



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Camillus Nursing Centre
Name of provider:	Order of St Camillus
Address of centre:	Killucan, Westmeath
Type of inspection:	Unannounced
Date of inspection:	08 January 2019
Centre ID:	OSV-0000098
Fieldwork ID:	MON-0023448

About the designated centre

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

St. Camillus Nursing Centre was established in 1976 and is registered for a maximum capacity of 57 residents, providing continuing, convalescent, dementia, respite and palliative care to male and female residents primarily over 65 years with low to high dependency needs. The centre is located on the outskirts of Killucan in Co. Westmeath close to where four counties meet. All accommodation and facilities are at ground floor level and are well maintained. A variety of communal facilities for residents use are available. A number of sitting rooms, a quiet room, visitor's room and seated areas are available. Two dining rooms are located at the front of the building, with one adjoining the main kitchen. The layout and design of both dining rooms provided good outlook and views to well maintained gardens and the main driveway. A smoking room, hairdressing room and laundry facility are included in the facilities within the centre. Residents' bedroom accommodation consists of a mixture of 42 single and eight twin rooms. An end of life single room for those sharing a bedroom is included in the layout and two single bedrooms are dedicated to residents with palliative care needs. Some bedrooms have en-suite facilities while others share communal bathrooms. The centre is connected by a corridor to a splendid chapel where mass is celebrated daily and where the wider community come to meet residents. The service aims to create a caring, safe and supportive environment where residents feel secure, have meaningful activity and are encouraged to live life to the full while having their needs met. Family involvement is supported and encouraged. Staff will have appropriate training and the necessary skills to ensure care is tailored to each individual during their stay and up to the end of life.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
08 January 2019	10:25hrs to 16:55hrs	Sonia McCague	Lead

Views of people who use the service

Residents who communicated with the inspector were positive regarding the care provided and received and the facilities and services.

In particular, residents were complimentary about their bedroom accommodation, food, the choices they could make, religious services and activities, arrangements for visitors and staffing. One resident described the service as 'heaven' while another said 'there isn't a better place like it anywhere'. Residents told the inspector they felt safe and secure, were supported to be active and engage with the local and wider community and were happy.

Residents were able to identify a staff member who they would speak with if they were unhappy with something in the centre.

Capacity and capability

Overall this centre's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) was good with a high standard of personal care and appropriate services provided.

The management team and staff were striving to improve the service offered and were responsive and keen to address any recommendations and matters raised during this inspection.

Good leadership, governance and management arrangements were in place and maintained which contributed to residents experiencing a good service that was tailored to meet their individual needs. There was a homely atmosphere and residents, relatives and staff interacted well throughout the day.

The person in charge and many staff have worked in the centre over the previous 10 years. There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The organisational structure along with the aims and objectives of the service were described within the statement of purpose and were reflective in practice.

The person in charge works full-time and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. Residents, relatives and visitors could identify the person in charge and were aware of the functions of all staff members. There were deputising

arrangements in place.

Management of the centre and staff undertaking specific roles were experienced and suitably qualified. They demonstrated sufficient clinical and operational knowledge and had sufficient knowledge of the legislation and their responsibilities. Notifications of incidents and events were submitted to the Office of the Chief Inspector, as required.

The centre had sufficient resources and there were systems in place to review and monitor the quality and safety of care and the quality of life of residents. Improvements were brought about as a result of the learning from the monitoring and review processes maintained. There was evidence of consultation with residents and their representatives.

The numbers and skill mix of staff on duty were appropriate to the assessed needs of residents and the size and layout of the centre. There was a safe and robust recruitment process and a programme of induction, training, professional development and appraisal of staff.

There was a policy and procedures for the management of complaints. Information in relation to making a complaint was available throughout the centre. A concerns and complaints log was in place and records of all concerns or complaints, action taken, satisfaction level and the outcomes reached were recorded. The complaints of residents and others were evidently listened to and acted upon. Information of external agencies including the contact details of an advocacy service was also available on display.

Other Schedule 5 policies and procedures were available that had been last reviewed and approved by the person in charge in 2017. The approved policies were being implemented in the practices examined.

The centre had a current certificate of insurance. Records (hard and soft copies) were stored securely and were accessible when required for inspection. The directory of residents was up to date. Residents had an agreed written contract which included details of the services to be provided and the fees to be charged. The number of occupants to the room was not specified and is to be included in the updated versions due in March 2019.

The matters arising from the previous inspection August 2017 related to staff training and maintenance of records associated with fire drills, servicing of the fire alarm and cleaning schedules were satisfactorily addressed.

Regulation 15: Staffing

There were appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff have up-to-date mandatory training and access to education and training to meet the needs of residents.

All staff were supervised on an appropriate basis, and recruited, selected and vetted as required.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents had been established and maintained.

Judgment: Compliant

Regulation 21: Records

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People), Regulations 2013 (as amended) were stored securely and made available on request.

The sample of records reviewed by the inspector were compliant. These included records relating to fire safety, staff recruitment and residents' care, as well as the centre's statement of purpose. The registration certificate was available on display in reception.

Judgment: Compliant

Regulation 22: Insurance

The centre had a certificate to confirm the insurance period and cover was current.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care had been agreed following admission highlighting the terms on which residents reside, services to be provided and the fees.

However, the number of occupants to the bedroom was not specified as eight bedrooms were twin rooms.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose which outlined the facilities and services corresponded with the findings on inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

There were policies, procedures, systems and practices in place for the efficient management of complaints in accordance with the requirements of the legislation.

The complaints procedure was displayed in the reception area and complaint leaflets were available throughout the centre.

Residents who communicated with the inspectors were aware of the process and identified the person with whom they would communicate with if they had an issue of concern.

Management and staff were open to receiving complaints or information in order to improve the service. There were no unresolved or active complaints at the time of this inspection. Records maintained were comprehensive demonstrating action

taken, engagement and level of satisfaction of the complaint management.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures were available to staff to guide them in the service provision and safe delivery of care.

Operating policies and procedures required by Schedule 5 of the Regulations had been reviewed within the past two years and had been approved by the person in charge.

Judgment: Compliant

Quality and safety

The quality of the care and support provided to residents was of a high standard. The atmosphere was calm, friendly and welcoming. Care was personalised, co-ordinated and enabling.

Residents said they felt safe in the centre and were well cared for. Residents described how they were consulted with in a range of matters for example the daily routines and day-to-day matters in the centre. They were offered opportunities to exercise their choice which was respected.

Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Engagement and involvement with the wider community was also well facilitated. Visitors were welcomed and encouraged to participate in residents' lives.

A variety of activities were seen being provided during this inspection. Religious ceremonies and a daily mass service formed part of the activity programme. Residents were encouraged to participate in group or individual activities.

The inspector saw that residents' privacy and dignity was respected. Residents were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing. Residents who spoke with the inspector said they were respected, consulted with and happy.

Residents' needs were being met through good access to healthcare services and opportunities for social engagement within a warm homely environment.

A selection of care records and care plans were reviewed. Admission arrangements and practice included a pre-admission assessment. An assessment of ability and need was complete on admission using a range of validated assessment tools to monitor areas such as the risk of falls and malnutrition, mobility status and skin integrity. The inspector confirmed with residents and their representatives that the development and review of care plans was done in consultation with them but this was not recorded in the care plans reviewed and while each resident's care plans were subject to a formal review at least every four months, a small number had not been sufficiently updated when changes occurred.

Good emphasis was placed on residents' safety. A number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. Access to a secure outdoor area and to the mature gardens and pathways was available.

The centre aimed to promote a restraint free environment in line with the national policy. An approved policy reflecting the national guidance document was available to guide restraint usage and review. A register of bedrail and wrist alarm restraints in use by residents was maintained. Risk assessments were completed and records of decisions were available and reflected in the resident's care plan that was subject to review. Alternative equipment such as low low beds, double size beds and floor mats were available and in use to minimise the use of bedrails and risk of falls. The inspector was informed that sensory alarms had been trialled previously but had negatively impacted of residents sleep and movements; therefore they were not in use.

Systems and arrangements were in place for safeguarding resident's finances and property. The person in charge and administration staff confirmed they did not act as a pension agent for any resident. They did facilitate the safekeeping of small sums of cash for residents whose activities involved day trips, outings and appointments. A log and receipt book was maintained demonstrating clear evidence of funds lodged and withdrawn with two signatories involved transactions.

The centre had policies and procedures in place to ensure that the health and safety of residents, visitors and staff was promoted and protected. There was a comprehensive risk management and oversight system that included a risk register in place which assessed all identified risks, and outlined the measures and actions in place to mitigate and control such risks. Arrangements were in place for preventing accidents, and for investigating and learning from accidents and incidents or adverse events within the centre.

Staff had completed a range of training that included manual handling, fire safety, infection control, cardio pulmonary resuscitation (CPR), hand and food hygiene and first aid.

Suitable arrangements were in place in relation to promoting fire safety. Suitable fire safety equipment and systems was provided throughout the centre, and documentation reviewed by the inspector evidenced services of the fire alarm and equipment were completed at appropriate intervals.

Fire exits were unobstructed and there was suitable means of escape for residents, staff and visitors. Fire evacuation procedures and signage were displayed at various points throughout the centre. A designated staff member was responsible for ensuring that fire exits were clear and checks documented. A number of fire drills had been completed within the previous year and outcomes were outlined in fire drill records seen. Simulated fire drill evacuations practiced were confirmed by staff and management spoken with. Staff were familiar with residents personal emergency evacuation plans (PEEP) that were subject to regular review to update if necessary.

Arrangements consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. All residents were offered the flu vaccine and 98% had availed of it. Staff had access to hand washing facilities and sanitisers at the entrance and in corridors. Staff and visitors were seen using these on entry during the inspection. The standard of cleanliness throughout the centre was excellent.

Regulation 11: Visits

Visitors were unrestricted and a record of visitors was maintained.

Judgment: Compliant

Regulation 26: Risk management

The centre had policies and procedures in place that were implemented to ensure that the health and safety of residents, visitors and staff was promoted and protected.

Judgment: Compliant

Regulation 27: Infection control

Reasonable arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections were in place.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable arrangements were in place in relation to promoting fire safety. Suitable fire safety equipment and systems was provided throughout the centre, and documentation reviewed by the inspector evidenced services of the fire alarm and equipment were completed at appropriate intervals.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Arrangements were in place to ensure each resident's well-being and welfare was assessed and appropriate interventions or plan of care was implemented.

Residents and their representatives confirmed that care plans and clinical decisions were made in consultation with them. However this was not consistently recorded within the care plans reviewed and while each resident's care plans were subject to a formal review at least every four months, a small number had not been sufficiently updated when changes had occurred.

Judgment: Substantially compliant

Regulation 6: Health care

Arrangements were in place to ensure each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical care and allied healthcare.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre aimed to promote a restraint free environment in line with the national policy. An approved policy reflecting the national guidance document was available to guide restraint usage and review.

Residents with responsive behaviours had personal support plans in place. Staff supported and approached residents in a positive, sensitive and appropriate manner,

and the residents responded positively to techniques used by staff.

Judgment: Compliant

Regulation 8: Protection

Good emphasis was placed on residents' safety. A number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' independence and autonomy was promoted. A range of meaningful and sensory activities were available to residents.

The inspector saw that residents' privacy and dignity was respected. Residents were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing. Residents said they were respected, consulted with and well cared for by the staff team. They were able to make decisions about their care and had choices about how they spent their day, what they wore, when and where they sat, ate meals, and when they rise from and return to bed. Residents had options to meet visitors in a private or communal areas based on their assessed needs.

Access to a secure outdoor area and to the mature surrounding gardens and pathways was available.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Camillus Nursing Centre OSV-0000098

Inspection ID: MON-0023448

Date of inspection: 08/01/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The Contract of Care has now been updated to include a Schedule outlining whether the resident is coming into a single or twin room and the number of other occupants (if any) in the bedroom provided for the residents on admission.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A system is in place to ensure that all Care Plans are updated at intervals not exceeding 4 months. An Audit is performed quarterly to identify any shortfalls. There is also a process and documentation in place to capture the resident / their representative involvement in the Care Planning process.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	29/01/2019
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise	Substantially Compliant	Yellow	29/01/2019

	it, after consultation with the resident concerned and where appropriate that resident's family.			
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