

eDeposit Ireland

**St Camillus Community Hospital,
Shelbourne Road, Limerick.**

Item Type	report
Authors	O'Regan, Margaret
Citation	Margaret O'Regan, 'St Camillus Community Hospital, Shelbourne Road, Limerick.', [report], Health Information and Quality Authority, Compliance monitoring inspection report (Ireland. Health Information and Quality Authority. Regulation Directorate). Designated centres under Health Act 2007, as amended., 2014-11
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-03-13 13:21:27
Link to Item	https://hdl.handle.net/20.500.14765/72296

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	St Camillus Community Hospital
Centre ID:	OSV-0000640
Centre address:	Shelbourne Road, Limerick.
Telephone number:	061 326677
Email address:	majella.cussen@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Maria Bridgeman
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	77
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 September 2014 12:15 To: 22 September 2014 21:15

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

Outcome 04: Suitable Person in Charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 18: Suitable Staffing
Outcome 02: Governance and Management

Summary of findings from this inspection

This inspection report sets out the findings of a 10 outcome inspection. The inspector reviewed policies, met residents, relatives and staff and observed practice on inspection. Documents were also reviewed such as training records, care plans, medication management charts, complaints log, menus and the accident book. Significant improvements had been made to the centre over the past three years in terms of reducing resident numbers to offer greater privacy; the creation of dining areas and communal space for residents; the painting and redecoration of the centre and the upgrading of sanitary accommodation. In addition an attractive secure garden was created for resident use.

The inspector noted that the activities programme had expanded to include therapies for those who were unable to go to the activity centre. These activities included hand massage, reading the newspaper and nail painting. An increased focus was on outings and most significantly a greater number of staff were involved in running, organising and facilitating activities. These changes emphasised the increased focus on a social model of care.

The above improvements were matched with staff having an enthusiastic and positive approach to care. Staff expressed pride in the achievements and

improvements that had been made. However, staff expressed concern about the reduced staffing levels, the proposed further cuts and the impact this was going to have on the safety and quality of care. The inspector had concerns that significant cuts to staffing levels would impact negatively on the staff goodwill that had been harnessed to improve the service to date.

While important improvements had been made to the premises, further improvements were needed in particular in Thomand Ward, to ensure the privacy and dignity of residents was protected and that residents had adequate space.

This report outlines the findings of the inspection and the actions to be addressed.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The post of person in charge was full time and the person in the post was a nurse with experience in the area of nursing the older person. The person in charge demonstrated clinical knowledge to ensure suitable and safe care. For example, changes were made to practice when indicated, audits were conducted and staff were supported in providing person centred care to residents.

The person in charge was supported in her role by two assistant directors of nursing, one of whom had recently been appointed. The assistant directors of nursing deputised for the person in charge in her absence and took charge of specific delegated tasks such as ensuring audits were conducted and acted upon while another assistant director of nursing had specialised skills in wound care and tissue viability and supported staff with this care area.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Policies and procedures were in place for the prevention, detection and response to abuse. Staff with whom inspectors spoke knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. There was no evidence of any barriers to disclosing concerns they had in relation to this matter. Staff had received training in understanding elder abuse and implementing the centre's policy including whom to report it to. Once a staff member was familiar with the policy they provided written confirmation of this to their line manager. Each manager was pro active in discussing the contents of the adult protection training with their staff at regular intervals.

Systems were in place to safeguard residents' money and were in line with the Health Services Executive (HSE) policy on such matters. The centre had good communication with the social work department and their services were called upon as the need arose.

In general, staff were skilled in managing behaviours that challenged. As discussed in outcome 11 there were good practices in place in relation to the assessment for the need to use bedrails. There had been learning from an untoward incident that occurred and practices changes following this incident.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

The centre had a health and safety statement, a health and safety committee and a safety officer was appointed. Procedures were in place for the prevention and control of infection and these had been upgraded since previous inspections. For example, hand gels and wash hand basins were in place in bedrooms and on corridors; residents with a known infection were in accommodation separate to other residents; extra precautions were employed in instances where there was a known or suspected infection outbreak. A programme was in place to ensure all water outlets were flushed regularly in order to prevent an outbreak of legionnaire's disease. The centre had the support of an infection control nurse specialist to advise and support staff on all infection control matters.

A risk management policy was in place and risk assessments were conducted. Good precautions had been put in place to minimise the risk of residents leaving the centre without the knowledge of staff. For example, a secure garden was easy accessible to residents; the door to the garden was set to lock at a specific time; other doors had keypad locks and a wandering alarm system was in use for some residents who had an indicated need for this.

Reasonable measures were in place to prevent accidents such as slips, trips or falls. For example, hand-rails were on corridors, grab rails were in the upgraded toilets and showers, the floor covering was safe. Staff were trained in moving and handling of residents. Records were maintained of this and practices observed were satisfactory.

Suitable fire equipment was provided and there were adequate means of escape from the premises. A record was maintained of daily checks in relation to ensuring exits were unobstructed. Arrangements were in place for reviewing fire precautions such as ensuring the alarm panel was working and the testing of fire equipment. Unannounced fire alarm checks took place, the last being in February 2014. The health and safety committee was active, holding regular meetings, maintaining minutes of these meetings and ensuring it was a forum where all health and safety matters could be openly discussed. There was a procedure for the safe evacuation of residents and staff in the event of fire. It was prominently displayed. Staff received training in fire safety.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. A system was in place for the handling of medicines, including controlled drugs. These systems were inline with An Bord Altranais agus Cnáimhseachas medication guidelines.

Medication administration practices observed demonstrated an adherence to professional guidelines. Appropriate procedures were in place for the handling and disposal for unused and out-of-date medicines. There was a system in place which included a medication management committee, who reviewed and monitored safe medication management practices. A pharmacist was on site to dispense medication. An audit of antibiotic use was underway in Shannon ward as was an audit of the incidence of infection and the type of infection. The information for this audit was being collected in an electronic format. It was expected similar audits would be conducted in the other two units.

Changes made to the medication management system since the previous inspection included;

- * the revision of medication prescription charts
- * the examination of prescription charts to ensure food supplements were appropriately prescribed
- * the auditing of supplement use
- * the increased monitoring of antibiotic use
- * the adoption of the motto "food first" before prescribing supplements.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Records were maintained of incidents and accidents occurring in the centre. Based on the records reviewed, the inspector was satisfied that all notifiable events had been notified to the Chief Inspector. Each record seen was detailed and satisfied the requirements of Schedule 3 of the regulations. Each event was reviewed by the person in charge as it occurred so as to identify any contributing factors or risks and prevent a re-occurrence.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

Overall the inspector was satisfied that residents' healthcare and social care requirements were met to a good standard. Residents and relatives confirmed this to the inspector. Staff spoken with described a pre assessment process that was in place and documentary evidence confirmed this. The centre was not in a position to admit residents with dementia who were mobile and this was established at the time of pre admission and in line with the centre's statement of purpose. Each resident had a plan of care devised and implemented within 48 hours of admission that was reflective of their assessed needs and reviewed and updated in line with their changing needs. The care plans were held in a hard copy format. Electronic systems were in the process of being introduced to collect and collate information such as the incidence of infection. A social assessment was carried out and all staff were involved in assessing, documenting and planning appropriate care for each resident. Care plan reviews were conducted in consultation with the resident or their relative, as appropriate. Each care plan, while supported by evidence based risk assessments, was personalised.

At the time of inspection one medical officer attended to the medical needs of the majority of residents. He visited the centre daily and medical records supported that medical review was timely and responsive. There was evidence of referral and improved access to other healthcare in line with each resident's needs, including physiotherapy, speech and language therapy, dietetics, occupational therapy, dental, psychiatry and chiropody.

A staff group was set up to focus on end of life care. Initiatives followed through by this group included;

- * the holding of an annual remembrance event
- * the provision of leaflets for families to assist them with bereavement
- * the provision of a family room with overnight accommodation
- * the provision of specific training to staff on end of life care
- * the putting in place of a system whereby the group met following a bereavement to

examine lessons which could be learnt

There was a reported low incidence of wound development and the inspector saw that the risk of same was assessed regularly and appropriate preventative interventions, including pressure relieving equipment and nutritional support, were implemented. The services of a tissue viability expert was available on site to support care and practice. Restraint use was at a minimum and assessed before used. Beds which lowered to the ground, bed alarms and chair alarms were used as alternatives to bedrails. A restraint/enabler review and release log was in place for occasions where bedrails were in use. In general this log was kept up to date with the exception of one occasion where this had not occurred. Overall the inspector found a good standard of evidenced-based nursing care with good medical and allied health support.

In discussions with staff it was apparent that there was an increased emphasis on activities for residents including the provision of activities for residents with dementia. An activities timetable was displayed and the number of residents attending the designated activity centre had increased. The inspector was informed of outings that took place and residents spoke highly of these trips. These outings were part of the social and recreational programme in place and involved the activity coordinator, students from a local third level institution who were studying social care and the Friends of St Camillus. Emphasis was placed on residents enjoying the secure gardens. For example, the garden was well maintained, had adequate seating and attractive planting. In the summer there was music on the lawn which was enjoyed by both residents and staff. It was clear staff provided residents with sunhats and sun protection cream and actively encouraged residents to access the garden. Staff showed very good insight into residents' needs and the attitude of staff was person centred.

Good infection control precautions were seen to be in place and staff accessed the support of a specialist infection control nurse who provided advice and support to staff and also carried out infection control audits in the centre. Several residents had complex care needs and staff had received appropriate training to attend to these needs. Special beds were provided to meet residents needs. Healthcare assistants were assigned to duties to ensure residents received adequate hydration and nutritional intake.

Changes made in relation to meals and mealtimes since previous inspections included;

- * the increased access to speech and language support
- * the auditing of supplement use
- * the involvement of catering staff in discussions around the use of food supplements
- * the increased emphasis on more nutritious food including increased calorific content where indicated
- * the increased emphasis on the appetising presentation of food
- * the introduction in one unit of protected mealtimes.

Staff were very aware of residents who were experiencing a loss of weight and documentation was seen to show such residents were referred for specialist consultation, had their weight monitored weekly and had a nutritional care plan in place. The initiative around protected mealtimes required significant commitment on the part of the staff in the unit to ensure it had the desired outcome for residents, that being a more relaxed, uninterrupted, sociable mealtime. Visitors and clinical staff were asked not to visit during meals (unless family were assisting their relative with their meal),

bathrooms visits were facilitated prior to lunch and relatives were informed of the changes. The matter was also discussed at the resident forum meetings. The success of this initiative not only benefited residents from a nutritional perspective, it created a focus on person centred care which transferred into other aspects of care. The attitude on the unit was one of the resident being at the centre of all care decisions. Plans were in place to incorporate aspects of this successful project into practices in other units in the centre.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

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

Findings:

Since the inspection in February 2013, improvements were made to the physical environment which included extra wheelchair accessible sanitary facilities, the provision of screening around beds, a separate storage area for equipment, a secure garden, dining area in each of the three units, and the provision of a family room. There was an on-going maintenance programme in place and the décor throughout was bright, clean and tasteful. These improvements together with those completed before 2013 have helped to create a comfortable environment. However, work remained outstanding in order for the premises to comply with regulations and standards. Given the layout of some of the multi-occupancy rooms it was not possible to accommodate in each bedroom a chair for each resident; provide adequate storage space for residents' clothes or provide adequate screening for privacy. This was particularly evident for most of the rooms in Thomand ward. Residents in this ward tended to be seated near their bed for meals and day time activities as there was limited communal space available.

As noted on previous inspections an organised system was in place in which all matters needing repair or maintenance were recorded in a book, which in turn was checked on a daily basis by the maintenance person. Heating and ventilation was suitable. Water was at a suitable temperature. Pipe work and radiators were safe to touch. Good equipment was in place such as overhead hoist, including a hoist in the newly renovated bathroom.

Judgment:

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

The person in charge and/or assistant director of nursing met with residents on a daily basis and sought feedback. Residents were supported to make choices about how they lived their lives in a way that reflected their individual preferences and needs. For example, residents choose where they would like to eat, when they would get up and what activities to get involved in. Residents' religious rights were facilitated through regular visits by the clergy and the facilitation of services such as mass, rosary and sacrament of the sick. The inspector noted the efforts made by staff to promote privacy and dignity within the limitations of the ward structure. Screens were used around beds and inspectors noted that regular staff had a good understanding of the needs and preferences of individual residents, particularly those with cognitive impairment.

Since the last inspection several staff had availed of specialised training in maintaining residents' privacy and dignity. There were many positive reports on this training. Staff stated they found it provided guidance on understanding on what mattered to residents. It was particularly beneficial in helping staff provide dignified care at end of life and ensuring that residents' wishes were heard and adhered to.

Residents' forums were in place and meetings took place in each unit. Minutes of the meetings were maintained. The centre was also involved in a third level institution on a research study to establish the benefit of having such forums.

As discussed in outcome 12 the premises were such that residents' privacy and dignity was compromised by the limited space available between beds, the limited storage space available to resident's and the accommodation of residents in multi occupancy rooms.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that at the time of inspection, there were adequate staff numbers and skill mix to meet the assessed needs of the residents. In general staff showed flexibility in covering duties for colleagues on leave, displayed a commitment to keeping their training current and adjusting practices to ensure compliance with regulations and standards. Such changes are discussed in outcome 11. However, there was apprehension amongst staff as to how the quality of care could be sustained in light of the reduction in staffing hours that had occurred and the further reductions proposed.

A number of health care assistants had been provided with specific training to enable them take a greater involvement in the direct care provided to residents. This care was supervised by nursing staff and was generally seen as a positive development. The inspector was concerned about the safety of the night time staffing levels in one of the units, given its layout and the care needs of residents in that unit. However, this risk had already been identified by management and to minimise the risk extra staff such as the porter and night sister assisted staff on the unit until residents had settled for the night. Agency staff were employed occasionally, albeit that the hours allocated to agency staff was also being reduced. Systems were in place to ensure temporary and agency staff were inducted appropriate to their role. A welcome pack was provided to these staff and a check list was completed to ensure the staff member was provided with information and instruction on; layout of the unit, medication, fire exits, record keeping, emergency procedures and other topics.

A staff rota was maintained for persons working in the centre. The person in charge, assistant directors of nursing and nursing staff were seen to be visible, accessible, known to residents and relatives, and actively involved in the supervision and monitoring of care and service delivery.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there was a sound management structure in place and sufficient resources to ensure the consistent delivery of safe, quality care to residents. The person in charge was supported in her role by assistant directors of nursing, night sisters, clinical nurse managers, nurses, healthcare assistants, multi task attendants, catering, housekeeping and administrative staff. Each of these persons were clear, when interacting with the inspector, on their respective roles, their designated areas of responsibility and their reporting relationships. Staffing agency hours were under regular review and the number of hours allocated had recently been reduced. This is further discussed in outcome 18.

There was documentary evidence and staff spoken with described the systems that were in place, for monitoring and reviewing the quality and safety of care and services provided to residents. These included procedures such as staff meetings, the auditing of care practices and consultation with residents and relatives through a forum. Accident and incidents were reviewed as were the incidence of infection, pressure sores, use of enablers, medication error, resident weight loss and complaints. In these audits it was seen that action was taken where necessary, to minimise any incidence which effected the quality and safety of life for residents. It was also evident from the audits that the standard of practices were good and maintained at a good level.

The activities co-ordinator had the assistance of students of social care which enabled the activities programme to be expanded. Staff spoke of the activities providing interesting ways of communicating and engaging with residents. Other recent developments included the creation of a secure outdoor space, the upgrading of the premises and an increased emphasis placed on a holistic approach to care.

Learning took place from incidents which occurred in the centre and the person in charge was proactive in instigating changes where needed. For example, following an examination of resident monitoring practices a specific assessment tool was introduced to closely monitor residents who may have a deteriorating condition.

Managerial responsibilities were divided between the managerial staff. For example, one assistant director of nursing was responsible for overseeing the health and safety committee and matters arising from that, while another took responsibility for infection

control. Each unit had a champion to progress matters relating to each committee. The nurse prescriber was involved in the medication management committee as was the medical officer and the person in charge.

The statement of purpose was kept under review by management personnel and was recently updated. The inspector was informed of this update.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Margaret O'Regan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Camillus Community Hospital
Centre ID:	OSV-0000640
Date of inspection:	22/09/2014
Date of response:	24/10/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The premises did not conform to the matters set out in Schedule 6 of the Regulations, having regard to the needs of the residents. For example, some residents had inadequate private accommodation; not all rooms were of a suitable size for the needs of residents and there was inadequate communal space for residents in the Thomand ward.

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

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

A schedule of accommodation for a new hospital has been completed and forwarded to the national HSE Estates Department for approval and funding. This new hospital will address the issues outlined in Outcome 12: Safe and Suitable Premises.

A meeting is planned with the Estates Manager and the Assistant National Director of Estates for Thursday 30th October, 2014 regarding the environmental issues at St. Camillus' Hospital.

In the interim where possible ongoing renovational work will be undertaken to improve the limitations of the premises to ensure that all Residents have sufficient space to undertake personal activity in private.

Proposed Timescale: Unknown

Outcome 16: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

The limitations of the premises were such that not all residents had sufficient space to undertake personal activities in private.

Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

A proposal for a new build hospital has been sent to the HSE Estates Department for approval and funding. This new hospital will address the issue raised in respect of not all residents not having sufficient space to undertake personal activities in private.

A meeting is planned with the Estates Manager and the Assistant National Director of Estates for Thursday 30th October, 2014 regarding the environmental issues at St. Camillus' Hospital.

In the interim where possible ongoing renovational work will be undertaken to improve the limitations of the premises to ensure that all Residents have sufficient space to undertake personal activity in private.

Proposed Timescale: Unknown

