

**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 Nursing Centre
<b>Centre ID:</b>	ORG-0000098
<b>Centre address:</b>	Killucan, Westmeath.
<b>Telephone number:</b>	044 937 4196
<b>Email address:</b>	stephen57foster@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Order of St. Camillus
<b>Provider Nominee:</b>	Stephen Foster
<b>Person in charge:</b>	Brother John O'Brien
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	Marie Matthews;
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	56
<b>Number of vacancies on the date of inspection:</b>	1

## **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 judgements 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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

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

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

From: 05 February 2014 09:30 To: 05 February 2014 18:30

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

Outcome 01: Statement of Purpose
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

The purpose of this inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and to follow up on the action plan and provider's response to previous inspection carried out 3 and 7 January 2013.

Notification of significant incidents received by the Authority since the last inspection was also considered and reviewed on this inspection.

There were 56 residents and an admission to the service was planned.

The person in charge was on duty and the person nominated on behalf of the provider was not available during this inspection. The purpose of the inspection was explained and matters arising from the previous inspection were discussed with the person in charge and administrator.

Overall inspectors found improvements made since the last inspection, with many actions complete or progressed. Substantial compliance was found in eight of the 11 Outcomes examined. Residents were complimentary of staff and satisfied with care

services provided. The environment was comfortable and actions related to its reconfiguration were completed. Overall the atmosphere was calm and staff were seen interacting in a meaningful and respectful manner with residents.

The findings are outline within this report and improvements required are stated in the action plan at the end of this report. Improvements were required in relation to staff records and governance, and the assessment, care planning and evaluation of residents care while maintaining clinical records in accordance with professional standards and linking clinical specialist assessments and risks with care plans to aid evaluation was also required.

The person in charge acknowledged this and has communicated to the Authority since indicating that the issues raised on inspection had since been addressed.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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:**  
Leadership, Governance and Management

**Judgement:**  
Compliant

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

**Findings:**  
There was a written statement of purpose that described the service and facilities that are provided in the centre. The statement of purpose consists of a statement of the aims, objectives and ethos of the designated centre.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The statement of purpose was reviewed and changes made were communicated to the Authority and updated within the statement of purpose accordingly.

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**Outcome 03: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The designated centre was managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge told inspectors he had responsibility for the day-to-day running of the centre supported by a deputy nurse manager, provider nominee and staff group.

Since the last inspection improvements were found within the operational governance and management of the centre. The person in charge demonstrated sufficient clinical knowledge and a sufficient knowledge of the legislation and his statutory responsibilities. Inspectors were satisfied that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis and was committed to his own professional development.

Residents were familiar with the person in charge and were complimentary of him.

**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

Actions from the last inspection related to the assessment and evaluation of restrictive/restraint measures. Inspectors were satisfied that the principles of the national policy were adopted and found recorded evidence of a collaborative decision making process involving relevant parties. Further enhancements to recording practices were discussed and under consideration by the person in charge.

As reported in Outcome 18, staff employed prior to the implementation of the Regulations in 2009 did not have a record of an agreed contract of employment that detailed date of employment, the position they hold, the work they are to perform and number of hours employed each week (Schedule 4). The person in charge and administrator acknowledged this and described action considered and planned to address same.

**Outcome 06: 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.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Systems and measures were in place to safeguard residents.

Policies and procedures were in place on the prevention, detection and response to abuse and protection of vulnerable adults and older persons. A training programme was described by staff who were knowledgeable regarding what constitutes abuse and how to respond to suspicions or an allegation of abuse.

Measures to protect residents being harmed or suffering abuse were demonstrated and appropriate action was taken in response to allegations of abuse and incidents that may jeopardise the care and welfare of residents.

Appropriate systems to safeguard residents finances were described by the administrator and person in charge, however, the arrangements in place were not inspected at this time.

## **Outcome 07: Health and Safety and Risk Management**

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

### **Theme:**

Safe Care and Support

### **Judgement:**

Compliant

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

No actions were required from the previous inspection.

### **Findings:**

Policies and procedures relating to health and safety, and risk management were available in the centre. The health and safety statement was up-to-date identifying safety representatives working within the centre.

A risk management policy was available and implemented which covered the identification, assessment and management of risks.

A risk register was maintained and available. Identified risks related to the centre, recent events and incidents had been assessed, controlled and evaluated.

Reasonable measures were in place to prevent accidents. Staff were trained in manual handling and demonstrated safe handling techniques when assisting and supporting residents. Arrangements were in place for investigating and learning from events and incidents. Audits of restraint use, accidents and incidents were maintained by the person in charge which informed a review of care interventions and control measures in place. Improvements in care practices attributed to additional control measures were provided to mitigate risks to residents welfare.

A fire register was maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm and fire safety equipment including emergency lighting were serviced. Staff training in fire safety and fire evacuation had been provided and further training dates were planned to facilitate all staff. While staff on duty were familiar with the emergency procedure to adopt in the event of the fire alarm, the training records provided demonstrated that fire safety training for nine of the rostered care staff was lacking. This action is included in Outcome 18.

## **Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

### **Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Residents were protected by medication management policies and safe practices.

There were written operational policies relating to medication management. The processes in place for ordering, prescribing, storing and administration of medicines to residents, including controlled drugs, were safe and in accordance with current guidelines and legislation. There were appropriate procedures for the handling and disposal for unused and out of date medicines.

A system was in place for reviewing and monitoring safe medication management practices. The person in charge audits the overall management and review of medications.

**Outcome 09: 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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

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

Systems were in place to review and monitor the quality and safety of care and the quality of life of residents. Improvements were brought about as a result of learning from incidents and notifiable events.

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

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

Residents had good access to medical, psychiatry, allied health care services and professionals.

The care and services delivered was aimed at encouraging and enabling residents to make independent and supported choices regarding their health and general wellbeing. There were processes in place to guide preliminary and ongoing clinical assessments, the care planning process and care that included when residents were admitted, transferred or discharged to and from the centre.

While improvements required from the previous inspection were noted, gaps and deficiencies were found and further improvements were required in respect of maintaining clinical records in accordance with professional standards and linking clinical specialist assessments and risks with care plans to aid evaluation. Some records were not sufficiently updated to demonstrate an appropriate review and evaluation of interventions and verify that suitable measures or assessment had been undertaken as required. In a sample of care plans reviewed interventions were not specific or measurable and had not been updated as changes had occurred. Follow up assessments and liaison with allied health care professionals had not been carried out prior to changes implemented in practice and from that previously recommended by allied health care professionals.

The person in charge acknowledged this and has communicated to the Authority since indicating that the issues raised on inspection had been addressed.

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**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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

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

**Findings:**

The environment was comfortable and actions related to the reconfiguration of multi-occupancy rooms and provision of showering facilities were completed. The centre now includes 41 single bedrooms and 8 twin bedrooms, all of which have personal or shared en suite facilities.

A plan of refurbishment for painting, repairing fittings/fixtures and/or removal of redundant bath facilities within the existing building was discussed with the person in charge. He informed inspectors that a meeting later in the week was scheduled with the provider nominee to discuss ongoing refurbishment requirements, which will be followed up on at the next inspection and prior to renewal of the registration.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Policies and procedures for the management of complaints were in place and implemented.

The complaints process was accessible to all residents and displayed in a prominent place. Residents were aware of the complaints process and felt supported to make complaints.

The person in charge was the nominated person to deal with all complaints and records reviewed demonstrated that all complaints were investigated to the satisfaction of the complainant. There were no active complaints and an appeals process was in place and described within the policy.

Inspectors were informed that records maintained of all complaints, investigations, responses and outcomes was discussed in monthly management meetings to inform learning from complaints.

### **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.*

#### **Theme:**

Workforce

#### **Judgement:**

Non Compliant - Moderate

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

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

#### **Findings:**

Inspectors were satisfied that the numbers and skill mix of staff was sufficient to meet the needs of residents and the size and layout of the centre. Staff and residents were also supported and assisted by members of St Camillas order including the person previously nominated on behalf of the provider. A number of volunteers also assist, support and interact with residents on a regular basis with activities such as the daily mass service.

The person in charge was on duty along with two nurses supported by nine care assistants, an administrator, catering, household and maintenance staff. The deputy manager was off duty and on leave during this inspection.

A duty rota was maintained which confirmed two nurses on duty at all times. This was confirmed by staff and residents were satisfied that members of staff were available to them as required. Inspectors were informed that agency are not contracted and contingency measures used for unplanned leave included existing staff undertaking additional working hours.

Staff had received mandatory training and an ongoing plan aimed at providing training and support for staff to undertake appropriate education and required training to meet the needs of residents was described. However, inspectors found that eight rostered day care staff and one rostered night care staff member did not have a record of fire safety/drill in the training records provided. The person in charge is required to undertake and complete a training needs analysis to inform the training programme for all staff in 2014.

All rostered members of nursing staff had evidence of professional registration relevant to their role and many care and support staff had completed courses in health care awarded by a recognised certification. Inspectors reviewed a number of staff files that included staff recently employed. A recruitment process was described by the person in charge and administrator that included obtaining the required documents outlined in Schedule 2 of the Regulations. Staff appraisal and competency assessment formed part of staff supervision and evaluation process. However, staff employed prior to the implementation of the Regulations in 2009 did not have a record of an agreed contract of employment that detailed date of employment, the position they hold, the work they are to perform and number of hours employed each week (Schedule 4). This action is referenced in Outcome 4. The person in charge and administrator acknowledged this and described action considered and planned to address same. In addition, in the sample of files reviewed, a declaration that staff were mentally and physically fit for the purposes of the work which they are to perform at the centre was not available in all files.

Inspectors confirmed that volunteers had a written agreement for the role and responsibilities to be undertaken and Garda Síochána vetting and clearance had been obtained for this role. Inspectors recommended including volunteers on the weekly roster to enhance governance and review.

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

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

Sonia McCague  
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 Nursing Centre
<b>Centre ID:</b>	ORG-0000098
<b>Date of inspection:</b>	05/02/2014
<b>Date of response:</b>	01/04/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

#### Outcome 04: Records and documentation to be kept at a designated centre

**Theme:** Leadership, Governance and Management

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

Staff employed and working in the centre did not have a record of an agreed contract of employment that detailed date of employment, the position they hold, the work they are to perform and number of hours employed each week (Schedule 4).

**Action Required:**

Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

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

A staff meeting will be held with the Provider on 10th April to inform staff of the need for a Contract of Employment detailing: the date of employment; the position they hold;

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

the work they are to perform and number of hours employed each week. Subsequently, the Contracts of Employment will be issued to the relevant staff.

**Proposed Timescale:** 02/05/2014

### **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:**

Gaps and deficiencies were found in respect of maintaining clinical records in accordance with professional standards and linking clinical specialist assessments and risks with care plans to aid evaluation.

Some records were not sufficiently updated to demonstrate an appropriate review and evaluation of interventions and verify that suitable measures or assessment had been undertaken as required.

**Action Required:**

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

An Audit of a sample of the Care Plans will be performed, taking a Care Plan from each nurse's allocation. The results of the audit, including the deficiencies, will be related back to the individual nurse and the findings discussed in order that the Care Plans will be updated and the records maintained in accordance with professional standards. A system of peer review will then be introduced. Nurses will continue to have protected time in order to update their Care Plans. Care Plans will be audited on a three monthly basis.

**Proposed Timescale:** 02/05/2014

**Theme:** Effective Care and Support

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

Follow up assessments and liaison with allied health care professionals had not been carried out prior to changes in practice and from that previously recommended by allied health care professionals.

**Action Required:**

Under Regulation 9 (2) (b) you are required to: Facilitate each residents access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident.

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

Nurses will be reminded of their responsibility to refer residents to the appropriate allied service when there are changes to the resident's condition and to follow up on that referral. This will be briefed out daily, at report.

We have contacted the S.A.L.T. department and they have advised us that once we send in the referral the nurses should use their own judgement regarding the consistencies of food and fluids in the interim until the assessment is made to ensure resident safety.

A three monthly audit will be performed to ensure compliance.

**Proposed Timescale:** 01/04/2014

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

**Theme:** Workforce

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

Eight rostered day care staff and one rostered night care staff member did not have a record of fire safety/drill in the training records provided.

The person in charge is required to undertake and complete a training needs analysis to inform the training programme for all staff in 2014.

**Action Required:**

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

Of the nine identified at the inspection as not having attended Fire Training, seven have now attended. The remaining two attended a training session given by the P.I.C. A further Fire Training session will be held in August 2014 Since the inspection we have also carried out an unannounced fire drill.

**Proposed Timescale:** 01/04/2014

**Theme:** Workforce

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

A declaration that staff were mentally and physically fit for the purposes of the work which they are to perform at the centre was not available in all files.

**Action Required:**

Under Regulation 18 (3) (c) you are required to: Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform.

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

A staff meeting will be held on 10th April with the Provider to inform the staff of the requirement of a medical declaration stating they are physically and mentally fit for the purposes of the work which they are to perform.

Subsequently a letter will be issued to all members of staff requesting they furnish, within 1 month, a medical certificate.

**Proposed Timescale:** 02/05/2014