

**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>	OSV-0000098
<b>Centre address:</b>	Killucan, Westmeath.
<b>Telephone number:</b>	044 937 4196
<b>Email address:</b>	riverstown@eircom.net
<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>	Fr. Stephen Foster
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	54
<b>Number of vacancies on the date of inspection:</b>	3

## **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 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:
19 August 2014 09:00	19 August 2014 18:00
20 August 2014 09:00	20 August 2014 17:30

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**

The purpose of this inspection was to inform a decision regarding the renewal of a registration following an application made by the provider in July 2014.

Notifications of incidents and information received by the Authority since the last inspection in February 2014 were followed up on at this inspection.

This inspection was announced and took place over two days. The person authorised on behalf of the provider, person in charge, assistant director of nursing, administrator and staff team were available in the centre to facilitate the inspection process.

The purpose of the inspection was explained and matters arising from the previous inspection and monitored events were discussed and followed up.

As part of the inspection the inspector met with residents, relatives/visitors, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, clinical and operational audits, policies and procedures, contracts of care and staff files.

There were 54 residents in the centre which has a maximum capacity for 57. The inspector was satisfied that systems and measures were in place to manage and govern this centre. The provider nominee, person in charge, assistant director of nursing and administrator were responsible for the overall governance, operational management and administration of services and resources.

Systems were in place to manage risk and safeguard residents while promoting their well being, independence and autonomy. Training and facilitation of staff was provided relevant to staff roles and responsibilities, and further training was planned and to be carried out this year.

The environment was spacious, tastefully decorated, clean, warm and well maintained. The atmosphere was calm while residents were assisted, supervised and supported by the staff team. Feedback from residents and relative questionnaires were complimentary of the care, services and staff team.

Staff were knowledgeable regarding residents needs, likes and dislikes, and residents were complimentary of staff and expressed satisfaction with the overall care and services provided.

Overall, substantial compliance was found in the many outcomes; however, improvements were required in three outcomes as follows:

- Outcome 5 - Documents to be kept in the Designated Centre
- Outcome 11 - Health and social care assessments and care plan records
- Outcome 13 - Complaints management

These matters are discussed in the body of the report and outlined in the action plan at the end of this report for the providers' and person in charges' response.

**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 2013 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
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> 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.</p> <p>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 2013 (as amended).</p> <p>Staff were familiar with the statement of purpose and function, and a copy was available in the centre.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 02: Governance and Management</b> <i>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.</i></p>
<p><b>Theme:</b> Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The quality of care and experience of the residents was monitored on an ongoing basis. Effective management systems and sufficient resources were 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. Improvements were brought about as a result of the learning from the monitoring review.</p> <p>There was evidence of consultation with residents and their representatives.</p>
<p><b>Judgment:</b> Compliant</p>

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**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:**

Agreed written contracts of care included details of services to be provided for residents' and the overall fees charged. The sample reviewed were signed by the resident/representative and person nominated on behalf of the provider.

Services provided for residents were outlined in a resident's guide that included a summary of the statement of purpose, terms and conditions within a sample contract of care, complaints procedure and visiting arrangements.

**Judgment:**

Compliant

**Outcome 04: Suitable Person in Charge**

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

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

The person in charge demonstrated sufficient knowledge and implementation of the legislation requirements and was aware of their statutory responsibilities. The Inspector was 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 had demonstrated a commitment to improving outcomes for the resident group.

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

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge works on a full time basis and has the support of a deputy to assume responsibility of the designated centre in his absence. He was actively exploring the availability of post registration management courses for completion, as required within the regulations.

**Judgment:**

Compliant

**Outcome 05: Documentation to be kept at a designated centre**

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

Records listed in schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) were available, easily retrievable and maintained securely.

Records including the statement of purpose, residents guide, previous inspection reports, and a directory of residents, emergency procedures, and clinical documents along with records related to all residents and staff were available for inspection.

The designated centre had stated in the application for registration completed July 2014 that all written operational policies referenced in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were completed and available, which was validated on inspection. Policies which included health and safety, responding to emergencies and risk management procedures, management of complaints, the prevention, detection and response to allegations of abuse, communication and end of life care were reviewed and found to guide and reflect practice within this centre.

A directory of residents and visitors was available and maintained as required.

Improvements were required in relation to the completeness of records listed in

schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

For example:

- Schedule 2 files reviewed were in the main completed in accordance with schedule 2, however, records were not available in respect of correspondence, reports or records of disciplinary action of staff members following complaints
- Schedule 3 records were incomplete in respect of:
  - residents nursing communications and allied professional records were not consistently dated, timed or signed in accordance with relevant professional guidelines
  - record of drug administration times not consistently stated
  - a record of a residents decision to refuse treatment was not sufficiently documented
  - a record of names and witnesses of incidents was not maintained or included in some investigations following allegations or complaints
  - records of assessments and treatments used by a resident with a pressure ulcer were incomplete
  - records of some care plans did not demonstrate that an evaluation of interventions and a review of decisions had taken place at intervals not exceeding four months
  - a copy of correspondence received by the centre following a referral to a specialist health professional was not available to confirm availability status of the service
- Schedule 4 records were incomplete in respect of:
  - records of and action taken in respect of complaints. Details of actions taken were not sufficiently recorded to validate measures described as in place.

Residents could access their records on request and were satisfied with the arrangements in place.

Monetary transactions undertaken between and on behalf of residents was examined and found to be maintained in a safe and an appropriate manner.

A copy of the current and written declaration of insurance cover was available in accordance with regulatory requirements.

**Judgment:**

Non Compliant - Moderate

***Outcome 06: Absence of the Person in charge***

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed 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:**

The provider nominee and person in charge were aware of their responsibility to notify the Chief inspector of a proposed or unplanned absence of the Person in Charge.

There were suitable arrangements in place for the management of the designated centre in the absence of the Person in Charge; however, an absence for more than 28 days was not expected.

**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.

A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place.

Staff had received training in adult protection to safeguard residents so as to protect them from harm and abuse.

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.

There were no active incidents, allegations, or suspicions of abuse under investigation. Learning from previous incidents reported since the last inspection had been demonstrated.

The person in charge and deputy assumed responsibility to monitor the systems in place to protect residents and were confident that there are no barriers to staff or residents disclosing abuse.

Residents who communicated to and with the inspector said they felt safe and able to report any concerns. Relatives who participated in the inspection process and completed

questionnaires' also shared this view.

There were systems in place to safeguard residents' property and money.

**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 in this centre.

The centre had policies and procedures relating to health and safety.

A current health and safety statement was available and risk management procedures were in place supported by a policy to include items set out in regulation 26(1).

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property.

Satisfactory practices and procedures were found in relation to the prevention and control of healthcare associated infections.

Arrangements were in place for investigating and learning from incidents and events involving residents and staff. Regular audits and reviews of resident dependency, staffing arrangements, falls, wounds, pressure ulcers and restraint use were maintained. This demonstrated a strategic approach to meeting residents' needs and monitoring of clinical outcomes.

Reasonable measures were in place to prevent accidents in the centre and on the grounds. Risk assessments following incidents were maintained and recorded. Staff were trained in moving and handling of residents, infection control and fire safety. Further dates for mandatory training such as manual handling were scheduled to include recently employed staff and those involved in moving and handling incidents.

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were recently serviced, and serviced on a regular basis. Means of escape and fire exits were unobstructed and emergency exits clearly identified. Each resident had a personal emergency evacuation plan, and staff were knowledgeable regarding emergency

procedures to be adopted in the event of a fire alarm. Evacuation drills from various locations in the centre were practiced on a regular basis. Scenarios were set up by the person in charge and learning was demonstrated.

Written confirmation from the provider nominee and a competent person that the requirements of the statutory fire authority were substantially complied with was provided with the application to renew the registration for this centre.

**Judgment:**  
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 safe medication management policies and practices.

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. Nursing staff demonstrated safe practices related to medication administration and management. Systems were in place for ordering, supply and dispensing methods. 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 described an audit system that included the nursing team, GP and pharmacy to improve the overall management and review of medication management. The prescription of medicines were reviewed and records were available to demonstrate this.

**Judgment:**  
Compliant

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

**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):**

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

**Findings:**

Residents' health care needs were met through timely access to medical services and appropriate treatment and therapies following referral. Arrangements were in place to facilitate residents with appropriate access to medical and healthcare services when required. Residents and staff were satisfied with the current healthcare arrangements and service provision. However, it was noted in the minutes of the residents' forum that some had recently expressed dissatisfied with the access to medical services. The person in charge was to follow up on this issue.

Residents had good access to allied health care services which was on a referral basis. The services available encouraged health promotion and early detection of poor health which facilitated residents' to make healthy living choices. Recent initiatives included weekly fitness classes involving physiotherapy and activity staff. Another positioning

initiative to prevent or minimise the risk of pressure ulcers had positive outcomes for residents’.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

In the main, assessments and clinical care accorded with evidence based practice. Residents had been assessed to identify their individual needs and choices. Residents’ had care plans in place following assessments; however, improvements to ensure clarity, accuracy and completeness of records were required following a review of wound assessment records and care plans completed for end-of-life. While improvements were made to personalised care records since the last inspection, some care plans did not demonstrate that an evaluation of interventions and a review of decisions had taken place at intervals not exceeding four months.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. Activity and care staff interacted well with residents while facilitating engagement in meaningful activities within the centre, which residents and relatives were complimentary of. Externally activities with family and friends were facilitated. An activity to places or areas of interest to residents who may not have family involvement was to be explored by staff following discussions during this inspection.

**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):**

No actions were required from the previous inspection.

**Findings:**

The design and layout of the centre is suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way. The premises and grounds were well maintained and clean, with suitable heating and ventilation.

A maintenance system was in place and maintenance/gardening staff were available as

required. Residents bedrooms were personalised, and could accommodate furniture and equipment to support their preferences and needs/choices.

The centre has ground floor accommodation and facilities. Bedroom accommodation comprised of 42 single rooms and eight twin bedrooms, with suitable and sufficient availability to sanitary, toilet and bath/shower facilities. Dining room facilities were centrally located, with one adjoining the main kitchen. Meals were arranged and served in two dining rooms or in an areas/place of the resident's choosing. Residents had access to a number of sitting rooms and seated areas, and safe access to enclosed outdoor courtyards was available. The centre is connected by corridor to a chapel where mass was celebrated daily.

There was appropriate equipment for use by residents or staff which was maintained in good working order. Equipment, aids and appliances such as hoist, call bells, hand rails were in place to support and promote the full capabilities of residents. Service records were available to demonstrate equipment was maintained in good working order. Staff were trained to use equipment, and equipment was observed to be stored safely and securely.

The person in charge informed the inspector that arrangements were in place for the provision of a generator in the event of a power outage, which was reflected in the relevant emergency procedure. Records of weekly checks to ensure the generator was functioning were maintained.

**Judgment:**

Compliant

***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:**

Policies and procedures were in place for the management of complaints. The complaints procedure was displayed in a prominent place.

A record of all complaints was maintained. However, records to demonstrate the detail of investigations, responses and outcomes were not sufficiently maintained in some cases.

The inspector was informed by the person in charge that the complaints of each resident, his/her family, advocate or representative, and visitors are listened to and

acted upon. There was one complaint requiring further investigation at the time of inspection, however, the register suggested the management of this complaint was completed.

The person in charge was the nominated complaints officer and an appeals procedure was in place.

Residents and relatives who were spoken with during the inspection and who completed questionnaires were aware of how to make a complaint and were satisfied with arrangements in place and felt supported in raising issues.

A system to monitor complaints was in place which provides an opportunity for learning and improvement.

**Judgment:**

Non Compliant - Moderate

***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:**

At the time of inspection the inspector was informed that there was one resident receiving end of life care. Involvement of a multi-disciplinary approach to treatment and care that included a palliative care team was available.

A policy and operational procedures for end of life were in place and available to guide staff and inform care practices. Decisions regarding care and treatment decisions at the end of life were recorded and the inspector found evidence that residents and relatives' wishes were discussed, and known by staff regarding preferred religious, spiritual and cultural practices. However, gaps in the maintenance of related documents were found as reported in outcomes 5 and 11.

Staff training in caring for residents at end-of-life was provided. Improvements identified in the self assessment questionnaire were progressed and to be further evaluated by the person in charge.

Engagement with residents and their family members, medical and palliative care providers was facilitated and evident during this inspection.

The person in charge and deputy informed the inspector that residents and their family

were offered choices and supported with overnight facilities and refreshments as required. A family room, kitchenette, visitor's room and chapel were available in the centre.

**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:**

The inspector was satisfied that residents were provided with a nutritious and varied diet that offered choice within a planned menu. Mealtimes observed were unhurried social occasions that provided opportunities for residents to interact with each other and staff. Staff were seen assisting and supporting residents appropriately, in a discrete and respectful manner.

Staff preparing, serving and assisting with meals and drinks were familiar with residents dietary requirements, needs and preference. Staff offered choices and sought resident satisfaction levels during meals requested and provided. Systems were in place to ascertain residents' views and preferences for a varied menu on a daily basis. Environmental health inspections were carried out and reports indicating good compliance were available.

There was a policy in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents that included regular weight monitoring, recommended food/fluid consistency and arrangements for intake recording. Communication systems were in place to ensure that residents nutritional and care needs were available to and known by staff supporting residents to eat and drink.

Systems were in place to facilitate residents to provide feedback on the menu options and choices to inform improvements.

Access to dental, dietician and speech and language therapists was available and provided on a referral basis based on an assessment of need or change in condition.

Improvements identified in the self assessment questionnaire were progressed and to

be further evaluated by the person in charge.

**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):**

No actions were required from the previous inspection.

**Findings:**

Adequate arrangements were in place for consultation with residents on the running of the service.

A resident's forum met on a monthly basis and minutes of meetings were available to demonstrate this.

Residents confirmed that their religious and civil rights were supported. Daily religious ceremonies and visits formed an important part of residents' lives.

The inspector found that residents' rights and privacy was respected. Residents were facilitated to vote in national elections and ballots in the centre. Staff were observed engaging, communicating and announcing themselves to residents appropriately. Bedrooms were largely single occupancy and opportunity to meet relatives/visitors in private was available to residents within the twin bedrooms or in family or visitors rooms.

Residents had the option of having a personal television and/or radio in their room, access to daily newspapers, and they could receive or make telephone calls in private.

Communication and notice boards were provided with information regarding forthcoming events and local news items displayed. Articles from newspaper were read aloud by the activity staff member to inform residents and form discussions.

Staff described how they promoted links with the local community through family involvement and arrangement for inviting community groups to visit residents.

**Judgment:**

Compliant

**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:**

A policy was in place and procedure described on management of residents' personal property and possessions. This was reflected in practice.

The space provided for residents' personal possessions and storage of their own clothes was suitable and sufficient, and well maintained. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

There were adequate laundry facilities with systems in place to ensure that residents' own clothes were returned to them. While residents could retain control over their own possessions and clothing, they could make alternative arrangements for their own laundry if they wished to.

**Judgment:**

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):**

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

**Findings:**

Staff actual and planed rosters were available reflecting the staffing provision and

arrangements in place. Staff were seen supporting, assisting or supervising residents accordingly in an appropriate and engaging manner. Residents told the inspector they felt supported by staff that were available to them as required.

The inspector was satisfied that the number and skill mix of staff on duty and available to residents during inspection was sufficient to resident numbers and dependency levels/needs.

Residents and staff confirmed satisfaction with the staffing arrangements.

A staff training programme was planned and available for 2014. Mandatory training, facilitation and education relevant to the resident group had been provided.

Evidence of professional registration for all rostered nurses was available and current. Recruitment procedures were in place and samples of staff files were reviewed. The inspector found substantial compliance in the sample of staff files examined against the requirements of schedule 2 records, however, an improvement required is referenced in outcome 5 and the associated action plan.

Volunteers were actively engaged in the centre. The roles and responsibilities were agreed in addition to garda clearance.

**Judgment:**

Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

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>	OSV-0000098
<b>Date of inspection:</b>	19/08/2014
<b>Date of response:</b>	20/10/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

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

#### Theme:

Governance, Leadership and Management

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

Records were not available in respect of correspondence, reports or records of disciplinary action of staff members following complaints, as required in Schedule 2 (6)

#### Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

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

the Chief Inspector.

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

A review and update of the Complaints reporting form and Incident reporting form to include more details has taken place. They now include sections detailing which member/s of staff have been interviewed and when and detailing any disciplinary action taken as a result and any witnesses to the Complaints / Incidents. A copy will be kept in the individual staff file as well as the register. We have introduced a Staff Interview form to document any formal meeting with individual staff members regarding work practices. These will be kept in the individuals file.

The Management Team will discuss any complaints weekly and act as necessary.

Policy Updated to reflect these changes.

We have sourced a professional H.R. company to assist us with establishing a system to comply with the regulations.

**Proposed Timescale:** 31/10/2014

**Theme:**

Governance, Leadership and Management

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

Schedule 3 records were incomplete in respect of:

- residents nursing communications and allied professional records were not consistently dated, timed or signed in accordance with relevant professional guidelines
- record of drug administration times not consistently stated
- a record of a residents decision to refuse treatment was not sufficiently documented
- a record of names and witnesses of incidents was not maintained or included in some investigations following allegations or complaints
- records of assessments and treatments used by a resident with a pressure ulcer were incomplete
- a copy of correspondence received by the centre following a referral to a specialist health professional was not available to confirm availability status of the service.

**Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Allied Health Care Professionals have been informed that they must date, time and sign records in accordance with professional guidelines. The DoN has verified that this is happening.

All residents' decisions in relation to their acceptance or refusal of treatment will be documented in the individual care plans.

All correspondence will be kept in chronological order to confirm or otherwise the availability of services.

Dressings recording forms have been updated to demonstrate assessments and treatments of pressure ulcers and other wounds.

Each form demonstrates one assessment and one treatment.

When a resident decides to refuse treatment, it will be documented appropriately.

**Proposed Timescale:** 20/10/2014

**Theme:**

Governance, Leadership and Management

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

Schedule 4 records were incomplete in respect of:

-records of and action taken in respect of complaints. Details of actions taken were not sufficiently recorded to validate measures described as in place

**Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

A review and update of the Complaints reporting form and Incident reporting form to include more details has taken place. They now include sections detailing which member/s of staff have been interviewed and when, detailing any disciplinary action taken as a result and any witnesses to the Complaints / Incidents. A copy will be kept in the individual staff file as well as the complaints register. Completed

The Management Team will discuss any complaints weekly.

Staff have been reminded that detailed and accurate documentation of complaints is necessary. All staff involved and witnesses must be named and will be interviewed as part of the resolution process.

There will now be a more detailed action plan as a result of a complaint.

Each issue in a complaint will be dealt with individually where there are multiple issues involved. Trust in care document will be added to the elder abuse policy and training sessions. 9/11/2014

Policy Updated to reflect these changes.

**Proposed Timescale:** Completed

## 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:

Some care plans did not demonstrate that an evaluation of interventions and a review of decisions had taken place at intervals not exceeding four months as required.

Improvements to ensure clarity, accuracy and completeness of records were required following a review of wound assessment records and care plans completed for end-of-life.

### Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Updated wound care charts are now being used.

End of life care plans will be reviewed. 1/3/2015

Care plans will be audited 3 times yearly to ensure they are accurate and current.

**Proposed Timescale:** Completed

## Outcome 13: Complaints procedures

### Theme:

Person-centred care and support

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

Records to demonstrate the detail of investigations, responses and outcomes were not sufficiently maintained in some cases.

### Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

Complaints reporting form updated and the Administrator and DoN will meet weekly to discuss any complaints.

Each issue of a complaint will be investigated by the management in detail and will be recorded. The person making the complaint will be contacted and updated on the resolution of the complaint to make sure they are satisfied with the outcome .

**Proposed Timescale:** 13/10/2014

**Theme:**

Person-centred care and support

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

One complaint requiring investigation at the time of inspection, however, the register suggested the management of this complaint was completed.

**Action Required:**

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

The DoN has discussed the incident with the remaining staff member involved and documented the interview. He has also discussed the incident with the resident, who is completely satisfied with the outcome. Staff were again reminded to be vigilant to residents and their needs.

The administrator and the DON will meet weekly to discuss complaints and their resolution.

**Proposed Timescale:** Completed