

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Camillus Community Hospital
Centre ID:	OSV-0000640
Centre address:	Shelbourne Road, Limerick.
Telephone number:	061 326 677
Email address:	Sheila.mulcair@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Maria Bridgeman
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	66
Number of vacancies on the date of inspection:	16

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
21 April 2015 09:00	21 April 2015 20:30
22 April 2015 11:30	22 April 2015 17:15

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was the eight inspection of the centre carried out by the Health Information and Quality Authority. The provider made an application for the centre to be registered under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. This registration inspection was announced and took place over two days.

The centre is operated by the Health Services Executive. It is located in Limerick city and been operating as a health care facility since mid 1800s. St. Camillus Community Hospital currently provides, short and long term care to 82 residents. The majority of

residents are older persons.

The premises being registered comprised of three wards; Sarsfield ward catering for 34 male and female residents; Shannon ward catering for 28 female residents and Thomand ward catering for 20 male residents.

As part of the inspection, the inspector met with residents, relatives and staff. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies and procedures.

While the premises has undergone improvements in the past four years, it remained a challenge to create a homely environment that afforded residents adequate privacy and dignity. This is discussed in outcome 12 and outcome 16. Notwithstanding the limitations of the premises, they were clean and tidy; decoration work had taken place and the centre's ambiance was improved with the addition of attractive soft furnishings and other decorative features.

Overall, the inspector found that a good standard of care and support was delivered to residents. Staff were knowledgeable regarding each resident's needs and the inspector was satisfied that in general, individual needs were being met. Residents appeared relaxed in their home and in the company of staff and fellow residents. Several residents and relatives completed questionnaires giving their views with regards to care. The vast majority were very complimentary. Residents and relatives commented on the kindness shown by staff to them. However, residents and relatives also commented on what they perceived as a shortage of staff. Relatives would like to have more access to staff to talk about their family member's needs. Relatives of highly dependent residents had concerns about continuity of care as the centre relied on agency staff to fill rosters.

The inspector saw that residents were supported to achieve good health outcomes and to participate in activities appropriate to their wishes, abilities and needs. Residents were supported to be as independent as possible and to develop and maintain links with their family, friends and the wider community. Residents and relatives were positive in their comments with regards to the activity programme available. Some felt even more could be done if staff numbers facilitated this.

Residents were consulted in the planning and running of the centre and in decisions regarding their own care. Minutes of ward meetings were available for inspection. Arrangements were in place to monitor and improve key areas in the provision of safe, quality care. Relatives commented on the positive improvements which had taken place over the past few years, albeit that there was also comments that the premises and the lack of privacy was an on-going issue.

In most outcomes the centre was found to be in compliance with regulations. The issues which did arise were in relation to adequate staffing levels and the adequacy of the premises. Other issues needing to be addressed included the adequate provision of physiotherapy and occupational therapy; the conducting of staff appraisals and the constant supply of hand drying material. These issues are discussed in the report

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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that described the services that were provided in the centre. While the statement of purpose stated that the centre aimed to provide a homely environment, achieving this was curtailed due to the layout and design of the premises. The inspector saw that much work had been done to operate within the limitations of the premises and make it homely and comfortable. Residents and relatives commented on these improvements which meant a lot to them.

The services and facilities outlined in the statement of purpose, and the manner in which care was provided, reflected the dependency needs of residents.

Judgment:

Compliant

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:

The quality of care and experience of the residents were monitored and developed on an ongoing basis. Management systems were in place to ensure such monitoring. Audits were conducted of key indicators which included; infection control, medication management, wound care and nutrition. Regular meetings took place on each ward to gain residents input into how the quality of the service could be improved. However, the shortage of staff numbers impacted on the actual safety and quality of care provided. This is discussed in outcome 18.

There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge reported to the provider nominee. The person in charge was supported in her role by a deputy person in charge.

Regular management meetings took place and minutes were maintained of such meetings.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A guide in respect of the centre was available to residents. It outlined the services and facilities provided. It was updated regularly.

A random sample of residents contracts were examined and they showed residents has agreed written contracts which included details of the services to be provided for the resident and the fees to be charged.

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

<i>the service.</i>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service. This person had recently been appointed to the person in charge role.</p> <p>The person in charge demonstrated sound clinical knowledge and a good knowledge of the legislation and her statutory responsibilities. She was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. Residents could identify the person in charge.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 05: Documentation to be kept at a designated centre</i> <i>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.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The centre was adequately insured against accidents or injury to residents, staff and visitors. The designated centre had all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres). However, it was more than three years since a small number of these polices had been updated and a review was needed. The policies in need of review included the restraint management</p>

policy.

Records were kept secure and easily retrievable. Residents' records were kept for not less than 7 years after the resident to whom they related ceased to be a resident in the centre. Similar arrangements were made for staff records. General records relating to complaints, records of visitors, duty rosters and fire safety training, tests and maintenance of fire fighting equipment were kept for not less than 4 years.

There were centre-specific policies which reflected the centre's practice, albeit a few needed to be reviewed. Staff understood the policies and had signed that they had read and understood them.

Judgment:

Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

In cases where the person in charge was expected to be absent for 28 days or more; the Authority was notified prior to expected absence. Adequate arrangements were in place to cover for emergency absences and planned absences of the person in charge.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

Measures to protect residents being harmed or suffering abuse were in place and appropriate action was taken in response to allegations, disclosures or suspected abuse. Staff were trained in the policy and procedures in place relating to such matters. This training was repeated regularly for both day and night staff. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

The provider and person in charge monitored the systems in place to protect residents. The provider and person in charge were proactive in ensuring that there were no barriers to staff or residents disclosing abuse. Residents reported to the inspector that they felt safe in the centre.

There were systems in place to safeguard residents' money. The inspector met with the administration staff who oversee this system and was satisfied that adequate safeguarding practices were in place.

Residents were provided with support that promoted a positive approach to behaviour that challenges. A restraint-free environment was promoted. There was minimum use of bedrails and where used, an assessment took place before they were put in place. A further step in promoting a restraint free environment would be to remove all bedrails (not in use) from beds.

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):

No actions were required from the previous inspection.

Findings:

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

The centre had policies and procedures relating to health and safety. There was an up-to-date health and safety statement and a comprehensive risk management policy. A plan was in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property. In general, satisfactory procedures were in place for the prevention and control of healthcare associated infections; however, on the day of inspection one toilet area was without adequate hand

drying facilities.

Arrangements were in place for investigating and learning from serious adverse events involving residents. A good reporting structure of these incidents was in place, evaluation of incidents took place and learning or changes to be made were discussed at staff meetings.

Reasonable measures were in place to prevent accidents in the centre and grounds and staff had up to date training in moving and handling of residents

Suitable fire equipment was provided. Fire exits are unobstructed and there was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. Staff were trained and knew what to do in the event of a fire. The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. Documentation was available to confirm this. There were regular fire drills for both day and night staff. Fire records were kept which included details of fire drills, fire alarm tests and fire fighting equipment.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Residents were protected by the centre's policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. As observed, staff adhered to appropriate medication management practices. There were appropriate procedures for the handling and disposal for unused and out of date medicines.

Much work had been done to ensure proper medication reconciliation took place when residents were transferred from the acute hospital sector to the centre. Changes had been implemented to ensure that only appropriate quantities of anti psychotic medication was stored in each unit within the centre at any one time. The centre had the on-going services of a registered pharmacist and pharmacy technician.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the centre was maintained and, where required, notified to the Chief Inspector. From the documentation examined the inspector was satisfied that all notifiable incidents were notified to the Chief Inspector within three days. Quarterly reports were provided to the Health Information and Quality Authority as required by regulation.

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):

No actions were required from the previous inspection.

Findings:

The arrangements to meet each resident's assessed needs were set out in individual care plans, that reflected each resident's needs, interests and capacities. In general the care plans were drawn up with the involvement of the resident and/or their family; however, this involvement was not always documented. While most of the feedback from relatives indicated they were happy with the communication between them and staff in relation to their family member's care, some indicated that this was an area for improvement.

Residents' health care needs were met through timely access to medical treatment and this was confirmed in resident and relative feedback. The provision of allied health care was variable; dietetic, chiropody and social care support was very good. However, there was limited access to physiotherapy services resulting in physiotherapy care needs only partially met. Occupational therapy was available and it was evident from the documentation that referrals had been made. However, at the time of inspection a number of residents were seated in chairs which were not appropriate for their needs.

Residents were enabled to make healthy living choices, in particular in relation to healthy food choices. Much work had been undertaken in ensuring the choice, quality and variety of food served was at a high standard.

Judgment:

Non Compliant - Moderate

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:

The layout and design of the premises was such that the aim of creating a homely environment, as set out in the statement of purpose, was compromised. Despite this, significant improvements were made to the physical environment since the previous registration inspection three years ago. These improvements included extra wheelchair accessible sanitary facilities, the provision of screening around beds, a separate storage area for equipment, a secure garden, dining area in each of the three units, and the provision of a family room. An on-going maintenance programme was in place and the décor throughout was bright, clean and tasteful. These improvements helped to create a comfortable environment. However, work remained outstanding in order for the premises to comply with regulations and standards. Given the size and layout of some of the multi-occupancy rooms it was not possible to accommodate in each bedroom, a chair for each resident; provide adequate storage space for residents' clothes or personalise bedrooms. This was particularly evident for most of the rooms in Thomand ward.

There was a safe outdoor space for residents, it was attractively landscape with tables,

chairs and sun umbrellas. However, residents on the first floor had limited access to this area.

As noted on previous inspections, an organised system was in place in which all matters needing repair or maintenance were recorded in a book, which in turn was checked on a daily basis by the maintenance person. Heating and ventilation was suitable. Water was at a suitable temperature. Pipe work and radiators were safe to touch. In general good equipment was provided, albeit that some specialised chairs were in poor condition. This is referenced in outcome 11.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place for the management of complaints. Complaints were listened to and acted upon and there was an appeals procedure in place. The complaints process was accessible to residents and displayed in prominent places throughout. For example each unit had comments boxes and literature about how to make a complaint.

Residents stated they were aware of the complaints process and stated they felt empowered to make a complaint if need arose. Residents were confident complaints would be addressed. Relatives felt some staff were more receptive to comments, queries or complaints than others. This occasionally caused a difficulty. In particular, relatives found it easy to communicate with the ward managers; however, issues sometimes arose when ward managers were not on duty or staff unfamiliar with the unit were on duty. This is further discussed under staffing in outcome 18.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents received care at the end of their life which met their physical, emotional, social and spiritual needs. Care was delivered with respect for residents dignity and autonomy. An end-of-life care policy was in place and staff were knowledgeable about it.

Arrangements were in place for eliciting residents' end-of-life preferences and these were documented in the care plans. Residents spiritual, religious and cultural practices were facilitated. Facilities were available for family members to stay overnight and where possible residents were offered the option of a single room at the end of their life. Support was available from palliative care services should the need arise.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were provided with food and drink at times and in quantities adequate for their needs. Much work had been undertaken by the catering staff, dietician, management personnel and other staff in ensuring food was properly prepared, cooked and served, and was wholesome and nutritious. The inspector enjoyed lunch with residents on each day of inspection and observed that assistance was offered to residents in a discrete and sensitive manner.

The food provided met the dietary needs of residents and the meals provided were based on nutritional assessments conducted. Staff had undertaken training in this area and availed of on-going dietetic support to ensure the quality of meals and mealtimes was maintained at a high standard. A good system was in place to facilitate staff share

views, queries or comments with each other about nutrition. Residents confirmed that meals and the quality of them had improved. Residents who had experienced weight loss had this reversed. Residents who required a healthier diet were supported to have such a diet.

There was a comprehensive policy for the monitoring and documentation of nutritional intake which was implemented in practice. There was access to fresh drinking water, albeit that some resident/relative feedback indicated residents may not always be able to reach for the glass of water and staffing levels were such that such matters may go unnoticed. This feedback was discussed with the person in charge.

Work was on-going in rolling out the protected mealtimes to all units. Where it had been introduced it worked very well. There was also scope to audit the teatime practices so that the evening meal could be further improved upon.

Judgment:

Compliant

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:

Residents were consulted with and participated in the organisation of the centre. For example feedback was sought through residents meetings which took place in each unit on a regular basis. Minutes were maintained of these meetings.

The inspector saw that every effort was made to provide for privacy but this was curtailed by the layout and design of the centre as referenced in outcome 12. A room was available in one of the units where residents could meet their visitors in private. In the other two units efforts were made to afford residents and relatives such privacy. However, relatives did remark on this being an issue that was challenging for them, in particular since most of the bedrooms were multi occupancy and were not available for private conversations.

Residents were facilitated to communicate and enabled to exercise choice and control

over their life in so far as practicable. Once again the design of the premises was such that easy access to the outdoors was curtailed and for some access to the activities centre was a challenge.

Staff were aware of the different communication needs of residents and there were systems in place to meet the diverse needs of residents. Residents' communication needs were highlighted in care plans and reflected in practice. The centre was very much part of the local community and local organisations such as the Lions club and Friends of St Camillus were involved in the life of the centre. They were engaged in music sessions, outings and fundraising events. Residents had access to radio, television and newspapers.

Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. This was an area of care that had been developed with much success over the past four years. Almost one third of residents were seen to actively participate and enjoy group activities. This was a great achievement considering the dependencies of residents and the limitation of the resources available. Staff involved in the activities programme had found creative ways to expand it to meet the needs of residents. This involved networking with local groups who provided musicians and singers; liaising with a local third level institution and establishing a system where the centre was an accredited place for social science students to carry out a work placement; and decorating the activities area in a manner which made it an interesting place and reminiscent of times past.

The activities programme included art and crafts, music, hand massage, bingo, quizzes, outings, pet therapy. An upcoming highlight was the visit of a senior member of the clergy to celebrate mass in the centre. Residents and relatives commented on the benefits of the activities programme. In particular relatives were pleased that one to one activities were available for those who choose or were not able to attend group sessions.

Judgment:

Non Compliant - Moderate

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Some residents had inadequate space provided for personal possessions. For example, not every resident had a wardrobe in which to hang clothes. This was due to the limitations of the premises.

Arrangements were in place for the regular laundering of linen and clothing, and the safe return of clothes to residents. There was a policy on residents' personal property and possessions and a record was kept of each resident's possessions. Measures were in place to safeguard personal monies through appropriate record keeping.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

There were inappropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the centre. This was stated to the inspector by residents and relatives. The centre's management had risk assessed the staffing situation as a red risk and senior management was aware of this. Efforts were underway to address this situation. The staffing situation was further compromised by a significant dependency on agency staff. This reliance undermined consistency in care and impacted on the quality and safety of care to residents. For example, relatives remarked on not knowing staff, staff not being familiar with the small but important detail with regards to resident care and remarks were made to the inspector which indicated relatives worried about their relative when they were not in the centre because of the gaps in adequate staffing provision.

Staff had up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. However, staff appraisals are not routinely conducted. Staff were aware of the policies and procedures related to the general welfare and protection of residents. Staff signed once they read and understood a policy. Staff were aware of the regulations and

standards.

Judgment:

Non Compliant - Moderate

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:

Margaret O'Regan
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 report¹

Centre name:	St Camillus Community Hospital
Centre ID:	OSV-0000640
Date of inspection:	21/04/2015
Date of response:	25/05/2015

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 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:

Not all policies and procedures referred to in regulation 4(1) were reviewed at intervals not exceeding 3 years.

Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any

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

event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

All policies in St Camillus Community Hospital will be reviewed those in need of updating within a three year time frame will be updated in accordance with best practice.

Proposed Timescale: 31/08/2015

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:

Inadequate hand drying facilities were available on one of the days of inspection.

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:

This arose from a issue relating to delivery of hand towels to St Camillus, same has been rectified.

Adequate hand drying facilities are available at all times in St Camillus,

Proposed Timescale: 25/05/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The care plan was not always made available (where the person-in-charge considered it appropriate) to the resident or his/her family.

Action Required:

Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent of that resident or where the person-in-charge considers it appropriate, to his or her family.

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

Care plans are renewed 3 monthly. All care plans will be reviewed in conjunction with each resident and/ or their family and named nurse. The review of residents care plans will be audited to ensure resident/relative involvement.

Proposed Timescale: 30/09/2015

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Inadequate access was available to residents for some allied health services.

Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

Additional therapy resources currently being recruited since the inspection. Agency in place presently. 0.5 WTE Physio and 0.5 WTE Occupational Therapy- specifically allocated to residential services pending recruitment of staff.

Review the process of referrals with therapists and provide training for Nursing staff in identifying residents therapy needs.

Proposed Timescale: 30/09/2015

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 layout and design of the premises was such that the aim of creating a homely environment, as set out in the statement of purpose, was compromised.

Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Extensive renovation work has been undertaken in St. Camillus. The future plans for St Camillus have been submitted to Capital Steering Committee and this is being reviewed by the Chief Officer, Estates manager , SOM and Business Manager on Friday 22nd May

and when finalised will be submitted to HIQA
-4 weeks

Proposed Timescale: 22/06/2015

Theme:

Effective care and support

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

The premises did not conform to the matters set out in Schedule 6 of the Regulations, having regard to the needs of the residents. For example, some residents had inadequate private accommodation; not all rooms were of a suitable size for the needs of residents and the design and layout impacted on the creation of a homely environment.

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:

Extensive work has been undertaken, the future plans for St Camillus have been submitted to Capital Steering Committee and this is being reviewed by the Chief Officer, Estates manager, SOM and Business Manager on Friday 22nd May and when finalised will be submitted to HIQA
Plans 4 weeks

Proposed Timescale: 22/06/2015

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 limitations of the premises were such that not all residents had sufficient space to undertake personal activities in private.

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:

An area has been identified within Sarsfield Unit that will provide a private space for residents and their families.

Proposed Timescale: 31/07/2015

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Inadequate space was provided for each resident to store and maintain his or her clothes and other personal possessions.

Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

Within the current environment all efforts will be made to ensure adequate space will be provided for each resident to store and maintain his or her clothes and other personal possessions.

Review of current facilities by August 2015

Proposed Timescale: 31/08/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The number and skill mix of staff was not appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the centre.

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:

A recruitment process has commenced, Nurses and MTA's will be appointed

Continue to monitor and evaluate skill mix.

Review rosters and skill mix to meet service needs.

Continue to train and up skill HCAs

Continue to link with Snr Management regarding risk due to staffing levels

Proposed Timescale: 30/09/2015