

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Rivervale Nursing Home
<b>Centre ID:</b>	OSV-0000425
<b>Centre address:</b>	Old Birr Road, Rathnaleen, Tipperary.
<b>Telephone number:</b>	067 50426
<b>Email address:</b>	rivervalenh@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Rivervale Nursing Home Ltd
<b>Provider Nominee:</b>	Margaret Comerford
<b>Lead inspector:</b>	Julie Hennessy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	40
<b>Number of vacancies on the date of inspection:</b>	5

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

## **Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

### **The inspection took place over the following dates and times**

From: 01 December 2014 09:30 To: 01 December 2014 14:00

The table below sets out the outcomes that were inspected against on this inspection.

### **Outcome 08: Health and Safety and Risk Management**

#### **Summary of findings from this inspection**

This was an unannounced inspection triggered by a significant number of notifications submitted to the Authority in relation to healthcare associated infections. On foot of these notifications, a decision was taken to carry out a specific 'single issue' inspection to follow up on the management of infection prevention and control in the designated centre.

The inspection was carried out against Regulation 27 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) pertaining to infection control. Regulation 27 states that "the 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" (p.13). As a result, this inspection was carried out against the National Standards for the Prevention and Control of Healthcare Associated Infections 2009.

As part of the single outcome inspection, the inspector met with the provider, the person in charge, residents and staff members. The inspector observed infection control practices and reviewed documentation pertaining to infection control including policies, guidelines, training records, risk assessments, care plans, audits and cleaning schedules.

The provider had put in place a number of arrangements for the prevention and control of healthcare associated infections (HCAIs) in the preceding year. This included upgrading of the premises, staff training, allocation of additional resources for cleaning and hand hygiene, and the person in charge had completed a 12-week module in infection control in a third level institution.

However, the inspector found that the systems and arrangements in place were not sufficient to adequately prevent and control the risk of HCAIs to residents. Overall,

the provider had not ensured that procedures, consistent with the National Standards for the Prevention and Control of Healthcare Associated Infections were implemented by staff. Such procedures are necessary in order to promote an environment that maximises safety, quality and accountability, reduces the level of HCAI and ultimately, contributes to the safety and quality of care for residents.

Improvements required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Standards for the Prevention and Control of Healthcare Associated Infections 2009 included the development of effective systems in relation to: the overall management of HCAs; ensuring that an up-to-date programme for the management of HCAs was in place; hand hygiene practices; implementation of urinary catheter care bundles; adherence to isolation procedures; communication of information relating to HCAs; arrangements in place for environmental cleaning and laundry; the prevention, management and control of the spread of communicable / transmissible disease; outbreak management and the on-going monitoring and auditing of infection prevention and control (IPC) practices.

The inspector found that this failing was at the level of major non-compliance. This was discussed with the provider and person in charge at the close of inspection. The particular actions that required immediate action were issued to the provider following the inspection in the form of an immediate action plan. The provider failed to respond to the immediate action plan within the allocated timeframe. The remaining actions are outlined in a separate action in the action plan at the end of this report.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 08: Health and Safety and Risk Management***

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the provider had not ensured that procedures, consistent with the National Standards for the Prevention and Control of Healthcare Associated Infections were implemented by staff. The inspector found that this failing was at the level of major non-compliance and an immediate action plan was warranted. This was discussed with the provider and person in charge at the close of inspection.

There was a clearly defined management structure in place in the centre. The provider was involved in the on-going management of the designated centre. The person in charge worked full-time and was involved in the day to day running of the centre.

The inspector reviewed the arrangements in place in relation to the overall management of HCAI and found that improvements were required. For example, neither the provider nor the person in charge demonstrated an awareness of the potential significance of a HCAI in the centre and the person in charge was unable to define what constitutes an outbreak of influenza or where this information might be sourced.

The inspector reviewed the centre's policy in relation to infection control and found that the policy required improvement. The policy did not outline clear roles and responsibilities of management and different staff grades in relation to the prevention and control of HCAI. The policy referenced urinary catheter care bundles, although these were not in use. There was no clarification in the centre's policy or other document in relation to the prevention and management of a specific and relevant HCAI in the centre. The policy did not provide specific guidance for when staff could return to work following a potentially communicable disease. Also, the influenza guidance in the centre was insufficient and what was available was not current.

The person in charge told the inspector that audits of IPC took place on a monthly basis. However, the inspector found that the audits did not systematically evaluate the infection control practices in place to prevent and control HCAIs in the centre. Validated and accredited IPC tools were not in use. Also, based on the inspector's observation of staff hand hygiene practices on the day of inspection; the hand hygiene audits in place were inadequate.

A log of HCAs was maintained. However, there was no surveillance system in place that analysed HCAI data and allowed for the identification of any trends that may indicate a potential spread of infection between residents in the centre.

Good practice was demonstrated in relation to the prevention of influenza. A register of residents who had received influenza vaccination was maintained. Staff were encouraged to receive vaccination against influenza also and a register was maintained for vaccinated staff.

However, the efficient management of outbreaks of communicable/transmissible disease was not demonstrated. For example, an analysis following recent notification of outbreaks of notifiable disease had not taken place. Also, the inspector observed that isolation procedures were not adhered to by all staff.

The person in charge confirmed that they had informal access to expert infection control advice. Support provided was largely reliant on the good will of an infection control nurse and consultant microbiologist in the nearby hospital, who answered queries that they might have in relation to the management of HCAs. However, based on the findings of this inspection, this informal arrangement was not sufficient to effectively manage a programme to prevent and control HCAI in the centre. In addition, an infection control committee or team that availed of multi-disciplinary expertise as necessary was not in place.

A quality improvement plan had been completed in November 2013 in relation to the prevention and control of HCAs. The inspector reviewed documentation pertaining to this review, which involved multi-disciplinary input from a public health doctor from the HSE (Health Service Executive) Department of Public Health and an infection control nurse. Recommendations included the commencement of hand hygiene audits, isolation and cohorting of residents, exclusion of staff from working if ill and the installation of additional sinks and alcohol based hand rub dispensers. The inspector found that the recommendations in the quality improvement plan had been implemented. However, the programme had not been revised since its development in November 2013 and did not contain up to date objectives.

A risk register was maintained and individual risk assessments had been completed for residents with HCAs. A care plan was in place for residents with a HCAI. Interventions within the care plan were individual and sufficiently detailed to direct the care to be given to the resident.

The inspector found that communication systems required improvement to ensure that information relating to HCAs was communicated and responded to in an efficient and timely manner. Hand hygiene advisory posters were available, up-to-date and clean, however, they were not appropriately displayed as they were not displayed at locations where hand hygiene took place e.g. above sinks.

The inspector found that hand hygiene practices that prevent, control and reduce the risk of the spread of HCAs were not in accordance with best practice guidelines.

The inspector observed a sample of hand hygiene opportunities during the inspection. The underlying principles of observation during inspections are based on guidelines promoted by the World Health Organization (WHO) and the Health Service Executive (HSE). It is important to note that the results of the small sample observed are not statistically significant and results derived should not be used for external benchmarking purposes. The inspector observed whether all areas of hands are washed or alcohol hand rub applied to cover all areas of hands. In addition, the duration, technique and recognised barriers to good hand hygiene practice were observed. The inspector observed 16 hand hygiene opportunities in total during the inspection. There were 9 missed hand hygiene opportunities, most of which involved missed opportunities after touching the residents' surroundings. The practice observed may indicate a lack of awareness of the defined healthcare area and resident zone. Of the 7 opportunities taken, the correct technique was observed in only three actions. Most of the non-compliances with hand hygiene practice involved hand hygiene actions that did not last greater than or equal to ( $\geq$ ) 15 seconds as recommended and barriers to correct technique, including the wearing of gloves, nail varnish and finger nails that were not cut short.

The centre previously had timely and effective access to microbiological services, although the person in charge confirmed that this service had been curtailed in recent times. The inspector reviewed the file of a resident and found that timely access to laboratory results had been provided to the person in charge.

There were adequate numbers and skill mix of staff on the day of inspection. Also, additional hours had been provided to facilitate nightly cleaning of residents' furniture and of the environment, including door handles and residents' chairs. The person in charge had completed a 12-week accredited CPD module in infection prevention and control in a third-level university. The person in charge told the inspector that she delivered IPC training to staff. However, the inspector found no record of what training sessions entailed, making it difficult to determine what education and training had been delivered to staff.

Resources had been allocated to the service for the prevention and control of HCAs. For example, additional clinical hand-wash sinks had been installed in the corridors that complied with the relevant standards (for clinical hand-wash sinks). Facilities were available to isolate or cohort residents as advised and all such rooms had an en-suite bathroom.

Overall, the inspector found that the physical environment was clean, although some areas required review. Cleaning schedules were in place and were maintained. The centre had developed some guidance in relation to the cleaning of the physical environment; however, the inspector found that this was not sufficiently detailed. The provider was unable to demonstrate that the cleaning programs had been developed in line with relevant national guidelines and evidence-based best practice. Also, disinfection granules were not being used in accordance with the manufacturer's guidance.

Residents' laundry was managed in-house. There was a spacious laundry room for the washing of used linen and separate drying facilities. However, arrangements in place for

the management of residents' linen required improvement. The clothes presser was in the same room as the washing machine, which meant that clean and dirty laundry were managed in the same room. Laundry guidelines had not been developed in line with best practice recommendations as the temperature at which potentially infected linen was washed was too low. Potentially infected linen was not handled and transported in a manner that prevented transmission of micro-organisms to other persons or the environment; staff were observed carrying potentially infected laundry in bags that came from isolation rooms against their uniforms.

There were systems in place for the management of waste, including hazardous/clinical waste. The person in charge confirmed that a contract was in place with an accredited company to dispose of hazardous/clinical waste. Dedicated waste bins for hazardous waste and 'sharps' bins for the safe disposal of sharp items were provided. Equipment was clean and well-maintained. Each resident who required routine blood glucose monitoring had their own blood glucose monitor, as recommended.

**Judgment:**  
Non Compliant - Major

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

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Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Rivervale Nursing Home
<b>Centre ID:</b>	OSV-0000425
<b>Date of inspection:</b>	01/12/2014
<b>Date of response:</b>	03/02/2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 08: Health and Safety and Risk Management

#### Theme:

Safe care and support

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The systems and arrangements in place for the prevention and control of healthcare associated infections were not in compliance with standards for the prevention and control of healthcare associated infections published by the Authority, including:

1. Staff hand hygiene practices that prevent, control and reduce the risk of the spread of HCAs were not in accordance with best practice guidelines.
2. Cleaning systems had not been developed in line with relevant national guidelines

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

and evidence-based best practice.

3. Arrangements in place for the management of residents' laundry and linen were not in line with relevant national guidelines and evidence-based best practice.

4. Audits did not systematically evaluate the infection control practices in place to prevent and control HCAs in the centre.

**Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

**Please state the actions you have taken or are planning to take:**

1) Hand hygiene policies and practices have been reviewed and updated in line with best practices and standards for the prevention and control of Healthcare Associated infections including Sari "guidelines for Hand Hygiene in Irish Healthcare settings", HIQA National standards for the prevention and control of healthcare associated infections 2009 and guidance from WHO and HSE. The initial Hand hygiene training programme which commenced in December for all staff has been completed and training & auditing will continue on an on-going basis. The training includes hand hygiene technique, my five moments of hand hygiene, isolation technique and visual infection control training DVD. Each Staff member has had individual audit conducted, feedback provided and where necessary additional training provided. A Hand hygiene competency audit tool has been commenced including an observation tool. Additional posters are in situ. A copy of Guidelines for Hand hygiene in Healthcare setting and copy of my five moments for Hand Hygiene has been provided and recorded for each Staff member.

2) The cleaning policies have been reviewed and updated in line with best practices and standards for the prevention and control of Healthcare associated infections. Kitchen/ Housekeeper Staff received training in December 2014 and continued until all Staff were trained and with regular updates thereafter. Colour coded Laminated posters have been provided & are in situ in appropriate areas.

3) The Laundry Policies and procedures are being reviewed and developed in line with evidence based best practice for the prevention and control of Healthcare associated infections. We are now a member of society of Hospital Linen service and laundry managers. The laundry area has been reconfigured to establish a defined dirty linen area and clean linen area. The clothes presser is no longer in the same room as the washing machine. A new washing machine, which was purchased, has the capabilities to record each wash programme, cycle, length & temperature in order to monitor all washing processes. The staff have received training on laundry procedures and implemented the following system;

Red- Infected linen

Green- Used soiled linen

Blue- Used linen

Regular auditing of documentation and linen is being implemented. We have developed a comprehensive tool to monitor each wash including type of wash, length and temperature of each wash with a signature of the laundry staff member. The temperature of the washes for infected linen should be 65 degrees for a minimum of ten minutes or 71 degrees for minimum of 3 minutes plus With both options, "mixing time" must be added to ensure heat penetration and assured disinfection.

4) An external auditor on infection prevention and control has been engaged. Following a complete review and written report on infection prevention and control practices and recommendations a robust audit system will be implemented.

We have established an internal Infection prevention and control committee comprising Director of Nursing, two Staff nurses, Provider, Kitchen staff, Housekeeping and laundry staff meeting on a monthly basis to systematically evaluate, audit and review processes in place or more frequently if changing circumstances warrant. We will liaise with each Residents G.P. regarding infection prevention and control together with the consultant microbiologist in Limerick Regional Hospital and the Infection control Consultant.

Each staff member will have a hand hygiene audit conducted on a monthly basis.

Environmental hygiene audits will take place on a monthly basis using a validated accredited tool to monitor and supervise the implementation of cleaning practices and policies comprising of feedback and continuous training.

Daily cleaning programme & checking system in use in all areas of the Nursing Home monitored on a daily basis.

**Proposed Timescale:**

1: 30th January 2015

2: completed with on-going monthly audits

3: 30th January 2015

4: 30th June 2015

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider had not ensured that procedures, consistent with the National Standards for the Prevention and Control of Healthcare Associated Infections were implemented by staff. Effective systems were not in place in relation to: the overall management of HCAIs, including an up-to-date programme for the management of HCAIs in the centre; implementation of urinary catheter care bundles; monitoring of adherence to isolation procedures; communication of information relating to HCAIs; the prevention, management and control of the spread of communicable/transmissible disease; outbreak management and; the monitoring and auditing of IPC practices.

**Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

**Please state the actions you have taken or are planning to take:**

1) The provider will ensure that procedures, consistent with the National standards for the prevention and control of healthcare associated infections will be implemented by all Staff by ensuring the 12 standards are adhered to.

Timeframe: 30 April 2015.

2) An up to date programme for the management of HCAI's in the centre will be

devised to ensure that policies and procedures to prevent and control HCAI's are reviewed and updated to reflect evidence based best practice with structures, systems and processes in place to effectively manage and implement the programme. The development of the programme will involve specialist input as necessary, including from a consultant microbiologist (or equivalent).

Timeframe: 31 March 2015.

3) Urinary catheter care bundles are being formulated and implemented to reduce the incidence of urinary tract infections related to short term and long term indwelling urethral catheters with regular auditing of the care bundle which will support , monitor & provide continuous improvements.

Timeframe: 28 Feb 2015.

4) A monitoring tool will be provided by the infection prevention & control consultants who are undertaking the external audit to monitor the adherence to isolation procedures. In the interim a tool will be developed to monitor the adherence to isolation procedures with monthly auditing.

Timeframe: 31 March 2015.

5) A communication strategy will be established to ensure information relating to healthcare associated infections is communicated and responded to in an efficient, timely, effective and accurate manner including policies and procedures to ensure effective communication, clear signage, on-going education and service user surveys.

Timeframe: 31 March 2015.

6) We will review our infection prevention, management & control policy to identify the various processes and practices that need to be improved in line with evidence based best practice including the National guidelines. Once formulated these will be implemented and audited on a monthly basis.

Timeframe: 31 March 2015.

7) We will develop & implement policies and procedures which are in line with evidence based practice for the management of outbreaks of HCAI's

Timeframe: 31 March 2015.

8) An external consultant & auditor on infection prevention & control has been engaged. Following a complete review, recommendations and written report from the consultant, an effective system will be put in place to monitor and audit the infection prevention & control practices with the use of validated accredited tools. Staff training in relation to infection control will also be delivered by the external consultant in order to ensure that all staff are clear on what procedures to follow in relation to the prevention and control of HCAs.

Timeframe: 31 March 2015.

**Proposed Timescale: 31/03/2015**