

**Health Information and Quality Authority  
Regulation Directorate**

**Inspection report  
Designated centres for older people**



<b>Centre name:</b>	St Camillus Community Hospital
<b>Centre ID:</b>	0640
<b>Centre address:</b>	Shelbourne Road Limerick
<b>Telephone number:</b>	061-326677
<b>Email address:</b>	Majella.Cussen@hse.ie
<b>Type of centre:</b>	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
<b>Registered provider:</b>	Health Service Executive (HSE)
<b>Person authorised to act on behalf of the provider:</b>	Maria Bridgeman
<b>Person in charge:</b>	Majella Cussen
<b>Date of inspection:</b>	7 June 2013
<b>Time inspection took place:</b>	<b>Start:</b> 10:30hrs <b>Completion:</b> 11:30hrs
<b>Lead inspector:</b>	Margaret O'Regan
<b>Support inspector:</b>	N/A
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Number of residents on the date of inspection:</b>	70
<b>Number of vacancies on the date of inspection:</b>	8

## 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 their 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
- 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.

**Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

This inspection report sets out the findings of a monitoring inspection to:

- follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- address a specific issue based on information received.

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

<b>Outcome 1:</b> Statement of Purpose	<input type="checkbox"/>
<b>Outcome 2:</b> Contract for the Provision of Services	<input type="checkbox"/>
<b>Outcome 3:</b> Suitable Person in Charge	<input type="checkbox"/>
<b>Outcome 4:</b> Records and documentation to be kept at a designated centres	<input type="checkbox"/>
<b>Outcome 5:</b> Absence of the person in charge	<input type="checkbox"/>
<b>Outcome 6:</b> Safeguarding and Safety	<input type="checkbox"/>
<b>Outcome 7:</b> Health and Safety and Risk Management	<input checked="" type="checkbox"/>
<b>Outcome 8:</b> Medication Management	<input type="checkbox"/>
<b>Outcome 9:</b> Notification of Incidents	<input type="checkbox"/>
<b>Outcome 10:</b> Reviewing and improving the quality and safety of care	<input type="checkbox"/>
<b>Outcome 11:</b> Health and Social Care Needs	<input type="checkbox"/>
<b>Outcome 12:</b> Safe and Suitable Premises	<input checked="" type="checkbox"/>
<b>Outcome 13:</b> Complaints procedures	<input type="checkbox"/>
<b>Outcome 14:</b> End of Life Care	<input type="checkbox"/>
<b>Outcome 15:</b> Food and Nutrition	<input type="checkbox"/>
<b>Outcome 16:</b> Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
<b>Outcome 17:</b> Residents' clothing and personal property and possessions	<input type="checkbox"/>
<b>Outcome 18:</b> Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced. The inspector met with residents, staff and the deputy person in charge. She observed practices, reviewed systems in place in relation to resident safety and observed the practices in place in relation to the security of the premises.

The previous inspection took place on the 12 February 2013 and 13 February 2013. On that inspection a concern arose around the adequacy of the security of the premises in light of the fact that on three separate occasions residents left the ground floor unit of the centre without staff being aware. At the time of the February 2013 inspection the risk assessment around absconscion had not been reviewed nor had appropriate precautions been put in place to minimise a reoccurrence. On that occasion it was possible for residents, some of whom had dementia, to gain unsupervised access to the grounds via four different doors. The grounds in turn had easy access to busy roads.

It was also possible for unauthorised persons to gain entry to this ground floor unit. Subsequent to the inspection an action plan was issued and the provider responded outlining the measures that had been put in place.

The purpose of this inspection was to examine and discuss these measures and be reassured they were working in practice. No further incidents took place since February 2013 of residents leaving the centre without the knowledge of staff. In the course of this inspection documentation such as pre admission assessments, health and safety statement and infection control documentation were examined. Measures put in place to minimise the risk of unauthorised access and absconscion included:

- increased staff awareness
- where appropriate, the wearing by residents of alarm bracelets which activated if the resident was about to leave the building
- key pad locks that were in place were seen to be in use
- a deadman lock was placed on one of the doors
- a comprehensive pre assessment was carried out prior to a residents admission to ensure the environment was appropriate and safe for his/her needs.

## Outcomes covered on inspection

### **Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

### **Outcome 10:** Reviewing and improving the quality and safety of care

An external Health Service Executive (HSE) inspection took place on 31 May 2013 as part of the HSE health and safety benchmarking project. This project compares its health and safety processes and performance with others with the aim of reducing accidents and ill-health; improving compliance with health and safety law; and monitoring compliance costs. A report was due to be issued and a further health and safety visit was expected in September 2013.

### **Outcome 12:** Safe and Suitable Premises

As part of the HSE's plans to upgrade the premises and facilities, planning permission was applied for in May 2013 for permission to extend the hospital block of their buildings on their St. Camillus campus. The single storey extension is to provide extra sanitary facilities to the wards registered for the care of older persons. An architectural assessment is included with the submission as the proposed extension is within the curtilage of a site containing protected structures. The planning notice was on display on site.

Work had been undertaken in reviewing the dining arrangements on the ground floor unit which included plans to have tables suitable to accommodate modified chairs. This was aimed at facilitating residents with greater incapacities to be seated in the diningroom for their meals.

**Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

**Outcome 18: Suitable Staffing**

The centre had been assigned the services of an nurse specialist in infection control which augmented the work already being undertaken by staff in the centre in relation to monitoring infection control practices and providing education in infection control issues. The person in charge had undertaken a course on hand hygiene training and staff had completed mandatory infection control training. Staff updated their skills according to the needs of residents. For example, staff had received training from the Mid Western Regional Hospital in relation to tracheostomy care following admission to the centre of residents with such specialised care needs. Continuous monitoring was taking place with regards to the use of bedrails and monthly audits of their use continued. Meetings were held regularly with staff to discuss ongoing audits, in particular in relation to personal care practices. These audits were being led by the deputy person in charge.

**Actions reviewed on inspection:**

**Theme: Safe care and support**

***Outcome 7: Health and safety and risk management***

**Action required from previous inspection:**

Risks must be identified and precautions put in place to control the risks.

Arrangements must be put in place for the identification, recording, investigation and learning from serious or untoward incidents involving residents.

On this inspection documentation showed it was routine for a comprehensive pre assessment to be carried out prior to a resident's admission to the centre to ensure the environment was appropriate and safe for his/her needs. The deputy person in charge provided documentation which showed that for some potential residents, St Camillus was not an appropriate environment and consequently were not accommodated. In other instances a trial period of accommodation was offered to residents to establish suitability.

Residents accommodated on the ground floor could avail of a wandering alarm bracelet, which was activated if the resident wearing it approached an open door. An assessment was carried out before such an alarm was used and was only used following discussion with the resident and his/her family.

Exit doors from the ground floor unit were seen to have a key pad access to open them and they were linked to the fire alarm should they need to be opened in an emergency. One fire exit door adjacent to the ground floor Sarsfield Unit entrance was fitted with a 'Deadman' lock and the key was wall mounted in a break glass unit. The main door into the unit was unlocked to facilitate easy entry and exit. It had been risk assessed and was under the observation of ward staff. No instance of absconscion had occurred since the last inspection and staff demonstrated they were aware of the risks of unauthorised entry and exit.

As on previous inspections an absconscion pack was in place and this included written and photographic records of residents that had been identified at risk of absconscion. It also included a lamp, a Hi Vis Jacket, a bottle of water and a foil rescue blanket. A secure outdoor area was not in place but plans to create such a space had progressed. In the interim staff were alerted to the need for vigilance when the outdoor area was being used by residents, as was observed on the day of inspection.

***Report compiled by:***

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Regulation Directorate  
Health Information and Quality Authority

17 June 2013