



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	St. Camillus Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Shelbourne Road, Limerick
Type of inspection:	Unannounced
Date of inspection:	07 August 2024
Centre ID:	OSV-0008706
Fieldwork ID:	MON-0044533

## About the designated centre

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

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	37
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## How we inspect

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
Wednesday 7 August 2024	11:00hrs to 17:50hrs	Niall Whelton	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with the regulations made under the Health Act 2007 (as amended). The inspection was triggered by information received by the Chief Inspector that the centre was operating in breach of the conditions of registration. The inspector was met by the person in charge (PIC) who facilitated the inspection. The centre was registered for 25 residents, with 37 residents living in the centre on the day of inspection.

St. Camillus Community Nursing Unit is a purpose built new three storey centre that was first registered in June 2024, two months prior to this inspection. The new building is attached to a section of the existing St. Camillus hospital building, in which the kitchen for this centre is located. There is a detached small laundry room to the rear of the centre. The new section of the building comprises two units, the Aisling at ground floor and Saoirse at first floor. Each unit provides accommodation for up to 25 residents, configured with 21 single rooms and two twin rooms. There is a plant room area at second floor.

During the walk-through of the centre, the inspector observed that the centre was clean with the general fabric of the building in good condition. There was a covered approach to the building leading to the main entrance up a stepped route, however the ramped route, which would be used wheelchair users, to the main entrance was not covered. This was documented on a risk assessment and the inspector was told this would be addressed at the next phase of the build. Inside the main entrance there is a manned reception desk. The main entrance foyer leads to the lift lobby, off which Aisling and Saoirse opens at ground and first floor respectively. There is also a main stairway leading to the first floor. Each bedroom had ensuite shower, hand wash sink and toilet facilities. The sinks within resident's ensuites had a drain outlet which could not be plugged to retain water. The inspector was told that there is a supply of alternative drain outlets and can be swapped out at a resident's request.

The inspector observed that resident's rooms were being decorated with their personal items; the centre was new and would take time to develop a more homely feel. There is a suite of communal rooms in each unit including a quiet room, day room and a dining room with an adjoining activities room separated by a folding partition.. There is a large communal hall for residents for day-to-day activities, with access to an outdoor paved area. The smoking area for residents was positioned in this outdoor space. There were two further outdoor spaces for residents; a landscaped courtyard in Aisling and a balcony area in Saoirse. In the central courtyard, the inspector saw that it was well maintained and contained raised herb gardens and flowers beds in full bloom, with a combination of paved and resin bound pathways through. The first floor balcony areas created a covered area in the central courtyard allowing use in wet and dry weather; this was a pleasant and inviting area for residents.

Overall, there was a relaxed and calm atmosphere in the centre. Residents were supported by staff who were caring and did not rush residents when assisting them. Some residents spent their time in their room and others were enjoying activities in the day space. There was an effort by staff to utilise the communal hall, which afforded residents the opportunity to leave their unit and to meet the residents in the other unit.

On arrival in the centre, the inspector observed mass for residents in the communal hall and a musical session on the afternoon.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

The management systems in place require strengthening to ensure the centre operates in accordance with the requirement imposed by the Health Act 2007 as amended and the regulations made under the Act; in particular the failure to comply with a condition of registration. Improvements were also required in some aspects of fire safety management. Action was required under Regulation 23; Governance and management, Regulation 17; Premises and Regulation 28; Fire Precautions

St. Camillus Community Nursing Unit was first registered in June 2024, by the Chief Inspector to operate as a designated centre for older persons, two months prior to this inspection. The Health Service Executive was the registered provider for St. Camillus Community Nursing Unit. At the time of registration, the balcony areas were not designed and laid out to meet the needs of vulnerable residents who would be living in the centre; the balustrades to the balconies were not constructed to a safe height. The centre was registered for 25 residents with a condition applied restricting admission to the first floor until the height of the balcony balustrade on the first floor was raised to a safe height. During the walk through of the premises, the inspector saw that work had been recently undertaken to raise the height of the balustrades and this was to a safe height. While there was a risk assessment in place for the balconies, it was not robust to ensure safe access. The provider submitted a more robust risk assessment subsequent to the inspection which set out the controls in place including staff supervision and assessment of residents individualised needs

The Chief Inspector was in receipt of information that 12 residents had been admitted to the first floor of the centre. This was found to be the case on this inspection and therefore the provider was in breach of the restrictive condition. Prior to the inspection, the provider was invited to a warning meeting to discuss the breach and was subsequently issued with a warning letter. The provider was

required to take urgent action to address the breach of condition and to ensure the safety of residents.

This was the first inspection of this centre since it commenced operating. The inspection included a focussed review of the premises and fire precautions. The Health Service Executive (HSE) was the registered provider for St. Camillus Community Nursing Unit. The person in charge had responsibility for the day-to-day operational management of the designated centre and was supported by a team of clinical nurse managers, nurses, health care assistants, household and administration staff. At a more senior level, governance was provided by a general manager for older persons, who represented the registered provider.

## Regulation 23: Governance and management

The management systems require improvement to ensure the service provided is safe, appropriate, consistent and effectively monitored.

- the provider failed to comply with a condition of registration, which stated that no residents may be admitted to the first floor of the designated centre, until such time as the height of the balcony balustrade on the first floor has been raised, to ensure the safety of residents, and inspectors of social services are satisfied that the balcony space is safe for use by all residents living in the designated centre. The provider had admitted 12 residents to the first floor
- access to second floor plant room from stairs was not sufficiently secure to prevent residents from accessing the plant room, which contained equipment, such as electrical panels, which would place residents at risk of harm. This was not risk assessed
- records were not being securely stored in line with the regulations. The inspector observed medical notes for residents of the first floor which were on an open shelf in the treatment room and were not secured; this room was accessible to staff with a swipe card. The file room behind reception had records in cupboards, which were not locked. This was addressed during the inspection and they were securely stored in a locked cabinet
- adequate precautions against risk of fire were not in place as a fire door along the kitchen corridor was propped open with spoon.

Judgment: Not compliant

## Quality and safety

The inspector found that the centre was being well maintained and was in good condition and mostly met the requirements of the regulations, however some action was required to ensure compliance with regulations 17 premises and regulation 28 fire precautions.

There was a green break glass unit to override the lock to the stairway; from within one stairway there was access to an unlocked door to the plant room at second floor, which contained electrical equipment of risk. When the green break glass unit is activated, there is no sound and staff would not be alerted to a resident accessing the area. The person in charge arranged for the door to the plant room to be locked.

The fire doors to the communal rooms had a self-closing device, which had previously made access to the communal spaces restrictive owing to the weight of the doors. The provider had since fitted swing free devices, which meant that the doors could be left in the open position allowing more independent manoeuvrability into the communal rooms, but the fire doors would close on activation of the fire alarm system.

The inspector reviewed the multi-occupancy twin rooms and found that the layout afforded adequate usable and private space for residents by their bed. Privacy screens consisted of a combination of curtains on ceiling mounted rails and on a telescopic curtain rail between the two beds. The configuration of the curtains worked well, were easily operated for residents and did not interfere with the operation of the overhead hoist unit in the room.

The centre had adequate escape routes and modern fire safety systems that were well maintained. The centre was clean, comfortable and had ventilation, heating and lighting that was suitable for residents in the areas of the centre used by residents.

## Regulation 17: Premises

In general, the premises were appropriate to the needs of the residents and conformed to the matters set out in Schedule 6 of the regulation, however some action was required to meet the requirements of regulation 17 for example;

- The mechanical extract ventilation unit in the refuse waste room was not operating
- The doors at first floor to the balcony areas had a weathering mat inside the door, however these were catching on the door when it opened resulting in a trip hazard
- A cctv camera had been removed from the ceiling in the communal hall leaving a hole in the ceiling



Judgment: Substantially compliant

## Regulation 28: Fire precautions

Notwithstanding the building was recently constructed and was found to meet the requirements of the regulations at the time of registration, some improvements were required with the management of fire safety to ensure residents were protected from the risk of fire;

- the fire door on the corridor to the kitchen was propped open with a spoon, which meant that this door would not close in the event of a fire
- fire doors to a service shaft in the plant room was left open. This may result in the spread of fire from the plant room; this was immediately closed and locked
- the nurse base at first floor was open to the bedroom corridor and should keep fire risks to a minimum. There was a printed and a larger scanner printer at this nurse station, introducing unnecessary risks to the bedroom corridor
- fire doors were still in good condition, however some minor gaps were observed as a result of the heating and shrinkage of the doors; they required some minor adjustments

The arrangements in place for evacuating residents was not adequate;

- The inspector reviewed the personal emergency evacuation plans (PEEPs) for residents. They did not contain sufficient information and were the review date was when residents were in another designated centre on the same campus; they did not contain residents' room numbers and one folder was labelled for a unit in the previous designated centre. The person in charge confirmed these would be immediately reviewed to ensure sufficient information would be provided to inform the residents' evacuation requirements
- The provider had arranged specific training in the operation of the evacuation lift and 24 staff received this training. Assurance is required from the provider that there will be personnel who can competently operate the evacuation lift on duty at all times
- Each unit had a fire safety handbook, which detailed the evacuation procedures. When reviewed they appeared to reference another centre and indicated there was no evacuation lift and consequently no lift would be used for evacuation; there was an evacuation lift in place. There was also some confusion regarding the mode of evacuation from the residents room. Some staff indicated the ski-sheet and mattress would be used, others indicated the bed itself would be used

Judgment: Not compliant

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## 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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

# Compliance Plan for St. Camillus Community Nursing Unit OSV-0008706

Inspection ID: MON-0044533

Date of inspection: 07/08/2024

## 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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"><li>• The centre is now operated within the numbers of residents that it is registered for.</li><li>• Works on the balustrade were completed that have involved raising the height of the balcony balustrade to ensure the safety of residents.</li><li>• A risk assessment was completed in relation to the balcony balustrade.</li><li>• Access to second floor plant room from stairs is secured and there is a risk assessment in place.</li><li>• Records are stored securely in line with the regulations.</li><li>• All staff are reminded that fire doors must not be impeded at any time and there are regular checks by Clinical Nurse Managers in Units, A/DONs and DON to ensure compliance.</li></ul>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <p>The designated centre is a newly built facility, completed in 2024.</p> <ul style="list-style-type: none"><li>• The mechanical extract ventilation unit in the refuse waste room is operating appropriately now.</li><li>• The weathering mats at the entry and exit doors have been reviewed and adjusted to ensure no door is impeded by the mats.</li><li>• The hole in the ceiling in the communal hall has been repaired where the CCTV camera was removed.</li></ul>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• All staff have been reminded that there is to be no impediment for fire doors and compliance is checked regularly throughout the 24 period to ensure compliance.</li> <li>• Fire doors to a service shaft is secure and there is a process in place to ensure that persons working in these areas secure them when leaving the area</li> <li>• Staff are reminded to ensure that nurse stations are kept tidy and minimise equipment on the desks</li> <li>• Fire doors checks are ongoing with a reporting process in place if any doors needs adjustment</li> </ul> <p>The arrangements in place for evacuating residents was not adequate;</p> <ul style="list-style-type: none"> <li>• PEEPS have been updated and amended to reflect all relevant information to ensure required information is contained within them to enable efficient evacuation</li> <li>• Suitably trained staff on duty over the 24 hr period in respect to all aspects of evacuation including the evacuation lift and clear delegation/responsibility of the roles around the fire evacuation lift.</li> <li>• Up to date fire safety handbooks in the units detailing the evacuation procedures and evacuation equipment. Fire training programme revised with emphasis on fire evacuation equipment and aides so staff have clarity on equipment most efficiently to use in the event of an emergency requiring evacuation of the building.</li> </ul>	

## 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	08/08/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	21/08/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	08/08/2024

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	08/08/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	08/08/2024