tag was not removed after using some equipment.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were

encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises were well maintained and conformed to the matters set out in Schedule 6 Health Act Regulations 2013.

Judgment: 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;

- Staff reported that they manually decanted the contents of commodes/ bedpans into toilets prior to being placed in the bedpan washer for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- Equipment was generally clean with some exceptions. For example, a commode and the underside of five bed-tables were unclean.
- The provider had introduced a tagging system to identify equipment that had been cleaned. However, this system had not been consistently implemented at the time of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of care plans found that accurate infection prevention and control information was not recorded in two care plans to effectively guide and direct the care of residents that were colonised with an MDRO.

All residents had generic COVID-19 care plans when there was no indication for their use.

Judgment: Substantially compliant

Regulation 6: Health care

The CHO based antimicrobial pharmacist supported and encouraged antimicrobial stewardship within the centre. A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. Documentation reviewed showed an overall significant reduction in antibiotic use in the centre since August 2021.

Judgment: Compliant

Regulation 9: Residents' rights

Measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. For example, restrictions during the recent outbreak were proportionate to the risks. Individual residents were cared for in isolation when they were infectious, while visits and social activity between residents continued for the majority of residents during outbreaks with practical precautions in place.

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 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sacred Heart Hospital Castlebar OSV-0005730

Inspection ID: MON-0044457

Date of inspection: 21/08/2024

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

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

• All residents are assessed for MDRO's as per the Guidelines for the Prevention and Control of Multi-drug resistant organisms (MDRO) excluding MRSA in the healthcare setting; revised 2014 and National Standards for the prevention and control of healthcare-associated infections in acute healthcare services (HIQA).
Any Resident who has been identified as having a known MDRO has a confidential symbol on both their Nursing and Medical Notes identifying a MDRO. A confidential symbol has also been placed in residents' bedrooms to indicate to staff members that an MDRO has been detected on a particular resident.
An updated care plan has been individually devised for each Resident who has a known MDRO. Patient leaflets are readily available for any resident who wishes to educate themselves on a particular MDRO.

• Infection prevention and control audit tools have been standardised between units and use the Regional Guideline on Infection Prevention and Control for the Designated Centres for Older People (OPS) within Community Healthcare West (CHW)

• Community Clinical Nurse specialists utilise ICNA Audit tool for Monitoring Infection Control Standards. A report on monthly audits will be completed to enable comparison of standards between both units.

• Meeting held with Hygiene team on 03/09/2024, Comprehensive deep cleaning schedules were recommenced. Monitoring of deep cleans monthly with collaborative reporting now in place..

Regulation 27: Infection control	Substantially Compliant

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

• All commode contents are disposed of into bedpan washer.

• Training on MDRO's scheduled for 17th September by Community IPC Clinical Nurse specialists, on each unit to specifically inform all staff of MDRO's and risk to environmental contamination and spread of MDRO colonisation.

• A thorough clean of all bed tables has been completed. Catering personnel have been reminded to complete same on collection of trays.

• The tagging system is in operation for identifying clean equipment. Governance meeting on 04/09/2024 reviewed process with all heads of departments with reminder issued to staff to place tags on equipment once cleaned. This action will be monitored at the collaborative IPC meeting monthly.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

• A review of care plans has taken place. All care plans are now reflective of guidance to direct care of residents that have been colonised with an MDRO.

• Covid 19 care plans have been removed from Residents Documentation.

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 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	17/09/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment	Substantially Compliant	Yellow	30/09/2024

	referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			