

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Camillus Community Hospital
<b>Centre ID:</b>	OSV-0000640
<b>Centre address:</b>	Shelbourne Road, Limerick.
<b>Telephone number:</b>	061 326 677
<b>Email address:</b>	mary.marks@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Maria Bridgeman
<b>Lead inspector:</b>	Mairead Harrington
<b>Support inspector(s):</b>	Paul Dunbar
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	73
<b>Number of vacancies on the date of inspection:</b>	9

## 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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 2 day(s).

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

From:	To:
13 December 2016 10:30	13 December 2016 17:30
14 December 2016 09:00	14 December 2016 14:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Major
Outcome 18: Suitable Staffing	Substantially Compliant

**Summary of findings from this inspection**

This report details the findings of an inspection to monitor compliance with regulations as set out by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Standards for Residential Care Settings for Older People in Ireland.

The service provider for St Camillus' Community Hospital was the Health Service Executive. The inspection was unannounced and took place over two days. On the days of inspection there were 73 residents in the centre with nine vacancies. As part of the inspection process the inspector met with staff and management, observed practice and also reviewed a range of documentation including staff rosters and training records, residents' care plans, minutes of meetings, policies and their related protocols.

The last inspection of this centre on 21 April 2015 was to inform a registration renewal application and a copy of that report is available for reference at [www.hiqa.ie](http://www.hiqa.ie). Actions identified in the course of that inspection had since been partly

addressed, in relation to documentation and consultation on care planning for example. Some improvements had also been made to the premises with the addition of another communal seating area in one ward. However, most residents were still accommodated in multi-occupancy wards of up to five occupants in some instances. Overall measures to bring the design and layout of the premises into line with requirements so as to appropriately meet the needs of residents in relation to their privacy and dignity remained outstanding. An action plan had been proposed to address these matters and management confirmed that this was a continuing work in progress. In relation to residents' healthcare and nursing needs the inspection findings were positive with a good standard of care in evidence where assessed. Effective and appropriate communication and interaction between staff and residents was noted throughout the inspection.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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.**

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

No areas for improvement had been identified on the previous inspection in relation to governance and management. Service at the centre was provided by the Health Service Executive and there was a clearly defined management structure that identified the lines of authority and accountability. Senior management confirmed that nominated responsibility for the provision of the service on behalf of the provider was in the process of transition and the new appointee was in attendance in the course of the inspection. Care was directed through the person in charge who had taken up appointment since the previous inspection. Members of staff responsible for deputising for the person in charge were appropriately qualified. The system of governance for the centre was in keeping with that of other centres in the organisation; the person in charge was supported by a management team of senior nursing staff and administrators, reporting to the appointed individual with responsibility for representing the service provider entity. Effective communication systems were in place; regional meetings took place and were regularly attended by senior staff. At the time of the inspection management confirmed that appropriate resources were available to ensure the effective delivery of care in keeping with the statement of purpose. Management referred to market constraints in relation to the availability of qualified nursing staff and outlined contingency measures to manage this impact that included the maintenance of occupancy levels below the registered maximum. Where facilities required improvement, around premises issues for example, action plans had been agreed and the business manager was available to confirm that these proposals were proceeding in keeping with related timelines.

Quality management systems to monitor the delivery of service included regular and relevant auditing procedures in areas such as clinical nursing documentation, for example. Staff meetings took place regularly to ensure that staff were kept appropriately informed of learning issues where identified. An annual quality review had been completed for 2015 and a copy was available for reference.

**Judgment:**  
Compliant

**Outcome 04: Suitable Person in Charge**  
*The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Since the previous inspection the centre had appointed a new person in charge who was in attendance throughout the inspection. The person in charge was a registered nurse and held appropriate authority and accountability for the role. The person in charge was in attendance throughout the inspection and demonstrated a responsive approach to regulatory requirements and an effective understanding of the statutory duties and responsibilities associated with the role. Appropriate deputising arrangements by suitably qualified members of staff were in place.

**Judgment:**  
Compliant

**Outcome 05: Documentation to be kept at a designated centre**  
*The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The previous inspection found that not all policies required by the regulations had been reviewed every three years. Inspectors reviewed the existing policies against Schedule 5

of the regulations and found that the required policies were in place and had been reviewed within the past three years.

Findings identified at Outcome 7 are recorded here for action.

**Judgment:**

Substantially Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

No areas for improvement had been identified for action on the previous inspection. Safeguarding measures in place included relevant policies and procedures to manage allegations of abuse. A review of the training matrix indicated that all staff had also received current training and those members of staff spoken with were clear in their understanding of what constituted abuse and, in the event of such an allegation or incident, also understood the procedure for reporting the information. An inspector reviewed the system for managing allegations of abuse for which the processes of both record keeping and reporting were in keeping with policy and related protocols.

A current policy and procedure was in place on the management of responsive behaviours and staff spoken with demonstrated the appropriate skills and knowledge to respond to, and manage, behaviour in these circumstances. Where restraints such as bedrails were in use related care plans reviewed by the inspector contained documented assessments and consent forms. Records indicated that the possible underlying causes for such behaviours had been taken into account. Related risk assessments also indicated that alternatives to restraint had been given appropriate consideration. A register was in place to record regular monitoring; however, a review of this record indicated that the recording of monitoring was inconsistent and not in keeping with related policy. Also, where a visitors' log was in place in one ward, a review of the entries indicated that the system was not effectively implemented and did not provide an adequate safeguard in relation to the attendance of visitors to that ward. Actions in this regard are set against Outcome 5 on documentation.

**Judgment:**

Compliant

***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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Action from the previous inspection had been undertaken and bathrooms inspected were appropriately equipped with wash and hand drying facilities. Policies and procedures relating to health and safety were site-specific and up-to-date. A safety statement was in place dated May 2016. The risk management policy provided guidance in relation to the management of those issues as specified in the regulations such as unauthorised absence, assault, accidental injury, aggression, violence and self-harm. Individualised emergency evacuation plans were in place for all residents.

Staff maintained a log of daily, weekly and monthly checks on fire safety measures. Regular fire drills were undertaken and recorded. Regular fire training was provided and records indicated fire training for all staff was up-to-date. Staff who spoke with inspectors demonstrated their knowledge on what to do in the event of a fire. There were fire evacuation notices in prominent places throughout the centre and emergency exits were clearly identifiable. Suitable fire equipment was available that was regularly maintained and serviced. A health and safety committee was in place to review the risk register and related issues. Measures were in place to prevent accidents throughout the premises such as grab-rails in toilets and call-bells where required. The centre operated a non-smoking policy and appropriate assessments and supervision arrangements were in place to accommodate a resident that did smoke.

Incidents and adverse events were documented and staff explained that these forms were routinely sent to the area quality manager for assessment and trend analysis. Learning from this process was circulated through alerts and also communicated at staff meetings. The system operated centrally and provided feedback on learning from all centres on a regional basis.

At the time of the inspection no infection control issues were identified. Inspectors highlighted the challenges that the layout of the premises and the use of multi-occupancy rooms presented in terms of controlling healthcare related infections. Management confirmed that an infection prevention and control committee was in place that convened on a quarterly basis. Strategies in place to manage the control of infection included the use of a single room to accommodate residents returning from the acute services pending the outcome of their test results if necessary. Staff had received training on infection control and those spoken with described measures to limit infection transfer such as the sole use of designated bathrooms. Sluice rooms and bathrooms were appropriately equipped and hazardous substances were securely stored. Staff spoken with understood infection control practices and staff were observed using

personal protective equipment appropriately. Sanitising hand-gel was readily accessible and seen to be in regular use by staff. Environmental health inspections took place regularly and a completed report was available dated November 2016.

**Judgment:**  
Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**  
Effective care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Action had been taken to address areas for improvement identified on the previous inspection and the admissions procedure documented consultation with families and consents as appropriate. Management confirmed that resources were now accessible in relation to physiotherapy and occupational therapy.

The admission policy set out the procedure for assessing all residents. At the time of the inspection the centre operated an electronic care plan system on one unit and manual care planning in the rest of the centre; samples of care planning from both systems were reviewed. The arrangements reviewed were appropriate to meet the health and nursing needs of residents and included access, as required, to allied healthcare including speech and language therapy and chiropody for example. The services of a dietitian were in transition with a new appointment scheduled for commencement within the month. The person in charge explained that the centre was well supported and that services on-site included access to a medical officer, a pharmacy and an x-ray facility, for example. Residents were assessed on admission by a suitably qualified person. Care plans were developed in line with admission assessments and residents' changing needs. A sample of care plans was reviewed on inspection and information around care in this sample was found to be person-centred and relevant with timely assessments carried out and reviewed in keeping with regulatory requirements. Records reflected input by the resident to the care planning process as appropriate. Validated assessment tools were used to determine residents' risk of falls, nutritional status, level of cognitive impairment and skin integrity, for example. Specific care plans were in place for individual needs that had been identified, such as personal hygiene, mobilisation and mood. Specialised care plans were in place for the management of wounds, or where residents had a percutaneous endoscopic gastrostomy (PEG), for example. A senior member of nursing staff was qualified in tissue viability and routinely reviewed and

revised these specialist care plans accordingly. Where residents might present with symptoms in relation to behavioural or psychological needs the information indicated that timely referrals had been made for consultation by a psychiatrist and/or psychologist as appropriate. Care plans also contained relevant information for residents around transfers and discharges and included a record of routine monitoring of vital signs and daily nursing notes.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

As acknowledged on the previous inspection significant work had been undertaken over time in refurbishing the premises of the centre. Some further improvements had since been made to the décor and a previous smoking room had been converted into a communal space with attractive seating and furnishings. However, the design and layout of some areas of the premises did not conform to the matters listed in Schedule 6 of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre comprised three wards, laid out over two floors, and was registered to accommodate 82 residents. Each ward had its own communal sitting and dining facilities. At the time of inspection 73 residents were registered in the centre; many of these residents lived in rooms that accommodated between three and five occupants. Overall the centre was bright, nicely decorated and maintained, with suitable furnishings in communal areas. There was a spacious recreation and activity area and residents also had access to a small room referred to by staff as the 'sensory room'. There was also an overnight room with facilities to support families staying with their relatives at end-of-life. Sanitary facilities were accessible and adequate for current occupancy levels. However, in some instances visiting rooms and bathroom areas were inappropriately used to store equipment. Additionally, as previously identified, residents in multi-occupancy rooms had very limited storage space for personal possessions. Call-bells were visible and easy to reach in all rooms. There was appropriate heating and lighting throughout. All meals were prepared centrally and each ward had a kitchenette area to

support the provision of meals, drinks and snacks. A secure and attractive outside space, with seating and shade, was also available and accessible from the ground floor.

The premises were laid out as described in the centre's statement of purpose. Shannon ward provided accommodation for up to 28 residents that included one three-bedded and five four-bedded rooms – all with wash hand-basins. Residents had appropriate access to sanitary facilities that included an assisted bathroom, six toilets and two shower facilities. This ward also provided two communal seating areas and a dining space. The layout of one four-bedded room on this ward was such that there was insufficient space between the beds to provide each resident with a chair or to effectively manoeuvre assistive equipment.

Sarsfield ward provided accommodation for up to 34 residents. Improvements here since the previous inspection included the conversion of a smoking room into a nicely decorated and furnished communal seating or quiet area. Accommodation on this ward also included the use of four rooms accommodating up to four residents in each.

Thomond ward provided accommodation for up to 20 residents that included one three-bedded, one five-bedded and two four-bedded rooms. Residents here had access to two small dining and seating areas; however, these facilities could not adequately provide for the number of residents on this ward and several residents were seen to routinely take their meals by their bed. The design and layout of accommodation in the centre also impacted on the privacy and dignity of many residents and these issues are further detailed at Outcome 16. Management confirmed that the proposals to reconfigure the premises, as had been outlined following the previous inspection, would address the areas identified for improvement when implemented.

**Judgment:**

Non Compliant - Moderate

***Outcome 16: Residents' Rights, Dignity and Consultation***

***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

As acknowledged on previous inspections, staff and management continued to demonstrate their commitment in ensuring that residents were supported to enjoy a

positive quality of life, despite the constraints of the physical environment. Management supported the resourcing of activities and there was evidence that the centre encouraged integration and activation between the centre and the local community. An inspector met with students participating in an interactive programme who were engaged in activities at the centre during the inspection. Residents were facilitated in engaging in activities appropriate to their assessed abilities. Regular resident meetings took place and minutes of these were available for reference. The centre provided a transport facility for access and outings.

As described at Outcome 12, the layout of the premises did not fully meet the needs of residents and many were accommodated in multi-occupancy rooms where access to private space was greatly limited. Management acknowledged the impact of these circumstances on residents' quality of life and stated that these issues were being addressed as part of the planned premises refurbishment. Actions to address areas for improvement that had been identified on the previous inspection had been partly implemented. Efforts had been made to improve the décor and physical environment pending the planned reconfiguration of the premises. However, it remained that constraints in relation to the premises, and the use of multi-occupancy rooms for up to five residents, did not support the receipt of personal care and communication in a manner that protected privacy and dignity. While the centre provided areas where residents could receive visitors in private, this resource was not always a practical option, for example where residents were confined to bed due to their condition. In these circumstances visitors could only be entertained at the bed-side of the resident. While privacy screens were in use in these wards they were inadequate in ensuring privacy of communication for residents. Residents in these multi-occupancy rooms were also restricted in how they could personalise their individual space.

**Judgment:**  
Non Compliant - Major

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**  
Workforce

**Outstanding requirement(s) from previous inspection(s):**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The previous inspection had identified issues with the levels and skill mix of staff relative to the size and layout of the centre. Management confirmed that actions were ongoing in relation to addressing this issue and, at the time of inspection, recruitment processes were in train to appoint additional staff as required. Issues in relation to both staffing levels and the physical environment continued to impact on residents' quality of life at the centre. Staffing levels observed during the inspection were seen to be in keeping with the needs of the resident profile in terms of the activities of daily living. However, staffing levels were not sufficient to fully support residents in undertaking activities appropriate to their assessed needs, having consideration for the size and layout of the centre. For example, access to the garden facility for residents on the first floor was limited by the availability of staff to provide the necessary support and supervision. Staff and management also confirmed that staffing levels impacted on the extent to which the recreation facility of the activity room could be used. Management indicated that, while resources were available to recruit additional staff, substantive appointments were conditional on market constraints and the availability of suitable candidates. Management stated that staffing levels were flagged as a priority on the risk register and were under continual review. Support systems in place to supplement staffing levels included the services of temporary personnel agencies.

The centre had appropriate policies on recruitment, training and vetting that described the screening and induction of new employees and also referenced job description requirements, the recruitment process and probation reviews. One member of management was responsible for the training programme and ensuring that all staff had up-to-date training. Training records were available for reference and indicated a regular schedule of training in the mandatory areas of manual handling, safeguarding and fire safety. Additional training was available as necessary in areas such as infection control, dementia and the management of responsive behaviours. An inspector reviewed a sample of staff files during the inspection and records in this regard were being maintained in keeping with requirements.

A clearly defined management structure that identified the lines of authority and accountability was in place. At the time of inspection the system of supervision was directed through the person in charge with designated administrative support and appropriate deputising arrangements in place for suitably qualified staff to provide cover as necessary. Management systems to ensure that information was communicated effectively included regular handovers and senior nurse meetings. Practical supervision was implemented through monitoring and control procedures such as audit and review. An appropriately qualified, registered nurse was on duty at all times. Copies of the standards and regulations were readily available and accessible by staff. The qualifications of senior nursing staff ensured appropriate supervision at all times. Staff spoken with were aware of their statutory duties in relation to the general welfare and protection of residents.

**Judgment:**  
Substantially Compliant

## 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:***

Mairead Harrington  
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>	St Camillus Community Hospital
<b>Centre ID:</b>	OSV-0000640
<b>Date of inspection:</b>	13/12/2016
<b>Date of response:</b>	20/01/2017

### 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 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

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

Records were not consistently maintained in relation to:

- monitoring the use of restraints such as bed-rails;
- the attendance of visitors in one ward.

#### 1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in

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

Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

A record is now maintained for each Resident who requires the use of restraint which details the discussions regarding such use.

Audit's of same are completed and will be ongoing.

New arrangements regarding visitors attending St. Camillus will be implemented.

Visitors book to be redesigned to capture all relevant information. Appropriate signage will be displayed to encourage visitors to complete book.

Communication letter will be sent to all relatives advising that visitor's book must be completed when visiting St. Camillus and the purpose of same.

Education sessions will be organised for all staff to outline the relevance of this information.

**Proposed Timescale: 06/03/2017**

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

The design and layout of some areas of the premises did not conform to the matters listed in Schedule 6 of regulations in that;

- storage facilities were not always adequate and in some instances visiting rooms and bathroom areas were being used to store equipment;
- there was insufficient space between the beds in one ward to provide each resident with a chair or to effectively manoeuvre assistive equipment;
- communal dining/seating facilities in one ward could not adequately provide for the number of residents;
- residents in multi-occupancy rooms had very limited storage space for personal possessions.

**2. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

A programme of works has been approved and first stage appraisal has been completed for a new 75 bedded building on the site of St Camillus Hospital. Funding has been provided through the capital plan 2016 – 2021 to ensure that the required works will be scheduled, undertaken and completed by year end 2021.

This purpose built continuing care facility will meet the requirements set out in Schedule 6 with which will include adequate storage facilities for resident's personal possessions. It will be built to a very high standard and will include the provision of adequate sitting

room's, dining rooms and visiting rooms.

**Proposed Timescale:** 31/01/2017

### **Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

The use of multi-occupancy rooms for up to five residents, did not support the receipt of personal care and communication in a manner that protected privacy and dignity.

**3. Action Required:**

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

A programme of works has been approved and first stage appraisal has been completed for a new 75 bedded building on the site of St Camillus Hospital. Funding has been provided through the capital plan 2016 – 2021 to ensure that the required works will be scheduled, undertaken and completed by year end 2021.

This purpose built continuing care facility will meet the requirements set out in Schedule 6 with which will include adequate storage facilities for resident's personal possessions. It will be built to a very high standard and will include the provision of adequate sitting room's, dining rooms and visiting rooms.

**Proposed Timescale:** 31/01/2017

### **Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

Staffing levels were not sufficient to fully support residents in undertaking activities appropriate to their assessed needs, having consideration for the size and layout of the centre.

**4. Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

- Two CNM2 contracts have been signed with start dates Jan 30th & March 26th
- One Multi Task Attendant has been redeployed to St. Camillus 16/1/17
- The NRS has been requested and are progressing with interviews for RGN's in older person's services.
- A return to nursing course is in progress locally.

Weekly deficits are filled from local employment agencies and daily adjustments to rosters are undertaken to maximise assistance where the dependency levels are greatest so as to ensure all residents are facilitated to partake in activities if they wish.

Skill mix is constantly under review, staff are drawn from areas of less demand i.e. day hospital, when wards are under staffed, thereby facilitating residents to undertake activities appropriate to their assessed needs.

Proposed Timescale: Ongoing

**Proposed Timescale: 20/01/2017**