



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	St Camillus Nursing Centre
Name of provider:	Order of St Camillus
Address of centre:	Killucan, Westmeath
Type of inspection:	Announced
Date of inspection:	20 October 2020
Centre ID:	OSV-0000098
Fieldwork ID:	MON-0023657

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:	51
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Tuesday 20 October 2020	10:00hrs to 16:00hrs	Naomi Lyng	Lead
Wednesday 21 October 2020	09:00hrs to 13:30hrs	Naomi Lyng	Lead
Tuesday 20 October 2020	10:00hrs to 16:00hrs	Fiona Cawley	Support
Wednesday 21 October 2020	09:00hrs to 12:00hrs	Fiona Cawley	Support

What residents told us and what inspectors observed

Residents shared their experience of living in the centre with inspectors over the two-day inspection. Many had chosen to live in the designated centre due to its location, and the grounds in which the centre was set. Residents reported that it was a very peaceful place to live, with one resident likening it to "heaven". Residents were free to move about the centre, and exercise choice in how they led their daily lives.

Residents spoke to inspectors about living in the centre through the COVID-19 outbreak. There was low anxiety regarding the pandemic and the restrictions that were in place, and residents reported that they kept up to date on changes through watching the news and communicating with staff. Residents reported the difficulties in not being able to see their loved ones as often as they would like, but understood the need for the restrictions on visiting in the centre.

Residents were very complimentary of staff, and reported that though they were often busy, staff were very kind and "would do anything for you". Inspectors observed a number of friendly, warm and respectful interactions between staff and residents on inspection. Staff were observed to knock on bedroom doors prior to entering, and call residents by their name as they passed each other and chatted on the corridors. Staff were knowledgeable of individual residents needs and preferences.

There were a number of sitting rooms and open sitting areas available for resident use. These were pleasantly decorated and residents had access to televisions, a DVD player, a piano, books and newspapers. Inspectors observed these areas being enjoyed by residents at various times on inspection, and a warm and lively atmosphere was evident throughout. For example, a group of residents watching a concert were observed singing and laughing together, and it was clear they were having a very enjoyable experience. In another communal sitting area a number of residents were observed watching television together, while one resident read the newspaper and shared the day's news with the residents sitting close by. Other residents preferred to enjoy their own company in their bedroom and were observed reading newspapers, watching television and praying. Residents who were unable to self-isolate were encouraged by staff to maintain distance between themselves and other residents. However, inspectors observed that there was insufficient supervision at times of communal resident areas to ensure adherence with infection prevention and control measures.

Resident bedrooms were spacious and decorated with personal belongings and photographs. There were 8 twin bedrooms and 41 single bedrooms in the centre, with an end of life bedroom available as required. Inspectors observed that residents in the twin bedrooms were unable to maintain 2 metres apart due to the configuration of these rooms. As a result, the occupancy in most twin bedrooms had been reduced to single occupancy. Inspectors also observed that

while a television was available in the twin rooms, it was difficult for residents residing closest to the corridor to see the screen clearly. A number of bedrooms shared "Jack and Jill" style bathrooms. Of the sample inspected, these bathrooms required maintenance and updating to ensure they were safe and appropriate for resident needs.

Residents had access to two internal courtyards and these appeared to be pleasant and well-kept facilities in which residents could enjoy fresh air and outside space.

Residents were mostly complimentary of the quality and choice of food offered in the centre. There were two dining room facilities available, and residents were also facilitated to eat their meals in small groups in open seated areas or in their bedrooms if they preferred. Residents reported they were offered a choice of drinks and snacks outside of meal-times.

Inspectors observed some orientation devices around the centre which helped residents to orientate themselves to the day, time and weather. An advocate for residents was available at monthly resident meetings, and their photograph and contact details were displayed clearly in the main reception area.

Residents reported they felt comfortable raising a complaint with any staff member if necessary. However those residents who spoke with the inspectors did not have any complaints regarding the delivery of care and support they received in the centre.

There was an activity coordinator employed 4 days a week and administrative staff were responsible for providing meaningful recreational activities for residents for another day. At weekends, care staff facilitated residents to engage with religious services and other activities of their choice. Some residents spoke of their enjoyment of partaking in small group activities including music sessions, art classes and flower arranging, and proudly displayed the flower arrangements they had made the previous week. Other residents reported there was "not much on due to COVID-19" and they missed going out on day trips.

Overall, inspectors observed a pleasant, peaceful atmosphere over the two day inspection.

Capacity and capability

This was an announced inspection with the aim of monitoring compliance in the centre and following up information received in statutory notifications and unsolicited concerns submitted to the Chief Inspector. Inspectors also reviewed the information submitted by the provider as part of the provider's application to renew registration of the centre. As this inspection took place during the COVID-19 pandemic and at a time where the country was experiencing increased numbers of positive COVID-19 results, it also allowed inspectors to assess the centre's

preparedness for a COVID-19 outbreak.

On the first day of inspection, inspectors were notified by the person in charge that a number of staff had been required to self-isolate due to suspected exposure to COVID-19 in a staff area in the centre. As a result, the centre arranged for all residents to be swabbed for COVID-19 on the first day of inspection. This was completed with public health support and guidance, and strong communication channels between the centre and the local public health team were observed. Due to this unexpected event, the person in charge and assistant director of nursing had limited availability to facilitate the first day of inspection and therefore inspectors returned for a second day in order to complete the inspection.

Records showed that there were arrangements in place to manage the COVID-19 outbreak. There was a clear pathway in place for expediting testing and results so that any suspected cases of COVID-19 could be identified promptly and managed effectively. There was twice daily temperature checks of both staff and residents taking place. Serial testing of staff was facilitated on a fortnightly basis and compliance was encouraged by management through regular staff meetings. Staff were encouraged to partake of the free flu vaccine, and a local GP was made available to provide this service over several evenings.

Cleaning of communal areas including staff and resident bathrooms was increased to twice daily and the cleaning schedules had been reviewed by management to include frequently touched surfaces. However, inspectors were not sufficiently assured that effective oversight in risk management and infection prevention and control was in place as detailed under Regulations 23, 26 and 27. The management team was responsive to feedback and had made changes on the 2nd day of inspection including addressing areas of potential staff transmission of COVID-19.

This centre has a good history of regulatory compliance. The centre had been inspected 19 months ago, and had been judged compliant and substantially compliant in all regulations inspected. Of the two regulations judged substantially compliant, inspectors observed that satisfactory improvements had been made in relation to resident contracts for the provision of services. However under Regulation 5, individual assessment and care planning, further improvements were required as findings from the last inspection were still evident. Inspectors also found that some of the concerns that were received in relation to the supervision of residents in communal areas were validated and improvements were required. This is addressed further under Regulation 26.

The centre had a culture of person-centred care at the heart of care delivery. Residents reported satisfaction with the standard of care they were receiving and were highly complimentary of staff. The number and skill mix of nursing and care staff was good during the day and night, and staff morale was good which helped to create a positive and happy environment for the residents.

Registration Regulation 4: Application for registration or renewal of registration

An application for renewal of registration was received by the Chief Inspector within the required timeframe. The application met the registration regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge is a registered nurse who has been in position since 2001. He works full-time in the designated centre and has the required qualifications and experience to fulfill the role. The person in charge facilitated the two-day inspection during a very busy period in the designated centre, and was observed to have a strong presence within the centre and was committed to providing a good service. The assistant director of nursing deputised in his absence.

Judgment: Compliant

Regulation 15: Staffing

On the first day of inspection the Chief Inspector was notified that six staff members were required to self-isolate due to confirmation or suspicion of being COVID-19 positive. Despite this, inspectors observed that staffing levels were maintained in line with the statement of purpose throughout inspection and a plan was in place to cover shifts for the coming two weeks. There was a contingency plan in place for use of agency housekeeping staff if required.

The number and skill mix of staff was observed to be appropriate to meet the care and support needs of the residents. There were two staff nurses on duty 24 hours per day, and audits of staff levels were completed bimonthly to ensure staff levels were appropriate for varying dependency levels of residents. An activity coordinator was available four days a week and a member of the administration team provided meaningful recreational opportunities on a fifth day.

The person in charge gave assurances that all staff had garda vetting, and garda vetting was observed to be in place for a random sample of staff files reviewed on inspection.

Judgment: Compliant

Regulation 16: Training and staff development

A staff training matrix record was maintained to assist with the monitoring and tracking of mandatory and other training done by staff and was made available to inspectors. Inspectors observed gaps in training for nursing and care staff in managing responsive behaviour and cardiac pulmonary resuscitation.

Staff were found to be knowledgeable in the specific care needs of residents, and aware of individual likes and dislikes. Residents spoke positively about the staff working at St Camillus Nursing Centre and inspectors observed person-centred interactions between staff and residents.

All staff had completed infection control and prevention training in relation to COVID-19, including hand hygiene and donning and doffing of personal protective equipment. Staff communicated with on inspection were knowledgeable of the COVID-19 procedures in place in the centre, including monitoring for signs and symptoms of COVID-19 for both residents and themselves. The person in charge and assistant director of nursing had both completed training in the collection of viral swab samples for COVID-19 and facilitated same in the centre. Six staff nurses were trained in the pronouncement of expected death.

While the person in charge had kept staff updated on changing public health guidance during the COVID-19 pandemic through verbal handovers, there were not copies of this guidance available for staff to review in the centre.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There was a directory of residents maintained in the designated centre and this was observed to meet regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and included the registered provider representative (RPR), person in charge, assistant director of nursing, administrator and clinical nurse manager. Management staff were clear on the identified lines of authority and accountability, and were knowledgeable in their specific roles and responsibilities. Inspectors observed photographs of the management team displayed close to the main reception, and residents communicated with on inspection were familiar with the management staff and comfortable with reporting any issues or complaints they may have. While the RPR

was not available on the ground during the pandemic, the person in charge reported feeling supported by him and engaged regularly via email, phone calls and videocalls.

There was a COVID-19 preparedness plan in place, with evidence of prior learning from the previous COVID-19 outbreak. There were deputising arrangements for management in the centre, and management staff were available for support outside of normal working hours. The provider maintained staff numbers during the pandemic despite a number of staff requiring to self-isolate at various times.

The person in charge had developed strong links with the local public health team, and communicated regularly with the team to discuss prevention and management strategies of COVID-19 in the centre and to facilitate serial testing of staff.

However, inspectors were not assured that the COVID-19 contingency plan for residents in twin bedrooms, and residents sharing bathrooms was sufficiently robust to prevent transmission of the virus within the centre. Inspectors were also not assured that infection prevention and control measures implemented in the centre were sufficiently monitored to ensure the prevention of transmission of COVID-19 in areas where staff congregated. This is discussed further under Regulations 26 and 27.

The designated centre did not have sufficient accessible bathing facilities for resident use, and the premises was not in accordance with the statement of purpose as discussed under Regulation 17. While this had been identified by management, the provider had not taken steps to address the non-compliance. As a result an urgent action plan was issued to the provider to ensure that all residents had access to appropriate bathroom facilities.

There were systems in place to review the safety and quality of the services provided for residents. These included clinical audits and reviews of serious incidents and complaints. However, inspectors found that the monitoring and oversight of key areas was not robust which is reflected in the number of non-compliances found on this inspection.

An annual review of 2019 had been completed and this was shown to be prepared in consultation with residents and relatives via a series of interviews and questionnaires.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts of care were in place for each resident. Findings from the previous inspection had been actioned and new contracts included all of the required information.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a revised statement of purpose provided with the application of renewal of registration and this was confirmed to be the most recently updated version on inspection. However, inspectors found this required review to ensure it was fully reflective of facilities and services in the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Inspectors observed that most matters that required notification to the Chief Inspector had been appropriately notified. However, inspectors observed that complaints made by residents where there was an allegation of misconduct by a member of staff, or where a safeguarding query had been raised, were not notified to the Chief Inspector. Inspectors observed that these had been investigated promptly, and that complainants were recorded as being satisfied with the outcome.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All Schedule 5 policies and procedures were available on inspection and had been updated within the last 3 years. A number of policies had been updated to reflect changes brought about by the COVID-19 pandemic. However, this was not reflected in the policy on Managing Behaviours that Challenge and staff communicated to inspectors that, due to underlying conditions, some residents had difficulties with understanding and complying with measures such as self-isolation and restricting their movements in the centre.

The written policies and procedures available regarding the ordering, prescribing, storing and administration of medication required review to include recently updated professional guidelines.

Judgment: Substantially compliant

Quality and safety

Overall inspectors found that the residents received a good standard of person centred care from staff who knew them well. However improvements were required in key areas of safe care and services such as risk management and infection prevention and control and in the bathing/shower facilities that were available for residents. In addition the non compliances from the last inspection in relation to care planning had not been adequately addressed by the provider.

The centre was purpose built and presented as homely and peaceful with a variety of indoor and outdoor communal areas for residents to avail of. The centre was suitably furnished and decorated. However, general maintenance and décor required some attention as inspectors observed many walls and woodwork with scuff marks and cracked paint.

The inspectors observed that the quality of the care being delivered to the residents was of a good standard. Residents were observed to be well groomed and dressed appropriately. Residents informed the inspectors that the care they received was good and they felt well cared for. However, previously identified areas in care planning had not been addressed since the last inspection. As a result the assessment and care planning records did not provide sufficient information to guide care delivery and there was not clear evidence of resident or their representative's involvement in the care planning process.

Medication management practices were observed by the inspectors and medications were administered safely to residents. However, storage of medications was not in line with the centre's policy and procedure and did not demonstrate safe systems of work.

Residents were observed to be supported by staff to enjoy day to day life and were provided with opportunities for social engagement with each other and with staff. Social activities were provided which included daily mass and music. Residents utilized various communal areas within the centre, whilst others opted to remain in their own rooms. A number of residents were mobilising independently throughout the centre and told inspectors they enjoyed the exercise.

Visiting arrangements were in place in line with current government guidance and residents confirmed with inspectors that they were happy with and understood the restrictions in place. Residents were also provided with access to the telephone and video calling was available via a tablet. Radio and television services were provided although the inspectors noted that there was only one television provided in the twin occupancy rooms.

An independent advocate was available to residents who also attended residents meetings if required.

Policies and procedures were in place as set out on Schedule 5 of the regulations and relevant policies were updated to reflect guidance in relation to COVID-19.

Residents' healthcare needs were being met and there was access to medical care and the services of other specialist services when required.

The centre was not a pension agent for any residents.

Regulation 11: Visits

Arrangements were in place to facilitate window visiting in line with the national guidelines for COVID-19 at the time of inspection. Visits were organised by appointment only and were co-ordinated by the activities co-ordinator. The provider had adapted the front of the premises to provide external cover for visitors at two large windows. One window faced into the spacious reception area and inspectors observed a resident enjoying a supervised visit from a family member there. The other window faced into a small visitors room which afforded more privacy for residents where preferred. Staff reported that a mobile phone was available for use during visits to ensure residents could clearly communicate with their loved ones through the window.

Staff confirmed that arrangements were in place to facilitate compassionate visiting on an individual basis. Control measures were in place to manage the risk of transmission of COVID-19 including monitoring all visitors for symptoms, compliance with hand hygiene and appropriate use of personal protective equipment (PPE).

Judgment: Compliant

Regulation 13: End of life

There was no resident at end of life during the inspection. The centre has an identified single room for end of life care for residents residing in a shared bedroom. There are also 2 single ensuite bedrooms which are used for residents admitted with palliative care needs through the local hospice and palliative community homecare services. The centre had strong links with the local community palliative care team who supported the staff providing end of life care.

The inspectors reviewed a sample of resident files and end of life care plans were completed. However these plans were not informed by person centred information that reflected the residents' wishes and preference for care at end of life.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was not appropriate to the number and needs of the residents and was not in accordance with the statement of purpose. There was insufficient access for residents to appropriate bath and shower facilities, and inspectors observed that residents in one unit were required to use the ensuite shower facilities in a vacant bedroom.

Inspectors observed that shared "Jack and Jill" bathroom facilities required improvements including:

- Provision of grab rails
- Maintenance, for example addressing soiled paintwork, damaged ceiling tiles, corroded sink fixtures, frayed and damaged surfaces
- Appropriate storage available for individual resident use

Judgment: Not compliant

Regulation 26: Risk management

There was a risk register in place and this was comprehensive and detailed. It had been updated since the COVID-19 pandemic and included control measures to prevent and manage the transmission of COVID-19 virus in the centre. However, a number of risks were observed on inspection which were not included in the register and were not being addressed. For example, a storage room was observed to be unlocked on two occasions. This storage room contained resident files which were being stored on open shelving units, prescribed supplement drinks stored on open shelving units, and a medication trolley which was unsecured. This storage room had a large double-door fire exit leading out of the building. However the exit route blocked by furniture and storage boxes. In another area of the centre an activity cupboard containing paints and other materials was not locked.

The Chief Inspector had received unsolicited information relating to concerns that residents who occupied the communal areas were not appropriately supervised at all times. Inspectors found that the deployment of staff during the inspection did not ensure that residents were appropriately supervised. Over the two day inspection, inspectors observed a number of small groups of residents socialising together in the various seated areas. While residents were clearly enjoying each others company, inspectors observed that at times staff were unavailable to address the needs of residents in these areas. For example:

- A resident with reduced mobility was observed leaving the sitting room with

difficulty as she did not have her mobility aid close to hand

- One group of residents was observed to be gathered in an open seating area to enjoy Mass but reported waiting for a long period for staff to fix the volume on the TV in order for them to hear it clearly
- On the 2nd day of inspection, when inspectors were informed that all residents were required to self-isolate in line with public health instruction, inspectors observed a group of 7 residents seated together in a communal area. While residents were maintaining appropriate social distancing, there were no staff in the area to ensure that residents were compliant with the control measures required to keep themselves safe

Judgment: Not compliant

Regulation 27: Infection control

Staff had received education and training in infection prevention and control and inspectors observed good compliance with hand hygiene and the appropriate use of personal protective equipment (PPE). Management had reviewed infection prevention and control practices in the centre as part of a self-assessment of preparedness for a COVID-19 outbreak and had identified a number of areas for improvement. These were observed to be actioned on inspection. However, inspectors were not assured that all measures were in place to ensure effective infection prevention control procedures were implemented in the centre. For example, social distancing was not maintained in a staff kitchenette. This meant that when, on the first day of the inspection, one member of staff was detected as having the COVID-19 virus a number of other staff were required to self-isolate for 14 days. An urgent action plan was issued to the provider. The person in charge immediately addressed the action given and appropriate measures were put into place to ensure that staff maintained social distancing during staff breaks.

Inspectors were not assured that sufficient control measures were in place in other areas of potential transmission of the virus including:

- Check in stations for staff starting their work shifts
- Staff changing rooms did not have a max occupancy identified to ensure social distancing was maintained
- Open bins in clinical areas (nurses stations and sluice rooms) and storage rooms which were observed to contain used PPE
- Unclean equipment observed in sluice room
- Hand rail along a busy corridor was observed to be unsanitary, with dirt evident between the rail and the wall
- Curtains and decorative cushions in communal sitting areas had not been identified on the cleaning schedule
- Care trolley contained open toiletries
- Unclean hoist equipment

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors observed a medication administration round and medications were administered in accordance with the prescriber's instructions. The nurse demonstrated knowledge about the medication, explained the process to the residents and only signed for administration after the residents had taken the medicines.

A sample of medication prescriptions and administration charts were reviewed. Prescriptions were in an electronic format and overall contained the necessary details for safe administration including name, photograph, allergy status, route, dose and time. Inspectors found one resident's prescription chart did not have a doctor's signature. This was rectified by the staff nurse on the day of inspection.

One drug error was noted on the day of inspection where the pharmacy had omitted one medication from a resident's blister pack. Pharmacy rectified the issue immediately and medication incident documentation was completed.

Controlled drugs were stored securely and balances were checked twice daily by staff. However, inspectors observed that medication other than controlled drugs was not stored securely on a number of occasions:

- 2 drug trolleys were observed to be unsecure and unsupervised in accessible areas
- Laxatives and nutritional supplements were stored on open shelving in an unsecure store room
- Unlabelled nutritional supplements were observed to be stored in a communal fridge in a kitchenette

There was a procedure in place for the handling and disposal of unused and out of date medication.

A system of audit on medication practices and procedures is required in line with the centre's policy to ensure all medication practices and procedures are robust, safe and in line with professional guidelines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of four resident files and found evidence that residents had a comprehensive assessment of their needs prior to admission to the

centre. Following admission a range of validated assessment tools were used to assess cognitive decline, falls risk, skin integrity, manual handling and dependency.

Care plans were developed for residents within 48 hours of admission to the centre. Inspectors reviewed a sample of these plans and found that they did not reflect the information obtained in the clinical assessments and did not provide sufficient information to guide care delivery. For example:

- A wound care plan reviewed by inspectors did not provide sufficient detail. This resident had also been assessed as having high risk of malnutrition, but there was no care plan in place to address this care need.
- Inspectors were informed about a resident who had had an unwitnessed fall. When the inspectors reviewed the resident's care plan they found that the care plan had not been updated to reflect this incident. As a result there was no up to date care plan in place to address the resident's current needs around falls risk and management in line with the centre's Falls Management policy
- The care plan of a resident who was identified as being at risk of pressure ulcers did not contain any information on maintaining skin integrity

On discussion with inspectors, staff were familiar with the appropriate interventions for individuals and demonstrated good knowledge of residents' individual needs. However, inspectors were not assured that residents or their representatives were involved in decision making during the care planning process. This was an outstanding action from the previous inspection.

Although care plan audits were carried out these were not sufficiently robust to ensure that the care planning process was in line with the centre's policy and required standards. This was also an outstanding action from the previous inspection.

Judgment: Not compliant

Regulation 6: Health care

Residents were observed to have timely access to medical assessment and treatment by their General Practitioners (GP). The person in charge confirmed that GPs were continuing to visit the centre as required. The centre had arrangements in place to ensure residents had access to a range of allied health care input throughout the pandemic including dietetics, speech and language therapy and chiropody.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant

Compliance Plan for St Camillus Nursing Centre OSV-0000098

Inspection ID: MON-0023657

Date of inspection: 21/10/2020

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training for Nursing and Care Staff in Managing Responsive Behaviour began on 16th November 2020. Due to Covid-19 Regulations only six members of staff per session are allowed, because of this we will complete the sessions by 8th December 2020, when all nursing and care staff will have received training.</p> <p>Covid-19 Guidance Folders (containing up-to-date information) have been in place in all areas since 11th November 2020. Staff have been made aware of the availability these folders, which contain Public Health guidance on Covid-19. These will be updated each time information is received from the HSPC / HSE.</p> <p>CPR – The Management Team has arranged CPR training with a competent trainer for nursing staff whose CPR certificate has expired or is due to expire on 1st March 2021. Training will commence on 11/12/2020 and be completed by 31/03/ 2021.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Management Team met on 23/11/2020 and a commitment was given to fund the renovation work.</p> <p>Distance between beds in twin occupancy rooms has been measured and beds moved to</p>	

ensure a minimum of 2 meters between beds. Housekeeping staff have been made aware to maintain this distance. This will be spot-checked by the Management Team.

Residents have been involved in this process to ensure they have consented to their furniture being moved and an explanation given as to why there is a need for this move.

A Contingency Plan for the isolation of residents in twin rooms has been submitted to the approval of the case holding inspector.

Work on Bathroom No. 1 has been completed and it is in use; it is now a wheelchair-accessible wet room with shower, toilet and hand-basin.

Bathroom No. 2 is due for renovation, with the installation of a new bath (and a shower if the floor area is available). We are awaiting an occupational therapist and the sales representative (due on 8th December 2020) from a medical equipment supply company to complete an assessment of this space and to advise on the most suitable bath for the needs of our residents. The work will commence on 18th January and take 3 weeks to complete. This renovation schedule is liable to change in the event of a COVID-19 outbreak.

An Ensuite accessible shower in a vacant bedroom is being used as an interim measure until bathroom No. 2 is completed.

Audits have been reviewed and condensed to the key-areas of Resident Care-Equipment; Environmental Hygiene; Hand Hygiene; P.P.E.; Waste Management; Residents and Visitors; I.P.C. Education and Training; Measures to Promote Social Distancing; Staff Entering the Building and Social Distancing measures. The audits now include an Audit Outcome Plan. This is made up of three sections: Areas that need improvement; How to implement change; Sustaining Improvement.

Staff are now being monitored on entering the building when arriving for duty; social distancing; not arriving or leaving in uniforms, donning and doffing PPE; mask wearing, entering and leaving the building & hand hygiene using random spot checks.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The Statement of Purpose has been updated to reflect the layout of the premises. Updated floor plans clearly identifying each individual room, toilets and bathrooms / showers. The Statement of Purpose now includes the floor space of each room. This has been submitted.

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All Statutory Notifications to the Chief Inspector, including complaints made by residents of allegations of misconduct by staff and safeguarding query's, regardless of the outcome of the investigation, will be submitted within the legally required timeframe.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Policy on "Medication Management" has been updated to reflect the professional guidelines provided in "Guidance for Registered Nurses and Midwives on Medication Administration (2020) NMBI. The policy now includes the Ten Rights of medication administration.</p> <p>The Procedures for the storage of medications has been updated, reflecting the current practice and incoming monthly supplies of regular medications are now stored in a locked room, together with the laxatives and prescribed nutritional supplements, to which only the nurses have access.</p> <p>The Policy on Responsive Behaviour has been updated to reflect the current Covid-19 Pandemic. It identifies that some residents may not be able to understand and comply with the current Public Health instructions in relation to reducing the risk of cross infection of Covid-19.</p> <p>Care Plans are in place for the identified residents who have difficulty in understanding and complying with Public Health measures to reduce the spread of Covid-19, especially regarding their movements and Social Distancing. Staff have been made aware of the interventions outlined in the Care Plans.</p>	
Regulation 13: End of life	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: End of life: End of Life Care Plans that reflect the residents' personal choices for their care at the end of their lives will be updated in more detail. If the resident is happy to tell us, these will include, their choice around issues such as religious service, removal, undertaker preference, what they would like to wear, where they would like to be buried.

A comprehensive review of the care Plans is being undertaken by PIC & ADON to identify and rectify shortfalls in the Care Planning process, the End of Life Care Plan is part of this process.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: In regard to the "Jack & Jill" type bathrooms as outlined in the report in the section of the building: Rooms 12-19 and the two single WC's with handbasins in rooms 20 & 21. Work will commence in February 2021 to upgrade these. This work will include the provision of grab-rails, painting, storage areas for individual residents, replacement of ceiling tiles and new toilet and hand basins and taps. The work is to take approx. 6 weeks.

Wash-hand basins will be fitted in the WC's between the shared rooms 1-6. This work will commence in the first week in January 2021 and will take approx. 2 weeks to complete.

Work on Bathroom No. 1 has been completed and it is in use; it is now a wheelchair-accessible wet room with shower, toilet and hand-basin.

Bathroom No. 2 is due for renovation, with the installation of a new bath (and a shower if the floor area is available). We are awaiting an occupational therapist and the sales representative (due on 8th December 2020) from a medical equipment supply company to complete an assessment of this space and to advise on the most suitable bath for the needs of our residents. The work will commence on 18th January and take 3 weeks to complete. This renovation schedule is liable to change in the event of a COVID-19 outbreak.

An Ensuite accessible shower in a vacant bedroom is being used as an interim measure until bathroom No. 2 is completed.

There is an-going painting and maintenance schedule in place which will continue when it doesn't pose a risk due to the current COVID-19 restrictions as we are keeping foot-fall to essential services.

These renovation schedules are liable to change in the event of a COVID-19 outbreak.

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Regulation 26: Risk management	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:

The Risk Register has been updated to risk assess the storage rooms and activities cupboard.

The automatic closer has been adjusted on the door of the Storage Room at Nurses Station two and staff are aware to ensure that the door closes behind them.

Resident files and prescribed Supplement Drinks have been removed to a key-locked room.

All nursing staff are aware that the Medication Trolleys must be secured to the wall after use. Spot checks confirm this.

The exit doors in the storage room at Nurses Station two are now clear; furniture and storage boxes have been removed. The staff completing the daily check of the exit doors are now aware to include this door. Spot checks will assure the Management Team this being done.

There is a different, locked, cupboard now being used for activities materials and paint.

Staff are now detailed every day on the daily-rota to be responsible for supervising residents sitting in the communal areas. Staff are aware that residents must be supervised to continue to maintain appropriate social distancing. Every morning at hand-over staff are reminded of this.

Staff have been reminded to ensure that if residents wish to attend Mass via the TV and at other times when residents wish to watch the TV, that the TV is on and the volume is up enough for them to hear.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

The staff kitchenette is no longer in general use for staff.

The tables in the two staff dining areas are positioned in such a way to maintain social distancing of at least two meters during staff breaks. Tables have been marked out with

signage. Spot checks by the Management Team.

The check-in station and procedure for staff entering the building has now been revised to provide robust procedures for staff starting their shift. All staff now enter the building, via this station, at the front door. Staff enter one at a time to guarantee social-distance.

Housekeeping & Laundry staff rotas have been changed to allow for staggered start times, reducing congestion at the front door.

Before entering the building, staff:

1. Sanitize their hands.
2. Put on a face mask.
3. Take their temperature & Sanitize the thermometer.
4. Complete the Health Questionnaire.
5. Use their fob to open the door.
6. Clock-in and sanitize the clock machine.

Signage is present to remind staff of each step in the procedure.

The Management Team perform and record spot-checks to ensure staff compliance with this protocol; adverse results are brought to the attention of the staff concerned.

Staff are now being monitored on entering the building when arriving for duty; social distancing; not arriving or leaving in uniforms, donning and doffing PPE; mask wearing, entering and leaving the building & hand hygiene using random spot checks.

Staff change into their uniforms, mindful of the need for social distance, in the Staff-changing room (maximum occupancy – two people at a time - identified on the door).

The open bins have been removed from the two Nurses' Stations and Sluice Rooms. All bins are now of the self-closing pedal bin type. Pedal bins with lids are now present in all residents' bathrooms.

A deep clean of the handrails and the spaces behind them has been completed. The handrails on the corridors are part of the cleaning schedule. Care Staff are also sanitizing the handrails at intervals throughout the day.

A separate cleaning schedule has been created for the curtains and cushions. The Housekeeping Supervisor is responsible for maintaining this schedule.

The Sluice Room has been deep cleaned and a new cleaning schedule implemented and spot-checked and audited by the Management Team.

Staff have been made aware of keeping the care trolleys stocked with a minimum of items needed. Care trolleys no longer contain communal and open toiletries. These are now individual to the resident and kept in their bathrooms.

Unclean hoist equipment that was identified has been cleaned and a cleaning schedule is

now in place, which is being audited.

A new cleaning schedule is now in place for staff to clean care-equipment, including hoists, at the end of each shift. This is recorded and audited.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The Drug Trolleys are secured by the nurses at all times when not in use by locking them to the wall bracket.

Laxatives and Prescribed Nutritional Supplements are now stored in a locked room to which only the nurses have access. Open Nutritional supplements are labeled with resident's names and dated and placed in the refrigerator if necessary.

A revised Audit Tool has been put in place to ensure that medication practices and procedures are robust, safe and in line with professional guidelines.

Regulation 5: Individual assessment and care plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

The wound Care Plan and Wound Chart, as identified in the report, have been updated with all the details necessary to inform staff as to how the wound must be treated.

The Nursing Centre Care Planning process is being reviewed. The process will begin with an audit of all the care plans by the PIC & ADON to identify shortfalls in the plans on 8th December 2020. The Care Plan template will be reviewed to ensure that the format is consistent and the content is individual, driven by the resident assessments, incidents and accidents, skin integrity and wounds, changes in the residents' condition.

Residents Care Plans will reflect the assessed needs of the residents and guide the delivery of care, in conjunction with the resident and their representatives. The nursing staff then will continue to update these, every four months or sooner if clinically indicated as necessary and they will be audited by the Management Team. The Audit Methodology has been revised: An Overview of records, a sample selection of six Care

Plans, will be reviewed. Three must include residents who have fallen or have a change to their MUST or have poor skin integrity. They will be selected taking into account the recent incidents and accidents.

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 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.	Substantially Compliant	Yellow	31/01/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2021
Regulation 16(2)(c)	The person in charge shall ensure that copies of relevant guidance published from time to time by Government or statutory agencies in relation to designated centres	Substantially Compliant	Yellow	11/11/2020

	for older people are available to staff.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	23/10/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Red	23/10/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	23/11/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe,	Not Compliant	Orange	26/10/2020

	appropriate, consistent and effectively monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	16/11/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	23/10/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Red	23/10/2020
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored	Not Compliant	Orange	19/11/2020

	securely at the centre.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	26/11/2020
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	22/10/2020
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	17/11/2020
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after	Substantially Compliant	Yellow	31/01/2021

	that resident's admission to the designated centre concerned.			
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 it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	31/01/2021