

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Camillus Nursing Centre
Centre ID:	OSV-0000098
Centre address:	Killucan, Westmeath.
Telephone number:	044 937 4196
Email address:	riverstown@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Order of St Camillus
Provider Nominee:	Fr. Stephen Foster
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	52
Number of vacancies on the date of inspection:	5

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
28 June 2016 10:00	28 June 2016 17:30
29 June 2016 08:30	29 June 2016 15:15

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs		Substantially Compliant
Outcome 02: Safeguarding and Safety		Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Substantially Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises		Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific regulations and outcomes relevant to dementia care. The inspection also followed up on progress with completion of actions required to address non-compliances with the regulations from the registration inspection in August 2014. There were six actions required in the action plan from this inspection and five were satisfactorily completed. An action in relation to care plans not demonstrating an evaluation of interventions and a review at intervals not exceeding four months is restated.

As part of the thematic inspection process, providers were invited to attend information seminars given by Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the provider self-assessment

and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The previous table outlines the self-assessment and the inspectors' judgments for each outcome.

The inspector met with residents, relatives and staff members during the inspection. The inspector tracked the journey of four residents with dementia within the service and observed care practices and interactions between staff and residents using a validated observation tool. Documentation such as care plans, medical records and staff training records and policies were reviewed.

On the days of inspection there were 50 residents in the centre and two residents were in hospital. Thirty four of the 52 residents were deemed to have a cognitive impairment or dementia related condition. Twenty eight of these residents had a formal diagnosis of dementia. The centre did not have a dementia specific unit. Staff training was ongoing and staff were skilled to support residents and their families and to provide person-centred care. Positive care was observed during the formal observation periods and at many other periods throughout the inspection.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Following admission, residents had a comprehensive assessment and care plans were put in place to meet their assessed needs. However, some improvement was required regarding the review and revision of care plans and staff training.

The health and social needs of residents were met to a high standard. Residents had access to medical services and a range of other health services and evidence-based nursing care was provided. There was evidence of good interdisciplinary approaches in the management of behaviours that challenge with positive outcomes for residents. A range of social activities within the centre and external to the centre was available with staff and volunteer support.

The service functioned in a way that supported residents to lead meaningful and purposeful lives, with many choices to participate in interesting things to do. Residents with dementia were consulted with and participated in the organisation of the centre.

Good use of contrasting colour in circulating areas was noted and tactile items were available where residents gathered that enhanced the environment for people with dementia.

Overall the inspector observed person centred care and individualised supports for residents with dementia and involvement of their family or significant others.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia is discussed further in Outcome 3.

There were suitable arrangements in place to meet the health and social needs of residents with dementia. Comprehensive assessments were carried out and care plans developed in line with residents' changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans. Systems were in place to prevent unnecessary hospital admissions. The nutritional and hydration needs of residents with dementia were met and residents were protected by safe medication policies and procedures.

Residents had the option to retain the services of their own general practitioner (GP) if they wished to do so. GPs attended residents and records showed that residents had timely access to GP services when required. Residents also had access to out of hours medical services and to allied healthcare professionals including dietetic, speech and language, physiotherapy, occupational therapy, ophthalmology and podiatry services. Timely access to the local palliative care team and mental health of later life services was available and observed on inspection. Community dental services were not provided routinely but arrangements were being put in place to address this. A pharmacist visited the centre regularly to participate in medication reviews and was available to meet with residents.

The inspector focused on the experience of residents with dementia and tracked the journey of four of residents with dementia. Specific aspects of their care such as nutrition, falls risk, use of restraint, behaviour management and communication were reviewed.

There were systems in place to optimise communications between the resident/families, the acute hospital, other in-patient and out-patient services and the centre. The person

in charge visited prospective residents prior to admission. All residents' files held relevant information on discharge letters from hospital or services. However, a copy of the Common Summary Assessments (CSARS) which details an assessment undertaken by a geriatrician, a medical social worker and a comprehensive nursing assessment was not included. The management team told the inspector they had not requested a copy of this document previously but would follow up on this matter to ensure a copy of the CSARS was requested at the pre admission assessment stage.

The inspector examined the files of residents who were transferred to hospital and other services from the centre and found a copy of the transfer letter completed was not retained. Nursing staff told the inspector that appropriate information about resident's health, medications and their specific communication needs were included in transfer letter information but the copy was not maintained.

Residents had a comprehensive nursing assessment on admission. The assessment process involved the use of validated tools to assess each resident's risk of malnutrition, mobility status and falls risk, level of cognitive impairment, dependency and their skin integrity. A care plan was developed within 48 hours of admission based on the residents assessed or identified needs. While care plans contained information to indicate the needs of residents, and were updated following some changes, some were not sufficiently clear or updated to guide the current care interventions. Improvement was required to ensure an evaluation of the care plan was maintained on a four monthly basis to reflect the current interventions and based on residents' changing care needs. There was evidence that residents and relatives where appropriate had provided information to inform the assessments, care and care provision reviews. However, their involvement in care plan reviews was not consistently documented and evident in records reviewed.

Staff nurses, health care staff, residents and relatives who spoke with the inspector demonstrated appropriate levels of knowledge about resident's care needs, current status and interventions in use or used.

Staff provided end of life care to residents with the support of their general practitioner and the community palliative care team. Staff and visiting clergy who spoke with the inspector outlined how religious and cultural practices were facilitated within the centre for residents and people from the wider community. A daily communion and mass service was available to all residents in the adjoining church. Funeral masses were conducted in this church and the adjoining oratory was available for the removal should that be the residents' or relatives' choice. People from the parish and residents may repose in the chapel oratory prior to going to their own parish church. Clergy visited the centre daily and were available to meet residents on an individual basis on request.

The inspector reviewed a number of 'End of life' care plans and care records that outlined the expressed needs and wishes of the resident and or their relatives. Single rooms were available for end of life care and one resident was receiving care from the community palliative care team during the inspection. The inspector observed that family were facilitated to stay with residents and refreshments were provided. Relevant information, leaflets and details regarding residents approaching end of life was known and demonstrated by staff. Engagement with residents with dementia at an earlier stage

following admission to obtain their wishes and preferences formed part of the ongoing assessment and review arrangements. The inspector noted arrangements were in place to avoid unnecessary hospital admissions. Residents received sickness and pain control medicines via a syringe driver that was less intrusive and more respectful than other methods or routes available. The assessment and control of pain was seen to be well managed.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and weekly when indicated. Nutritional care plans were in place and staff were knowledgeable in relation to residents' individual food preferences and recommendations of dieticians and or speech and language therapists where appropriate. Nutritional regimes and fluid intake records when required were appropriately maintained. Staff undertook and maintained residents needs associated with feeding tubes and administration of subcutaneous fluids to treat dehydration and poor nutritional intake. Assistance was offered to residents in a discreet and sensitive manner.

Over the two days, the inspector observed residents during their lunch in one dining room and breakfast in another dining room and saw that a choice of meals was offered. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements and who required alternatives to their initial choice. The inspector found that residents on diabetic and fortified diets, received the correct diet and modified meals were attractively served.

Residents had access to a tissue viability nurse specialist who supported nurses with expert advice and guidance to manage wounds effectively. The inspector reviewed the wound care for one resident with a chronic leg wound and found their wounds were appropriately assessed, with specialist advice and care interventions provided that promoted healing. Pressure relieving equipment and devices were available and in use by residents assessed at risk of developing pressure ulcers. The low prevalence of pressure ulcers was noted.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Falls diaries and care plans were in place and following a fall, the risk assessments were revised, medications reviewed and records were updated to include interventions to mitigate the risk of further falls. Each fall presented an opportunity for reflective practice and new learning to prevent further falls. Audit reports showed measures to reduce the incidence of falls were implemented. The management team had developed and communicated to staff a summary sheet with 10 factors to consider that had contributed to the reduction in the number of falls in the centre.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice. The inspector found that practices in relation to prescribing and administration of medicines met with regulatory requirements. Nursing staff were observed to follow appropriate administration, checking and recording practices. Residents had access to a pharmacist

who also participated in the reviews of medicines. Practices in relation to prescribing, ordering, and receiving, administering, storing and returning of medicines were informed by appropriate medication policies and practices observed.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures to protect and safeguard residents were described and demonstrated in practice. Policies and procedures were in place and kept under review by the person in charge and management team.

The policy on recognising and responding to elder abuse reflected the national policy on safeguarding vulnerable persons at risk of abuse. The inspector was informed there were no active incidents, allegations, or suspicions of abuse under investigation. Residents who spoke with the inspector said they felt safe.

Staff knew what constituted abuse and described what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. The staff training records reviewed showed that training in relation to the detection and prevention of and responses to abuse was provided. Refresher training was planned and to be delivered to address the gaps identified.

A policy in relation to behaviour management was available. Some residents had responsive behaviours/behaviours that challenge, also known as behavioural and psychological signs of dementia (BPSD). The person in charge told the inspector while there were specific incidents reported where residents' behaviours had challenged staff and other residents, action was taken and measures were put in place that had effectively minimised incidents. He described some residents that required one-to-one support and more encouragement than others with activities of general living such as washing, dressing, eating and drinking and mobilising. The inspector saw that assessments had been completed and used to inform interventions in residents' care records which were subject to a review. Staff who spoke with the inspector were familiar with appropriate interventions to use. During the inspection staff approached residents with BPSD in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. There was evidence of multi-disciplinary collaboration and person centred approaches with positive outcomes for residents who had responsive behaviours. Staff training by the assistant director of nursing was provided regarding crisis prevention intervention or managing actual and potential aggression (MAPA).

Further training for staff was planned and to be delivered to address the training gaps identified which is outlined in the action plan for staff.

A policy to guide staff practice was available in relation to the use of restraint and a register of restraint use was maintained, reviewed, updated and was available in the centre.

The inspector reviewed the use of restraint and found that 18 residents (35%) used bedrails and two residents used a lap belt attached to their specific chair for transportation. The inspector noted that the appropriate risk assessments had been undertaken and recorded to inform the decisions in relation to the use of restraint. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Additional and less restrictive devices such as low beds, grab rails and sensor alarms were available to reduce the need for bedrails. The inspector noted that some residents used bedrails at their own request to enable them to move in bed.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents with dementia were consulted with and participated in the organisation of the centre. They were supported to make choices and be independent, to learn new skills, and to develop and sustain friendships. Residents in the main led purposeful lives, they decided how to spend their day and there were opportunities to participate in activities that suited their interests and abilities.

A culture of person centred care was evident and staff worked to ensure that each resident with dementia received care in a dignified way that respected their rights. Residents dined and got up when they wanted. One resident who was tracked expressed the wish to remain in bed over the inspection days which was facilitated with staff support, supervision and assistance.

The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well, including their backgrounds and personal history.

Residents were accommodated on the ground floor and had free access to secure, well maintained courtyards with paved pathways and a sensory garden with interesting plants and features. Due to the wet weather during this inspection residents did not use

these outdoor facilities, but were engaged in watching birds coming and going from the bird feeders on view from within.

Staff facilitated residents' to attend mass daily in the adjoining church and others watched it on a television link. The inspector observed that residents were engaged and responded to the prayers and some sang along with the hymns. They were offered and received or declined communion from the person in charge. Staff were on hand to assist of support residents.

An independent advocate was available to residents in the centre and was available to meet residents individually or collectively. Her photo with contact details were on display. The contact details of a national advocacy group were also displayed in the centre. The residents' meetings were held monthly and attended by residents and relatives where appropriate. The minutes viewed showed that issues raised were followed up by management. For example, issues with food, laundry were and call bell response were raised and addressed.

Residents were facilitated to exercise their civil, political and religious rights. The majority of residents were Roman Catholic and staff confirmed that residents of other denominations would be supported to practice their religion. Residents confirmed that their rights were upheld. Staff sought the permission of the resident before entering their room or undertaking care and they were consulted about how they wished to spend their day and care issues. Residents' rights to refuse treatments were respected. Safeguards were proportional. For example, the inspector read in records of a resident who was tracked had a risk of falling and was told by staff the resident refused to wear hip protectors and was uncomfortable when attempts to use them were tried. Therefore, they were not applied.

Groups were formed to support residents and promote friendships. Groups met at mass while other groups enjoyed weekly music sessions. Sonas sessions for smaller selective resident groups were formed to ensure meaningful engagement tailored to residents' ability.

The arrangements at the breakfast and lunch times observed by the inspector supported the social aspect of meal times. Table settings in both dining rooms were formal with linen table cloths in one and a more durable material in the other, cups and saucers or durable tableware and cutlery where appropriate was available to support resident's independence. Various condiments that offered choices were available. Tables were set with jugs of milk, juice or water, sugar bowls, butter, salt and pepper and serviettes. Plate surrounds, non slip mats and cutlery with moulded handles on cutlery was seen in use by residents to promote them to dine independently. Baskets of homemade bread, butter and jam were available on the breakfast tables set. Breakfast time ran from 8am to 11am that facilitated residents who got up early and those who choose to remain in bed later. A choice of hot or cold cereals, cooked eggs and fried breakfasts were offered at breakfast. Residents were waited upon and served by dining room staff in an unhurried fashion that encouraged lots of chat and meaningful conversation.

There were no restrictions on visitors and there were a number of areas where residents could meet visitors in private apart from their bedroom. Residents were encouraged to be active in the local community. Some residents attended a local golden year's club

that had helped to make many of the tactile cushions and blankets seen in use by residents. Each week two residents and two support persons (staff and volunteer) went on a day trip to a local facility where they had lunch and the tour of the grounds. Members of the local community and previous staff members were actively involved in resident support groups.

Residents were informed of local events and information boards were displayed in prominent parts of the centre. Residents enjoyed regular outings and were involved in the selection of venues. Residents were satisfied that their social needs were adequately met. Family members were encouraged to take residents out and maintain contacts with their community. Residents had access to national and local newspapers. The inspector saw how email correspondence between a resident's sister living in Australia and the person in charge was used as the means of communication to provide information and updates. Photograph and video communications between families was also facilitated. Skype was available in the centre and the inspector was told that residents would be supported to use this to communicate, if appropriate.

Staff were familiar with residents' life stories. Each resident's interests and hobbies informed their activity plan. Communication plans were in place that identified the level of cognitive impairment. This care plan was generic and for those who had difficulty with communication, it was not sufficiently detailed to identify the individual's problem, abilities and or the most suitable interventions to enable communication. However, staff were aware of the individual needs of these residents and of interventions that supported them to communicate and a communication policy in place.

An activity programme was planned over seven days with an activity co-ordinator staff on duty for four to five days each week. A variety of activities were organised which were posted in residents' bedrooms and in areas where groups of residents gathered to watch television or engage in activities. While some residents remained in their bed or seated in their rooms by choice during the inspection, the majority of residents were up and out and on the move attending mass, meals, activities and meeting visitors. The inspector noted that these residents did not remain in the same room or location throughout the day. Residents were supported by staff to be transported and transferred and to move freely within the centre.

The activity schedule included activities arranged for the mornings and afternoons and included mass, music, exercise, quizzes, art, games and religious activities. Residents with dementia were supported to engage in these activities and they were also benefitted from 'Sonas Therapy'. One-to-one time was scheduled for residents with dementia who could not or preferred not to participate in the group activities that were over stimulating. Aromatherapy and hand massage were some of the 1:1 activities provided.

The inspector observed the quality of interactions between staff and residents using a validated observational tool to rate and record at five minute intervals, the quality of interactions between staff and residents. The observations were done in the dining rooms, the lounge and a sitting area. On one afternoon the activity staff member and a volunteer facilitated a music session for 21 residents. This activity to a reasonable large group was well received by all residents who were observed actively engaged

throughout the session. Each song or piece of music was introduced and linked to life events or to the locality. Therefore, it was of interest to them and they could comment and contribute to it. Musical instruments were distributed to all residents to participate in the music session and all the interactions observed were positive connective care. For example, the majority of residents engaged enthusiastically with the music activity – singing, clapping, smiling, dancing and shaking their musical instrument. During this activity and in other observed activities such as at mealtimes, the inspector observed that staff interacted as equal partners with residents and offered choice and encouragement where appropriate. Staff greeted residents by name when they met; they listened and talked about things such as the weather, joked and laughed together and supported them in the respectful manner using appropriate touch and expressions of fondness.

The inspector saw that residents' privacy and dignity was respected and personal care was provided in their own en-suite and bedrooms and they could receive visitors in private. Residents were of an older age range, they were seen to be well groomed and dressed in clothes and personal effects of their choosing.

Judgment:

Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

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

Findings:

There was a written operational policy and procedure relating to the making, handling and investigation of complaints. An independent appeals process was included in this procedure.

The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position and some residents and relatives were aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction.

The inspector examined the complaints record and this showed that all expressions of dissatisfaction were logged and investigated. There were details of actions taken and an outcome for the complainant and of their satisfaction level.

The inspector was informed that issues of concern or complaints received since the last inspection had been reviewed monthly in management meetings and had been managed in accordance with the centre's policy and were resolved to the satisfaction of the complainant. The management meeting minutes and complaints log reviewed by the

inspector confirmed this.

There were no active complaints in relation to residents being investigated at the time of inspection. One in relation to the noise level in the part of the centre was in the process of being closed following measures put in place to control their issue.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

A record of resident dependency levels, staff rosters with staffing levels and training programmes completed and on-going were maintained and monitored by the person in charge and management team to inform staffing arrangements.

Staffing levels and skill mix at time of this inspection were adequate to meet the needs of residents. Staff were sufficiently informed and knowledgeable of residents' needs or changes in their condition. Suitable arrangements were in place to ensure staff received a handover report on each resident's condition at the commencement of their work shift and allocation to the team 'A' or 'B'. Good communication arrangements between care, catering, housekeeping and maintenance staff was observed on inspection to ensure the needs of residents were maintained.

A programme of training was reported by staff and co-ordinated by the management team and person in charge. Staff were sufficiently supervised and were observed supporting residents appropriately and in a timely manner. Staff members who spoke with the inspector demonstrated that they understood their role and responsibilities.

A recorded analysis of training completed by staff working in this centre was maintained to inform the training programme. The information provided in this record showed training was completed by staff in mandatory and relevant topics such as fires safety, manual handling, prevention, recognition and response to abuse, hand hygiene, infection prevention and control practices, managing actual and potential aggression (MAPA) and management of medication. While most staff had an up-to-date record of training, some gaps were found such as training in cardio pulmonary resuscitation and refresher courses for some staff in manual handling were not recorded as up-to-date. Manual handling practices observed by the inspector were safe and appropriate. A training plan was available at the commencement of the inspection that was to address deficiencies already identified by the management and staff team.

Recruitment procedures were described and in place. A sample of staff files from a range of disciplines was examined. The inspector found that the records for staff required in schedule 2 were available and maintained in the centre.

The inspector was informed there were the number of people involved on a voluntary basis within the centre at this time. During the course of the inspection volunteers were observed engaging with residents in meaningful and supportive activities. Garda clearance was sought for volunteers and in a file reviewed the volunteer had signed an agreement which outlined the volunteer's role and responsibilities.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

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. Entry to and exit from the centre was controlled. CCTV was seen operating in corridors. There was good use of contrasting colour schemes and signage; however, there was scope for greater use of colour and pictorial signage to support residents with dementia.

The premises and grounds were well maintained and clean, with suitable heating, lighting and ventilation. Sitting rooms, lounges, dining rooms and bedrooms were spacious and decorated to a high standard with colourfully co-ordinated furnishings and fittings.

A maintenance system was in place and maintenance and gardening staff were available as required. Residents' bedrooms were personalised, and could accommodate furniture and equipment to support their preferences, needs and choices. Some residents had photos, ornaments, tactile objects, religious statues and soft furnishings. Landscaped gardens, secure courtyards and secure internal areas to access outdoors were available.

The centre is registered for a maximum capacity of 57 residents. It has ground floor accommodation and facilities. Corridors and door entrances were wide and spacious to facilitate modified, support or bulky equipment and aids used and required by residents. Bedrooms were spacious to accommodate personal equipment and devices required. Handrails were provided on both sides of the corridors. Bedroom accommodation comprised of 44 single rooms and seven twin bedrooms, with suitable and sufficient availability to en-suite facilities or to sanitary, toilet and bath or shower facilities nearby.

Dining room facilities were centrally located, with one adjoining the main kitchen. The layout and design of both dining rooms provided outlook views to well maintained gardens and garden features at the front of the centre. Meals were arranged and served in two dining rooms or in an areas or place of the resident's choosing. All residents had access to a dining table which was suitably laid and supported dignified dining. The centre operated a daily menu (from weekly plan) that offered a choice of meals, snacks and drinks to residents, staff, volunteers and visitors.

Residents had access to a number of sitting rooms, the quiet room, visitor's room and seated areas, and safe access to enclosed outdoor courtyards was available. Glass panels and double doors along seated areas provided outlook and access to the courtyards seating and with raised flower beds to enable easy reach, touch and smell of the herb and lavender plants seen. Bird feeders in the courtyards also provided much distraction and discussion between residents.

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, grab and hand rails were in place to support and promote the full capabilities of residents. Colour contrasting cushioned toilet seats had been put in place for residents with dementia where appropriate. 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.

There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

The centre had policies and procedures relating to health and safety. There were policies and procedures in place for risk management and emergency planning.

Audit systems and monthly management meetings to monitor operational and clinical outcomes were in place to provide an opportunity for learning and improvement. Arrangements were in place for reviewing, investigating and learning from incidents or adverse events such as incident whereby residents had opened fire exit doors that were alarmed and complaints involving residents to achieve an overall reduction of likely incidents and possible adverse events.

Policies, practices and procedures were described in relation to the prevention and control of infection. Staff attendance at training in infection prevention and control had been recorded. The physical environments, facilities and equipment in use was clean and good management systems were in place to minimise the risk and spread of infection. Good hand hygiene practices by staff between residents were observed by the inspector.

A fire safety register and associated records were maintained and precautions against the risk of fire were in place and described. Service records confirmed that the fire alarm system and fire safety equipment including emergency equipment and extinguishers were serviced appropriately and serviced on a regular basis. There were adequate means of escape, including emergency lighting, and fire exits which were unobstructed.

Evacuation and emergency procedures were displayed throughout the centre. Personal emergency evacuation plans required for each resident were completed and available in their bedroom that included their photograph.

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 report¹

Centre name:	St Camillus Nursing Centre
Centre ID:	OSV-0000098
Date of inspection:	28/06/2016
Date of response:	18/07/2016

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

Some care plans had not been reviewed or revised on a four monthly basis to reflect the current interventions and based on residents' changing care needs.

The involvement of residents and relatives where appropriate in care plan reviews was not consistently documented and evident in records reviewed.

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

1. 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:

A schedule has been put in place to review all the necessary Care Plans. This review has commenced and will continue.

Proposed Timescale: Ongoing.

Proposed Timescale: 18/07/2016

Theme:

Safe care and support

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

A copy of the transfer letter completed on transfer of a resident to another service or hospital was not retained as required in schedule 3(6).

2. 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:

All staff nurses are now aware to keep a photocopy of the Transfer Form, and file them in the residents' notes whenever a resident is transferred to hospital. The Policy on Transfer of Residents has also been updated.

Proposed Timescale: 18/07/2016

Outcome 03: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

Communication care plans were generic and for those who had difficulty with communication it was not sufficiently detailed to identify the individual's problem, abilities and or the most suitable interventions to enable them to communication.

3. Action Required:

Under Regulation 10(2) you are required to: Where a resident has specialist communication requirements record such requirements in the resident's care plan prepared under Regulation 5.

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

The generic "Communication Care Plans" have been discontinued. The Care Assistants are currently involved, together with the A.D.O.N., in producing individual Communication Care Plans. A prompt sheet has been produced and is in use to help staff in their assessment of a residents' individual communication needs.

Proposed Timescale: Completed / Ongoing.

Proposed Timescale: 18/07/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Training gaps were found in mandatory and relevant topics that included cardio pulmonary resuscitation and manual handling.

4. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

C.P.R. training has been organised to commence on 8th September 2016.

Manual Handling: Update training has commenced for the relevant staff by the P.I.C. (Fetac Level 6)

Patient Handling: Completed on 8th July 2015.

Proposed Timescale: Completed / Ongoing

Proposed Timescale: 18/07/2016