



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

Issued by the Chief Inspector

Name of designated centre:	St Camillus Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Shelbourne Road, Limerick
Type of inspection:	Unannounced
Date of inspection:	22 October 2024
Centre ID:	OSV-0000640
Fieldwork ID:	MON-0045076

About the designated centre

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

The designated centre of St Camillus' Community Hospital is located on the main campus of the hospital in Limerick city. The centre is operated by the Health Service Executive (HSE) and is registered to accommodate a maximum of 27 residents. Information provided in the statement of purpose for the centre describes care for people over 18 years of age across the range of abilities from low to maximum needs in relation to advanced age, vascular and neuro-injury, dementia and physical or psychiatric chronic illness. Care planning processes are in accordance with assessments using an appropriate range of validated assessment tools and in consultation with residents. Arrangements are in place to provide residents with access to activities and there is a variety of communal day spaces provided including a large activity area on the first floor. Visiting arrangements are in place and residents are provided with information about health and safety, how to make a complaint and access to advocacy services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
--	----

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 22 October 2024	10:10hrs to 17:40hrs	Rachel Seighthie	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a satisfactory quality of life, supported by a team of staff who were kind and responsive to their needs. Residents living in St Camillus Community Hospital were seen to be comfortable in the company of staff and interactions were kind and respectful.

This was an unannounced inspection, carried out over one day. The inspector was greeted by the person in charge on arrival at the centre. Following an introductory meeting, the inspector walked around the centre, giving an opportunity to meet with residents and staff.

Located on the main campus of the hospital in Limerick city, St Camillus Community Hospital provides long term and respite care for both male and female adults with a range of dependencies and needs. The designated centre can accommodate up to 27 residents in a unit known as 'Shannon'. Resident bedroom and communal accommodation was located on the first floor of the centre, with stairs and a passenger lift access to the ground floor. There were 10 residents living in the centre on the day of the inspection.

On the walk through the centre, the inspector observed that the provider was endeavouring to improve existing facilities and physical infrastructure, through a programme of refurbishment works. The inspector noted that this work would enhance the appearance and condition of the residents' living environment, as some surfaces and finishes, including wall paintwork, wood finishes and flooring were seen to be worn and damaged. The schedule of works also included the reconfiguration of resident multi-occupancy bedrooms. The inspector noted that planned works would see the multi-occupancy rooms decreased to twin bedrooms, which would offer residents more spacious bedroom accommodation and increased storage space for residents' personal possessions.

Overall, the inspector noted that the centre appeared to be clean, with the exception of some damaged and worn wall and floor surfaces, which were not amenable to cleaning. The inspector observed that residents were encouraged to personalise their bedrooms with items of significance, such as photographs, ornaments and soft furnishings. Televisions and call bell facilities were provided in resident bedrooms.

A number of potential fire safety risks were identified during the walk around the centre. There was visible damage to the cross corridor fire door in the activity centre and several cross corridor fire doors did not close fully to form an effective fire compartment seal. The inspector observed gaps under a number of fire doors, which could potentially impact the containment of fire, smoke and fumes, in the event of a fire emergency in the centre.

There were a variety of communal areas for residents to use including a family room, a spacious activity room and two sitting rooms. The majority of residents were observed to be relaxing in one communal sitting room, located opposite the nurses station. There was a constant staff presence in the communal sitting room and the inspector observed pleasant interactions and laughter between staff and residents.

Staff were observed assisting residents with their care needs, as well as supporting them to mobilise to different communal areas within the centre. A small number of residents living in the centre exhibited responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), and staff were familiar with what might trigger a residents' responsive behaviours and how best to support those residents when they became anxious or agitated.

The inspector observed that residents were offered refreshments throughout the day of inspection, and resident were seen enjoying cups of tea and soup which was described by one resident as 'lovely'. The lunch time meal service was seen to be a relaxed experience, and there was adequate staff present to support residents who required assistance.

Residents were supported to attend activities in a spacious communal room known as the activities centre. This area was decorated with artwork and halloween crafts which had been recently made by the residents. Residents were also supported to attend activities outside of the designated centre. Several residents were observed viewing albums of photographs of recent events and celebrations with activities staff.

There was sufficient space for residents to meet with visitors in private and the inspector observed a number of residents receiving visitors throughout the inspection.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended. This inspection also reviewed the action taken by the registered provider to address issues of non-compliance with the premises, found on the previous inspection in October 2023. Following the previous inspection, the provider had decommissioned the Sarsefield and Thomond units which had historically formed part of the designated centre. The occupancy of St Camillus Community Hospital had reduced to 27 residents and all resident private

and communal accommodation was located on the Shannon unit.. This inspection found that refurbishment works had begun to the Shannon unit, in order to enhance the care environment and quality of lives of residents living in the centre.

Notwithstanding this positive finding, the compliance plan committed to by the provider from the previous inspection had not been completed. Consequently, the care environment, in relation to the premises was not in line with regulatory requirements. Regulation 5: Individual assessment and care planning, Regulation 28: Fire precautions and Regulation 34: Complaints procedures did not fully meet the requirements of the regulations.

The registered provider of St Camillus Community Hospital is the Health Service Executive. A general manager of older people services provided operational oversight and support to the person in charge. Within the designated centre, the person in charge was supported by an assistant director of nursing and a clinical nurse manager. Staff nurses, health care assistants, multi-task attendants, activities staff, administration and maintenance personnel made up the staffing compliment.

On the day of the inspection, the number and skill mix of staff was appropriate, with regard to the needs of the 10 residents accommodated in the centre. It was evident from discussions with the person in charge, and from a review of risk management documentation, that staffing levels were continuously monitored. There was a training and development programme in place and staff were facilitated to attend training in areas such as patient moving and handling, fire training and safeguarding the vulnerable adult. Additional training was also provided in areas such as infection control and cardiopulmonary resuscitation.

There were management systems in place to monitor the quality of care and service provided. An audit schedule was implemented, to support the management team to measure the quality of care provided to residents. The inspector viewed a sample of audits relating to medication management, restrictive practices and the care environment. Overall, audits effectively identified areas for quality improvement and contained an action plan, where appropriate. There was a risk management policy in place and the provider maintained clinical and environmental risk registers which recorded the controls required to mitigate any potential or existing risks to resident health and safety.

A paper record of all accidents and incidents involving residents that occurred in the centre was maintained. Incidents were reported in writing to the Chief Inspector, as required under Regulation 31: Notification of incidents.

There was a policy and procedure in place to guide staff on the management of complaints, however, this inspection found that the policy was not implemented fully. The record of complaints viewed by the inspector demonstrated that the management of some complaints was not in line with the requirement of Regulation 34: Complaints procedures.

Regulation 15: Staffing

There were sufficient numbers of staff with the appropriate skill mix to met the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of resident. Staff also had access to additional training to inform their practice which included, restrictive practices, infection prevention and control, falls prevention, dementia, and cardio pulmonary resuscitation (CPR) training.

Judgment: Compliant

Regulation 23: Governance and management

There were appropriate governance arrangements in the centre. There were sufficient resources in place on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was monitored.

Judgment: Compliant

Regulation 34: Complaints procedure

The management of complaints was not in line with the requirements of the regulations. For example, a review of a sample of complaints records demonstrated that a record of investigations were not available for review for two complaints recorded.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications to the Chief Inspector were submitted in accordance with regulatory requirements.

Judgment: Compliant

Quality and safety

The findings on the day of inspection were that, for the most part, the provider was delivering good quality clinical care to residents, in line with their assessed needs. A review of the the residents individual assessment and care planning, the overall premises and the management of fire precautions found that these regulations did not fully meet regulatory compliance.

On the day of the inspection, overall, the building was found to be clean and and utility rooms were organised, however, the inspector noted some surfaces, finishes and flooring that were in a poor state of repair. Similar to the previous inspection, there was a lack of suitable storage in the centre and the inspector noted that some resident equipment was stored in a communal sitting room. While acknowledging that the provider had commenced a programme of works to reburish the centre, which would enhance the quality of lives of residents living in the centre significantly, the current care environment did not meet regulatory requirements.

There were measures in place to protect residents against the risk of fire. Appropriate documentation was maintained for yearly checks and servicing of fire equipment. Staff were facilitated to attend fire safety training and personal evacuation plans were recorded for all residents. However, the inspector found that some of the fire doors did not provide assurance of effective containment of smoke and fire in the event of a fire safety emergency. This is addressed under Regulation 28: Fire precautions.

Assessment and care plans were maintained on a paper-based documentation system. A range of validated nursing tools were in use to identify residents' care needs. The inspector viewed a sample of files of residents with a range of needs and found that, whilst resident individual assessments were completed in a timely manner, some resident care plans were not updated in line with changes to residents' care needs. For example, the inspector found that a residents' skin integrity care plan was not fully reviewed to ensure that outdated information, which was no longer relevant to the current care needs of residents, had been removed. Furthermore, care plans relating to areas such as resident mobility were not consistently updated to reflect resident needs.

A review of residents' records found that there was regular communication with residents' medical officers regarding their healthcare needs, and residents had access to their medical officer, as requested or required. Arrangements were in

place for residents to access the expertise of allied health and social care professionals for further assessment.

Measures were in place to safeguard residents from abuse. Staff had completed up-to-date training in the prevention, detection and response to abuse. The provider did not act as a pension agent for any resident living in the centre.

The centre employed two staff who were dedicated to the provision of resident activities. The programme of activities included music, art and reminiscence therapy. Residents had access to local television, radio and newspapers. Residents' views on the quality of the service provided were sought through satisfaction surveys, feedback events and through resident meetings. Meeting records demonstrated that agenda items included menus, activities, safeguarding and complaints procedures. Information regarding advocacy services was displayed in the centre and residents were supported to avail of these services as needed. Residents had access to religious services and resources and were supported to practice their religious faiths in the centre. There was sufficient space for residents to meet with visitors in private.

Regulation 11: Visits

Visitors were observed coming and going to the centre on the day of the inspection. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

The designated centre did not conform to the matters set out in Schedule 6 of the regulations in the following areas;

- Some floor surfaces in the centre were worn and as such did not enable effective cleaning.
- There was visible damage to some wall surfaces.
- Several general waste bins were rusted and damaged.

There was a lack of suitable storage in the centre. This was evidenced by;

- A portable hoist, specialised seating and wheelchairs were being stored in a communal sitting room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The arrangements in place to ensure that the containment of fire in the event of an emergency was not adequate. For example:

- Intumescent strips were painted over on multiple doors which could impact on the effectiveness of the doors to contain fire, smoke and fumes in the event of a fire.
- One cross corridor door device failed to release when activated.
- There was visible damage to one cross corridor fire door and gaps were seen under several fire doors.
- Several cross corridor fire doors did not close fully, to form an effective sealed compartment.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Some care plans were not reviewed to ensure that they contained the most up-to-date information in relation to residents' care needs and that outdated information which was no longer relevant had been removed. This posed a risk that inaccurate information would be used to guide staff. For example:

- A resident's skin integrity care plan had not been developed and reviewed in line with the resident's on-going skin integrity risk assessment.
- A resident's nutritional care plan was not updated to reflect the most recent recommendations from a dietician.
- Several resident mobility care plans were not reviewed to reflect current arrangements regarding the use of specialist seating.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to medical assessments and treatment by a medical officer. Referral systems were in place to ensure residents had access to allied health and social care professionals such as physiotherapist, dietitian, and speech and language therapy.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. Staff had completed up-to-date training in the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to exercise choice in relation to their daily routines. Resident meetings were held on a regular basis. An independent advocacy service was available to residents living in the centre.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Camillus Community Hospital OSV-0000640

Inspection ID: MON-0045076

Date of inspection: 22/10/2024

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Action completed: Each unit has been reminded of the process to be followed in respect of complaints received. The documentation of the complaint, steps taken in investigating the complaint, outcome and learning and review are being consistently documented following receipt of any complaint.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Action completed: An overall maintenance programme is in place to address premises deficits while awaiting the development of the remaining replacement beds as part of the capital build project. Waste bins which were rusted or damaged have been replaced. Storage room has been increased to accommodate the appropriate storage of equipment and residents belongings without impacting on residents living spaces.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Action completed : Intumescent strips were replaced where they were found to be painted over. The cross corridor door device has been replaced and all doors activate</p>	

through the manual override button and if the fire alarm sounds. A full assessment of all the fire doors in the centre has been completed and the report is awaited to identify actions required to ensure all fire doors effectively seal each compartment. Fire evacuation drills are ongoing to ensure that all residents in the centre can be moved efficiently and in a timely manner to safe compartments in the event of a fire.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

Action completed: All care plans for the residents have been reviewed and updated in line with the regulations. Nursing staff have been reminded of the importance and requirement to update care plans in a timely manner to enable continuity of care provision. This includes ensuring that recommendations from Multi-Disciplinary Team are documented appropriately to ensure all relevant staff are aware of changes made.

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 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.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2024
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	31/10/2024

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.	Substantially Compliant	Yellow	31/10/2024
-----------------	---	-------------------------	--------	------------