



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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Churchtown
Name of provider:	Aperee Living Churchtown Limited
Address of centre:	Churchtown, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	17 November 2021
Centre ID:	OSV-0000266
Fieldwork ID:	MON-0034838

About the designated centre

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

Aperee Living Churchtown is a purpose built nursing home and is located close to the village of Churchtown in Co. Cork. The centre is built on large landscaped grounds with adequate parking for visitors and staff. The centre is registered to accommodate fifty two residents in forty two single bedrooms and five twin bedrooms. All bedrooms are en suite with toilet, shower and wash hand basin. The centre provides long-term nursing care, predominately to people over the age of 65, but can also provide convalescent and respite care. The centre caters for residents with varying degrees of dependency from low to maximum. The person in charge is responsible for the day-to-day operation of the centre with the support of an assistant director of nursing and a clinical nurse manager. Care is provided by a team of nurses, healthcare care assistants, activity staff, catering staff, and housekeeping staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 17 November 2021	09:30hrs to 16:30hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

Prior to entering the centre the inspector underwent a series of infection prevention and control measures which included a temperature check and a declaration the inspector was free of symptoms associated with COVID-19.

An outbreak of COVID-19 had been declared on 05 September 2021. Transmission based precautions had been discontinued for all residents having completed the required isolation period. The inspector was informed that the current outbreak was due to be declared over by Public Health in the coming days.

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. Social activity and group dining had recommenced and was organized on the basis of limiting contact to consistent groups of residents to the greatest extent practical through organization of residents into four groups/ pods. Communal areas comprised a three separate sitting rooms, a lounge and a dining room. The inspector was informed that this approach had been effective and the outbreak had so far been contained within two pods.

The inspector noted staff to be responsive and attentive without any delays with attending to residents' requests and needs. The inspector saw that staff were respectful and courteous towards residents. 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. There were sufficient supplies of PPE in the centre with all staff seen to be wearing the appropriate PPE on the day of the inspection.

The inspector spoke with four residents living in the centre. All were very complimentary about the professionalism and dedication of staff. Some residents spoken with stated that they found COVID-19 restrictions had a negative impact on their quality of life, however, they were kept informed of and understood the reasons for the restrictions. One resident described their period of isolation when they tested positive for COVID-19 as like being in prison and said they couldn't have got through it without the support and kindness of the staff. Residents said they were relieved to be out of their bedrooms and engaging in group activities again.

Prior to the current outbreak the associated benefits of full vaccine uptake among residents had led to changes in some public health measures, including visiting and outings. However visiting some restrictions had been reintroduced due to the ongoing outbreak. Routine indoor visits had been suspended but window visits were facilitated in a specially designed visiting room (with a perspex screen and intercom system in place). Indoor visiting on compassionate grounds continued to be facilitated.

Resident accommodation comprised 44 single ensuite bedrooms and three twin bedrooms with ensuite facilities. Two double rooms had been reconfigured since the last HIQA inspection. These bedrooms had been converted into single rooms to

provide adequate space to accommodate each resident in line with SI. 293 of 2016. There was one occupant in one of these rooms however the second bed had not yet been removed. The second room remained vacant.

The inspector observed residents had personalised their rooms and had their photographs and personal items displayed. There was sufficient closet space, display space, and storage for personal items. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety.

Training in respiratory hygiene and cough etiquette had been provided to residents and certificates of completion were displayed in their bedrooms.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. Damage from wear and tear continued to impact negatively on the centre. Some surfaces and finishes were worn and poorly maintained and as such did not facilitate effective cleaning. Barriers to effective hand hygiene practice were also identified during the course of this inspection. Findings in this regard are further discussed under Regulation 27.

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 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.

Overall accountability, responsibility and authority for infection prevention and control and antimicrobial stewardship within the service rested with the person in charge (PIC) who was also the designated COVID-19 lead.

There was a programme of infection prevention and control audits carried out at regular intervals to monitor the quality and safety of care delivered to residents. An infection prevention and control audit was carried out by the PIC every three months. These audits covered a range of topics including PPE use, sharps management, linen management and hand hygiene.

Surveillance of infections and colonisation was undertaken and documented in the annual report. Antibiotic usage was also monitored.

The provider also had a number of effective assurance processes in place in relation to the standard of hygiene in the centre. These included cleaning specifications and

checklists, colour coding to reduce the chance of cross infection, infection control guidance, and audits of equipment and environmental cleanliness.

The provider monitored and promoted COVID-19 and influenza vaccine uptake among staff and residents. The COVID-19 vaccination uptake in the centre was good with 95% of staff and all residents within the centre were fully vaccinated against COVID-19. However a review of documentation indicated that flu vaccine uptake rates amongst staff only reached 43% in 2020/2021 influenza season. This was significantly below the national target of 75% uptake for healthcare workers.

Up-to-date infection prevention and control policies and procedures were in place and based on national HPSC guidelines. However facilities for and access to staff hand wash sinks in the centre were not in compliance with the centres own hand hygiene guidelines. Details of issues identified with hand hygiene facilities are set out under Regulation 27.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education. The inspector was informed that staff had received training on standard infection control precautions and transmission based precautions. Two hand hygiene champions had been nominated to support hand hygiene training and promote effective hand hygiene practice within the centre. Additional training for staff in response to the COVID-19 pandemic had also taken place.

The centre had experienced three COVID-19 outbreaks to date. A total of 16 residents and one staff member had tested positive for COVID-19 in December 2020/ January 2021. The second outbreak occurred in February 2021 with 13 cases detected (nine residents and 4 staff members).

A review of the management of these COVID-19 outbreaks had been completed and included lessons learned to ensure preparedness for any further outbreaks. The report identified that the physical environment including the high proportion of single ensuite bedrooms had facilitated the effective placement of residents with confirmed COVID-19. The report also highlighted that additional contract cleaning personnel were made available during the outbreaks. However a number of infrastructural issues identified on the day of inspection were also outlined in both outbreak reports. These included the lack of a dedicated cleaner's store, the limited dirty utility facilities with only one dirty utility available within the centre and the limited accommodation for staff to change and rest.

The housekeeping and dirty utility facilities remained unchanged on the day of the inspection. The issues with staff facilities had been addressed through the provision of temporary staff changing facilities and the conversion of an unused bedroom for staff to change before commencement and when leaving on completion of their duty. Details of the maintenance and infrastructural issues identified during the inspection are set out under Regulation 27.

A total of 36 confirmed cases had been identified (26 residents and 10 staff members) during the current outbreak of COVID-19. Discussion with staff and review of documentation showed that outbreak control meetings were convened to

advise and oversee the management of outbreaks of infection at the centre. The person in charge reported that they had acted to implement Public Health recommendations. An Infection Prevention Control nurse specialist employed by Aperee group had also attended the centre on at the beginning of the outbreak to advise on outbreak management and infection prevention and control practices.

A number of staff had been redeployed from other centres within the Aperee group to assist in the management of the outbreak. The inspector was informed that the provision of sufficient numbers of nursing staff and healthcare assistants facilitated effective cohorting of residents with suspected or confirmed COVID-19.

Quality and safety

Overall, the inspector found that residents' care needs were being met during the ongoing outbreak of Covid-19. Residents with confirmed COVID-19 had been reviewed onsite by their GP. A consultant gerontologist was also available to support the management of positive residents if required. COVID-19 care plans were in place for all residents with confirmed COVID-19. Care plans reflected resident's preferences for end of life care and / or transfer to hospital in event of deterioration. Documentation reviewed indicated that residents oxygen saturations were monitored every two hours.

Processes were in place to ensure residents were appropriately managed on admission and on return from acute hospitals in line with national guidelines guidelines. A new pre admission assessment had recently been developed which included a section to record infection history and vaccination status. Information about resident's colonisation or infection status was documented in their care record. COVID-19 care plans had been developed for each resident

The inspector identified some examples of good practice in the management of COVID-19. These included but were not limited to:

- Implementation of transmission based precautions for residents with confirmed COVID-19.
- Increased cleaning and disinfection of the environment with chlorine releasing agent.
- Allocation of dedicated staff teams to care for residents with confirmed COVID-19 during their period of infectivity.

The provider was endeavouring to improve current facilities and physical infrastructure at the centre through ongoing maintenance and painting. Efforts had been made to de-clutter the centre. The carpeted on the corridors had not been vacuumed since the outbreak was declared. However the inspector was informed by the PIC that carpets were scheduled to be steam cleaned on 22 November when the outbreak is declared over.

The PIC had also identified that the fabric covers of some resident chairs could not effectively be decontaminated between uses. These items had been removed from the centre for the duration of the outbreak and were due to be steam cleaned prior to being brought back into use.

Despite the infrastructural and maintenance issues a good standard of environmental and equipment hygiene was observed on the day of inspection. Decontamination of the care environment was performed using a combined detergent and disinfectant solution at a dilution of 1,000 parts per million available chlorine in line with national guidelines

However some improvements were required in the management of equipment and supplies. Details of issues identified are set out under Regulation 27.

Regulation 27: Infection control

Improvements were required to comply with regulation 27.

A number of maintenance and infrastructural issues were identified which had the potential to impact on infection prevention and control measures. For example;

- Some surfaces, finishes and flooring were worn and as such did not facilitate effective cleaning.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment including hoists and used linen trolleys along corridors.
- There were no dedicated housekeeping facilities for storage and preparation of cleaning trolleys and equipment.

Barriers to effective hand hygiene practice were identified. For example:

- There was a limited number of dedicated hand wash sinks in the centre and the sinks in the resident's ensuite bathrooms were dual purpose used by residents and staff. This was contrary to the centres own infection prevention and control policy which stated that hand wash sinks should be independent of residents ensuite sinks.
- The stainless steel hand hygiene sinks did not comply with HBN-10 specifications as recommended in the centres own infection prevention and control policy.
- Resident's wash-water was emptied down clinical hand wash sinks in residents rooms. This practice should cease as this will increase the risk of environmental contamination and cross infection.

Improvements were required in the management of equipment and supplies. For example;

- Reusable nebuliser chambers were not rinsed with sterile water and stored

dry after each use. The residual volume should be rinsed out with sterile water after use and reusable nebuliser chambers should be stored clean and dry between uses. Medication is delivered directly to the lungs and could, if contaminated, be a source of infection.

- Sterile dressing were not stored appropriately in a number of resident rooms. Open-but-unused portions of wound dressings were observed in the treatment room and in resident's rooms. Reuse of open but unused wound dressings is not recommended due to risk of contamination contamination.

Judgment: Substantially 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	Substantially compliant

Compliance Plan for Aperee Living Churchtown OSV-0000266

Inspection ID: MON-0034838

Date of inspection: 17/11/2021

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:

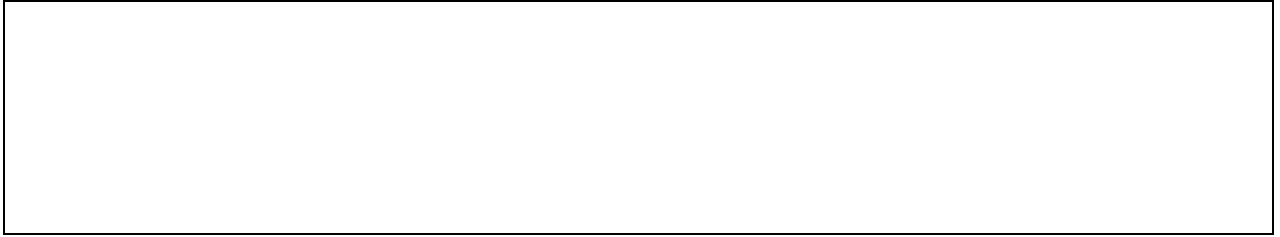
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>ISSUES ADDRESSED AND ACTION PLAN TIME FRAME TO COMPLETE</p> <p>A maintenance schedule is in place and in progress to address areas mentioned in the report relating to surfaces, finishes and flooring which are worn. JUNE 2022</p> <p>There are storage spaces available in the home, but as part of the capital project planned, additional areas will be reviewed for further storage to include a domestic storage room for Housekeeping staff. DECEMBER 2022</p> <p>The provision of additional handwash sinks to comply with HBN-10 in the home will be considered as a part of a capital development plan for the Home. A hand wash sink is currently available on every corridor which is not routinely used by Residents, with additional Alcohol Hand Rub freely available in all resident bedrooms, in the corridors and throughout the premises as a first line handwashing requirement in accordance with current IP&C guidance. DECEMBER 2022</p> <p>Resident's wash water will be emptied in dirty utility room, or in shower drain with effect immediately. 18/11/2021 - COMPLETE</p> <p>Reusable nebuliser chambers: The residual volume will be rinsed out with sterile water after use and reusable nebuliser chambers will be stored in a clean and dry environment between uses with effect immediately; and our policy has been updated to reflect this. 26/11/2021 - COMPLETE</p> <p>Sterile dressings will be stored in clinical treatment room, and only brought to resident as required. Open, unused dressing will be disposed of, with effect immediately 18/11/2021 - COMPLETE</p> <p>The second bed in newly converted bedroom from double to single has now been removed 18/11/2021 - COMPLETE</p>	



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.	Substantially Compliant	Yellow	01/12/2022