



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Camillus Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Shelbourne Road, Limerick
Type of inspection:	Unannounced
Date of inspection:	24 October 2023
Centre ID:	OSV-0000640
Fieldwork ID:	MON-0041075

About the designated centre

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

The designated centre of St Camillus' Community Hospital is located on the main campus of the hospital in Limerick city. The centre is operated by the Health Service Executive (HSE) and is registered to accommodate a maximum of 73 residents. Information provided in the statement of purpose for the centre describes care for people over 18 years of age across the range of abilities from low to maximum needs in relation to advanced age, vascular and neuro-injury, dementia and physical or psychiatric chronic illness. Care planning processes are in accordance with assessments using an appropriate range of validated assessment tools and in consultation with residents. Arrangements are in place to provide residents with access to activities and there is a variety of communal day spaces provided including a large activity area on the first floor. Visiting arrangements are in place and residents are provided with information about health and safety, how to make a complaint and access to advocacy services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	62
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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
Tuesday 24 October 2023	10:05hrs to 17:55hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

Overall, feedback from residents living in the centre was very positive. The inspector heard positive feedback such as 'it couldn't be better' and 'I've never had a complaint'. Residents told the inspector that they were happy with the quality of the care they received and the inspector noted that interactions between staff and residents were respectful and kind. The atmosphere in the centre was relaxed, warm and welcoming.

The inspector was met by the clinical nurse manager upon arrival to the centre. Following an introductory meeting, the inspector walked through the centre with the assistant director of nursing. The person in charge, attended the centre later in the morning, and they facilitated the remainder of the inspection.

Located on the main campus of the hospital in Limerick city, St Camillus Community Hospital provides respite care and long-term care for both male and female adults with a range of dependencies and needs. The designated centre is registered to provide care for a maximum of 73 residents. There were 62 residents living in the centre on the day of the inspection. The centre consisted of distinct three units, known as Shannon and Thomond which were located on the first floor, and the Sarsefield Unit on the ground floor. As identified on previous inspections, there were areas of the centre that were in a poor state of repair. However, the development of a new 50 bedded centre on the same campus, built to address these issues, was near completion.

On a walk around the centre, the inspector observed that staff were busy attending to the morning care needs of residents. The inspector observed that the majority of residents were up and about in the various communal areas. The atmosphere was calm and relaxed and residents appeared to be comfortable and content. The inspector spoke with a number of residents in each unit, in the communal sitting rooms and in their bedrooms. Residents living in the centre told the inspector that they were happy with their living accommodation, but equally excited about the prospect of moving into the new facility. Residents were aware of the ongoing building works and the inspector found that residents were relaxed in the knowledge that works were near completion. Several residents told the inspector that they were preparing to move over and one resident informed the inspector that they were 'looking forward to luxury'. Residents reported that they and their families were kept well informed by staff, and one resident told the inspector they had arranged with their family to be present, to help them to move into their 'new apartment'.

Resident bedroom accommodation was provided in a mixture of single and multi-occupancy bedrooms. Overhead hoists were in place in all rooms to enable safe moving and handling. The inspector saw that some bedrooms were personalised, with items such as family pictures and soft furnishings. Single bedrooms were spacious and well laid out, however the inspector noted storage space was less

generous in multi-occupancy rooms, and several bedrooms on the Shannon unit appeared cluttered as a result.

The inspector spent time walking through each of the three units and observed a variety of communal areas such as sitting rooms, dining rooms and a family room. There was a large communal room on the first floor located between the Shannon and Thomond units. Known as the activities centre, residents from all units were supported to attend activities here and the inspector observed a group of residents enjoying an exercise class on the morning of the inspection. Activities such as bingo, were scheduled to take place throughout the day and one resident told the inspector how much they enjoyed the bingo game. The inspector spent time speaking with residents who chose to relax independently in their bedrooms, and they informed the inspector that this was their preference.

Overall, the premises appeared to be clean, however the inspector noted that the poor condition of wooden fittings and wall and floors surfaces in some areas, did not enable effective cleaning. The corridors in the centre were long and wide and provided adequate space for walking.

The following sections of this report details the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service provided to residents living in the centre.

Capacity and capability

This was an unannounced inspection to monitor the registered provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Overall, the inspector found that improvements to the governance and management of the centre, as identified on the previous inspection had been sustained, and there were effective management systems to monitor, identify and respond to risks and deficits identified in the quality and safety of the service provided to residents. Notwithstanding this positive finding, further action was required to achieve full compliance with Regulation 17; and Regulation 27, Infection control, as described under the quality and safety section of this report.

At the time of inspection, the provider submitted an application to the Chief Inspector, to vary condition one of the centres' registration. The purpose of the application was to change the footprint of the centre, in order to build a corridor on the ground floor, connecting St Camillus Community Hospital to a newly built, 50 bedded facility on the same campus. The corridor would facilitate the completion of the new build and enable the provider to submit an application to the Chief Inspector, to register the new designated centre. The provider proposed to decommission the Sarsefield and Thomond units, and the Shannon unit would remain as a separate designated centre. The inspector found that the proposed application would enhance the quality of lives of residents living in the centre

significantly, as previous actions taken by the provider to address issues with the premises were not sufficient to achieve full compliance.

The provider of the St Camillus Community Hospital is the Health Service Executive. The provider representative was the general manager of older people services and they provided operational oversight and support to the person in charge. Within the centre, the person in charge was supported by a team of three assistant directors of nursing, clinical nurse managers and staff nurses. Health care assistants, household, catering, activities staff, administration and maintenance personnel made up the staffing compliment.

On the day of inspection, the number and skill mix of staff was appropriate with regard to the needs of the current residents, and the size and layout of the designated centre. There was at least two registered nurses on duty at all times. Staff had access to appropriate training and they were appropriately supervised in their roles to ensure residents received safe and quality care. Staff demonstrated a good awareness of individual residents needs.

There were management systems in place to oversee the service and the quality of care, which included a comprehensive programme of auditing in clinical care and environmental safety. The inspector viewed a sample of audits and found they effectively identified areas for improvement and had detailed quality improvement plans. For example, there was regular auditing of medication management systems and evidence that quality improvement plans, such as increased training, were implemented as a direct result of audit findings. There was evidence of regular meetings with heads of department within the centre, and senior management team meetings, to review key clinical and operational aspects of the service. Records of these meetings were maintained and detailed the attendees, the agenda items discussed and the actions that were agreed. Staff meetings were held at ward level daily, and this communication system ensured staff were knowledgeable of risks or changes to the residents needs or condition.

The provider ensured that a contract for the provision of care was in place for all residents living in the centre. A review of a sample of resident contracts demonstrated that they contained all of the required information, as set out in Regulation 24; Contracts for the provision of care.

Management systems were in place to ensure records were maintained in line with regulatory requirements, securely stored, easily retrieved, and made available for inspection. There was evidence that each staff member had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

An annual report on the quality of the service had been completed for 2022 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team.

Regulation 15: Staffing

On the day of inspection, there was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre. There were at least two registered nurse on duty at all times in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed staff training records and found that all staff were offered appropriate training in fire safety, moving and handling and safeguarding of vulnerable adults. Staff who spoke with the inspector were familiar with the centre's policies on safeguarding and the fire safety procedures. There was good levels of staff supervision found on this inspection.

Judgment: Compliant

Regulation 21: Records

Records, as required under Schedule 2,3, and 4 of the regulations, were stored securely in the centre. A review of a sample of staff personnel files found that they contained all the information as required, as set out under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

There was a contract of insurance in place to protect against injury to the residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were appropriate governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was monitored. An annual review of the service was completed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a number of contracts for the provision of services. All of the contracts reviewed satisfied the requirements of the regulation. The contract between the registered provider and the resident set out the terms and conditions of the agreement and included the type of room offered to the resident upon admission.

Judgment: Compliant

Quality and safety

The findings on the day of inspection were that the provider was delivering good quality clinical care to residents, in line with their assessed needs. Staff demonstrated good knowledge of resident care needs and preferences and interactions were kind and respectful. Although the development of the newly built centre would mitigate the risks to the quality and safety of resident care, associated with the current premises, full compliance was not met with Regulations 17; Premises and Regulation 27; Infection control on the day of this inspection.

The centre had a paper-based resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the resident upon admission. A range of validated nursing tools were in use to identify residents' care needs. The inspector viewed a sample of files of residents with a range of needs and found that resident individual assessments were completed in a timely manner and care planning documentation reviewed was person-centred. Records confirmed that

residents and or their families were consulted about the development of individualised care plans.

Residents had timely access to health care services, including a medical officer, physiotherapist, dietitian, speech and language and tissue viability services. Clinical risks such as infection and weight loss or gain were regularly monitored by the nursing team. Nursing staff described an audit tool, which they used to monitor the frequency of and location of falls within each unit. The inspector noted that there was discussion around falls management at daily safety pause meetings. Wound care was well managed and records demonstrated that wound treatment recommendations were implemented in accordance with tissue viability specialist instruction.

The centre was reviewing the use of restrictive practices on an ongoing basis. There were a low number of bed rails in use in the centre at the time of the inspection. Restrictive practices were implemented in accordance with national restraint policy guidelines.

The provider had a number of policies and procedures in place to prevent and control the risk of infection in the centre. On the day of inspection, the building was found to be clean overall, however the inspector noted surfaces, finishes and flooring in all units, that were poorly maintained and could not be cleaned. Furthermore, there was a lack of suitable storage in the centre and the inspector noted that some resident equipment was stored in communal rooms, and poorly segregated in storerooms. The provider was aware of the impact the current premises had on the quality of life for residents and the development of a new facility was a positive outcome. However, Regulation 17; Premises and Regulation 27; Infection control remain non-compliant on this inspection.

Residents were supported to practice their religious faiths in the centre. Residents were supported to speak freely and provide feedback on the service they received. Resident meeting records demonstrated that issues brought to the attention of staff were addressed. Agenda items included the quality of food, the complaints procedure, fire safety and activities. Discussion with residents on the day of inspection and meeting records viewed, demonstrated that there was regular communication with residents regarding progress with the development of the new centre. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services.

Measures were in place to safeguard residents from abuse and several residents told the inspector that they felt 'safe' and had 'a sense of security'. Staff had completed up-to-date training in the prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable regarding the reporting arrangements in the centre and clearly described the action they would take in the event of any concerns they may have regarding the residents' safety.

The inspector found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished. Visitors were observed attending the centre on the day of inspection.

Regulation 11: Visits

Visits by residents' families and friends were encouraged. Residents could meet their visitors in private outside of their bedroom in the visitor's room if they wished to do so.

Judgment: Compliant

Regulation 17: Premises

The inspector found that some parts of the premises were not in compliance with Regulation 17. This was evidenced by;

- There was visible damage to walls, ceiling and floors surfaces in each unit of the building.
- Call bells were not available in two resident communal bathrooms.

There was a lack of suitable storage in the centre. This was evidenced by;

- A portable hoist was being stored in a communal dayroom on the Shannon Unit.
- There was storage of boxes, mattresses, and resident property on the floor in a storeroom in the Shannon Unit and this did not support effective cleaning of floor surfaces in these areas.
- Storage of resident wheelchairs and specialised chairs in the activities centre.
- Storage of resident equipment in a communal room on the Thomond unit.

Judgment: Not compliant

Regulation 27: Infection control

The inspector found that some procedures were not consistent with the standards for the prevention and control of health care associated infections, including:

- multiple bins, including clinical waste bins, were rusted and damaged and could not be cleaned effectively. This is a repeated finding.
- sluice rooms were cluttered and disorganised and not facilitate effective infection prevention and control measures, for example, resident continence support equipment was being stored on a sluice room windowsill. This posed a risk of cross contamination.

- several wall surfaces and flooring in the centre were worn and poorly maintained and could not be cleaned effectively.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

The inspector was assured that residents were provided with timely and appropriate access to a medical officer. A review of resident care notes confirmed that residents also had access to other health care supports such as dietitian, speech and language therapists and tissue viability nursing (TVN).

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that residents were consulted about the management of the designated centre through participation in residents meetings and undertaking resident surveys. Residents had access to an independent advocacy service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Camillus Community Hospital OSV-0000640

Inspection ID: MON-0041075

Date of inspection: 24/10/2023

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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The application to register the new 50 bedded building to replace two of our continuing care units has been submitted to HIQA. The decanting of residents into the bespoke building will address the non-compliances identified within this report for two of the continuing care units within the designated centre. A refurbishment schedule for the remaining continuing care unit will be developed to optimise the environment , to meet with needs of our residents and to comply with the regulatory standards. It will also include addressing storage issues. A full review of the nurse call system has been undertaken and corrective action has been taken to ensure call bells are available in all required areas.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: There are new, fit for purpose bins in all areas of the new build. As part of the refurbishment plan in Shannon unit, rusted bins are being replaced to enable effective cleaning. Staff have been reminded of the need to ensure that sluice rooms are kept tidy and free from clutter at all units. Contenance wear that was in the sluice room has been disposed of. The wall surfaces that can be addressed with redecoration have been highlighted for urgent action in the interim on the units waiting to move into the new build. The refurbishment of Shannon will include addressing areas that need redecoration</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	29/02/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	29/02/2024