

**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:	Una Fitzgerald
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	56
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make 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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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:
15 August 2017 08:30	15 August 2017 17:00
16 August 2017 09:00	16 August 2017 13:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an inspection carried out to inform a decision for the renewal of the centre's registration.

During the course of the inspection, the inspector met with residents and staff, the person in charge and the management team. The views of residents and staff were listened to, practices were observed and documentation was reviewed. Surveys completed by residents were also reviewed.

The inspector found that care was delivered to a high standard by staff who knew the residents well and discharged their duties in a respectful and dignified way. The management team had proactively engaged with all stakeholders to ensure that the culture within the centre was open and transparent. The management team responsible for the governance, operational management and administration of services and resources demonstrated good knowledge and an ability to meet regulatory requirements.

The management and staff of the centre were striving to continuously improve residents' outcomes. A person-centered approach to care was observed. Residents

appeared well cared for and expressed satisfaction with the care they received. There was good evidence that independence was promoted and residents have autonomy and freedom of choice. Residents spoke positively about the staff who cared for them.

There was a total of four action plans required from the last inspection. Findings from this inspection highlight that two of the action plans are repeated from the last inspection. Outcome 11, care plan review involving the residents and Outcome 18, training for staff. Overall, good compliance with the regulations was found during this inspection.

The findings are discussed in the body of the report and improvements are outlined in the Action Plan at the end for response.

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 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

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

No actions were required from the previous inspection.

Findings:

The statement of purpose detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the regulations.

The provider nominee and person in charge understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre. The statement of purpose was last reviewed in June 2017.

Judgment:

Compliant

Outcome 02: Governance and Management

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.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. There was a clearly defined management structure with explicit lines of authority and accountability, and the management team's roles and responsibilities for the provision of care are unambiguous.

There was no change in the person in charge of the centre since the last inspection. During the inspection he demonstrated that he had sufficient knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre.

Staff and residents were familiar with current management arrangements. Both staff and residents were complimentary of the management team, telling the inspector that they were approachable and receptive to new ideas.

The inspector reviewed staff files and found they contained all the requirements of Schedule 2.

Suitable and sufficient staffing arrangements were confirmed by staff and residents. The number and skill set of staff on duty was sufficient to meet the assessed needs of residents. A programme of staff training was ongoing.

Arrangements were in place to ensure each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate access to medical care and allied healthcare. Staff knew the residents well and discharged their duties in a respectful and dignified way.

An annual review of the quality and safety of care delivered to residents for 2016 was completed that informed the service plan being implemented in 2017. There was evidence of consultation with residents and their representatives in a range of areas on a daily basis and a formal resident meeting was held monthly. A comprehensive auditing and review system was in place to capture statistical information in relation to resident quality outcomes, operational matters and staffing arrangements.

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 were in place to protect residents from being harmed or abused. There was a policy last reviewed June 2017 which provided guidance for staff on the various types of abuse, assessment, reporting and management of allegations or incidents of abuse.

Staff who spoke with inspectors were knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting structures in place. There were systems in place to ensure that allegations of abuse were investigated, and that pending such investigations measures were put in place to ensure the safety and welfare of residents. Not all staff had attended training on elder abuse but the inspector was reassured by the management team that all staff who require an update would be scheduled to attend the next training event. Inspectors noted that during induction all staff are made aware of the policy on elder abuse.

The management team actively promote a culture that ensures residents' safety and welfare is prioritised. The inspector saw that measures had been taken to ensure that residents were protected and felt safe while at the same time had opportunities for maintaining independence. For example, the centre had introduced a wandering tag system that allowed all residents at risk of absconion free movement within the centre but alerted staff if they left through any of the exit doors. Communal areas in all units were accessible to residents. There was a call bell facility in all rooms that were occupied. The inspector observed throughout the two day inspection that the call bells were answered in a timely manner. This was also confirmed by the residents and families who spoke with the inspector.

Systems and arrangements were in place for safeguarding resident's finances and property. The provider is not a pension agent for any resident.

Systems in place to promote a restraint free environment in line with the national policy was described and demonstrated. A restraint policy last updated in April 2017 was available. The centre has a record of all restraint used within the centre. Staff and records confirmed that in total 14 of the 56 residents (25%) were using bedrails that restricted movement. The restraint policy clearly defined restraint and outlined the types of restraint, assessment, checks and review practices. The inspector reviewed files. A consent form was signed by the resident or next of kin. Care plans and evaluation records included evidence of alternatives available such as low low beds and sensor alarm mats. Records of the duration of restraint and safety checks or releases were not recorded. This was discussed with the nurse management team who actioned a plan to address the gaps as a matter of priority. The inspector reviewed this documentation on the second day of inspection and was satisfied with the actions taken.

The centre has a policy on and procedures in place to support staff with working with residents who have behavioural and psychological symptoms of dementia (BPSD) also known as responsive behaviours. This policy was informed by evidence-based practice and was last updated in February 2017. Staff spoken with adopted a positive, person centred approach towards the management of responsive behaviours. The inspector reviewed care plans including some for residents who had responsive behaviour. The care plans used an assessment framework called Coping Model. This identified potential

triggers and guided the clinical team on how best to manage any incidents. A sample of the forms were reviewed and the detail contained within each was very detailed. The inspector found that the coping model assessments charts were consistently updated when incidents occurred and this information was utilized to guide interventions. All interactions between staff and residents observed by the inspector on the days of this inspection were supportive, respectful and kind.

Judgment:

Substantially 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 centre had policies and procedures relating to health and safety. The health and safety statement was available and is currently under review. The centre had a risk management policy dated June 2017 that includes items set out in Regulation 26(1). The centre had a current risk register that identified areas of risk within the centre and the control measures in place to mitigate risk. For example, all residents identified at risk of absconion are detailed within the risk register and the additional controls in place to minimise the risk.

Arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had access to personal protective equipment such as aprons and gloves, hand washing facilities and hand sanitisers on corridors. Staff were seen using these facilities between resident contact. Signs were on display to encourage visitors to use the hand sanitisers. The household staff informed the inspector about the cleaning schedule and routine that was in place. This included the routine daily chores and the deep cleaning that occurs. However, the centre did not have documentation to support the practices in place. This was discussed with the management team during the inspection. The standard of cleanliness throughout was excellent.

Arrangements were in place in relation to promoting fire safety. The records evidenced that the fire safety equipment was serviced on an annual basis. Fire safety and response equipment was provided. Fire exits were identifiable by obvious signage and exits were unobstructed to enable means of escape. Fire evacuation procedures were prominently displayed throughout the building. Staff were trained in fire safety and those who spoke with the inspector confirmed this and were knowledgeable about fire safety and evacuation procedures. However, the records indicated that the fire alarm system was

not serviced consistently on a quarterly basis. Simulated fire drills had been completed in the centre in February, May and July 2017. A review of the records was required to ensure that the documentation captured the detail of the drill, the scenario simulated, the persons involved, the time taken for and extent of the evacuation.

Judgment:

Non Compliant - Moderate

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:

There were written operational policies dated January 2017 relating to the ordering, prescribing, storing and administration of medicines to residents. Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the delivery and collection by the pharmacy, and checking, storage, return and disposal of medicines by nurses.

Audits of medication charts were carried out monthly by the person in charge. An external provider also carries out monthly audits and the records were available for the inspector to review. There was a total of two medication errors reported for 2017. There was clear evidence that all incidents were reviewed and learning from incidents and reported errors informed improvements to protect residents.

The processes in place for the handling and checking of medicines received including controlled drugs were examined. Practices found and procedures described were in accordance with current professional guidelines and legislation.

Nursing staff were observed as they administered medications. Residents were unhurried and reminded of the purpose of the medicines administered. Prescription and administration records were maintained in accordance with the centre's policy and professional standards.

A system was in place for a regular prescription review by the resident's general practitioner (GP) and pharmacist every three months.

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. Actions required from the previous inspection had not all been followed up on. Of the files reviewed the inspector found evidence that care plan reviews were not consistently carried out in consultation with the resident or their relatives every four months as required by the regulations.

Access to a general practitioner and allied healthcare professionals including psychiatry of older life, physiotherapy, dietetic, speech and language therapy, dental, ophthalmology and specialist palliative care were made available when required. There was good evidence within the files that advice from allied healthcare professionals was acted on in a timely manner.

Residents had good access to allied health care services. The care and services delivered encouraged health promotion and early detection of ill health facilitating residents to make healthy living choices. Arrangements were in place to meet the health and nutritional needs of residents. For example, in one file reviewed weight loss had been identified. The inspector tracked the management of this and evidence within the file. A detailed food diary had commenced a care plan to reflect the changes had also been commenced. A multidisciplinary team approach was taken and actions implemented have resulted in a positive outcome for the resident.

Pre-admission assessments were carried out and recorded. 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 maintained and shared between providers and services.

Assessments and clinical care accorded with evidence based practice. Residents had been assessed to identify their individual needs and choices. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. Each resident had a comprehensive care plan developed with 48 hours of admission. The care plans were person centered and the detail contained within the care plans evidenced that the staff were knowledgeable on the specific care needs of

residents under their care.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There was evidence of consultation with resident's and their representatives in a range of areas on a daily basis and a formal resident meeting held monthly. The inspector viewed the minutes of the last three meetings. Resident attendance was high. The minutes provided clear evidence that the residents requests are listened too and action taken as a result. Resident's have access to independence advocacy services.

The centre is part of the local community and residents have access to radio, television, newspapers and information held on three notice boards. There was evidence of outings that had been organized and enjoyed by residents. The activity programme within the centre is varied and offers choice for all residents. There was multiple examples of how the residents within the centre are linked with the local community. For example, access to attend older persons community group meetings, weekly card games and art classes held within the centre. The inspector observed multiple examples how the routines, practices and facilities maximize residents' independence.

Overall there was clear evidence that residents have the opportunity to participate in activities that are meaningful and purposeful that suits their individual needs and interests. The activities staff explained in detail how they ensure that residents who cannot or choose not to partake in group settings are catered for. The documentation is currently under development in how best to capture these interactions. However, the inspector reviewed the care plans, spoke with residents and families and was satisfied with the findings.

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):

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

Findings:

Inspectors reviewed actual and planned rosters for staff, and found that staffing levels and skill mix were sufficient to meet the needs of residents. Ongoing review of resident dependency and staffing levels were monitored to inform staffing levels and skill mix. Staff spoken to confirmed that they had sufficient time to carry out their duties and responsibilities and nurse managers explained the systems in place to supervise staff. Staff spoken with felt supported by the management team.

Evidence of current professional registration for all registered nurses was seen by the inspector.

Actions from the last inspection on training gaps identified with in-house mandatory training on patient moving and handling required further attention. The training matrix reviewed by the inspector highlighted that a total of 10 staff required an update in their training. All staff nurses had additional training requirements such as medication management and cardio pulmonary resuscitation. The training matrix that was available identified which staff had attended training and management had taken steps to address the gaps in current requirements. For example, management reassured the inspector that the gaps identified were booked into training which will be confirmed within the action plan response.

Recruitment and induction procedures were in place. All documents required under Schedule 2 of the regulations are contained in the personnel files. All staff files had Garda Vetting disclosures in place.

All volunteers working within the centre had completed Garda Vetting in place and their role and responsibilities were clearly outlined.

Judgment:

Substantially 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:

Una Fitzgerald
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:	15/08/2017 and 16/08/2017
Date of response:	07/09/2017

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 07: Safeguarding and Safety

Theme:

Safe care and support

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

Not all staff had attended training on elder abuse but the inspector was reassured by the management team that all staff who require an update would be scheduled to attend the next training event.

1. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection

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

and prevention of and responses to abuse.

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

Three Safeguarding training sessions were held on 6th September. A total of 29 staff members attended these sessions, including those staff identified during the inspection.

Proposed Timescale: 07/09/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The household staff informed the inspector about the cleaning schedule and routine that was in place. This included the routine daily chores and the deep cleaning that occurs. However, the centre did not have documentation to support the practices in place. This was discussed with the management team during the inspection.

2. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Documentation, including cleaning schedules and signing sheets to evidence cleaning routines, is now in place. Housekeeping staff have been trained in their use.

Proposed Timescale: 07/09/2017

Theme:

Safe care and support

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

Simulated fire drills had been completed in the centre in February, May and July 2017. A review of the records was required to ensure that the documentation captured the detail of the drill, the scenario simulated, the persons involved, the time taken for and extent of the evacuation.

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

After all fire drills, records will be maintained capturing the exact details of the drill including the scenario enacted, the time-frame involved, the persons involved and the extent of the evacuation.

Proposed Timescale: 07/09/2017

Theme:

Safe care and support

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

The records indicated that the fire alarm system was not serviced consistently on a quarterly basis.

4. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

The Administrator has been in contact with the Company employed to maintain the fire detection and fighting equipment. They have reassured the Administrator that the scheduled quarterly servicing will take place. The administrator will monitor this.

Proposed Timescale: 07/09/2017

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:

Of the files reviewed the inspector found evidence that care plan reviews were not consistently carried out in consultation with the resident or their relatives every four months as required by the regulations.

5. 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:

Each nurse is responsible for the updating of a specific set of Care Plans. A matrix has been completed, detailing when each Care Plan requires routine, four monthly,

updating. The nurse responsible for the Care Plan will be alerted by the P.I.C. that a particular Care Plan update is due. This commenced on 1st September 2017

Proposed Timescale: 07/09/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Actions from the last inspection on training gaps identified with in-house mandatory training on patient moving and handling required further attention. The training matrix reviewed by the inspector highlighted that a total of 10 staff required an update in their training.

6. 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:

Patient Moving and Handling Training update sessions for staff identified as requiring updating in the Training Matrix have commenced. We aim to have all those highlighted by the inspector updated by 15th September 2017 and everyone else (who will need updating before the end of the year) completed before 4th October 2017.

Proposed Timescale: 04/10/2017