Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Castleross
Centre ID:	0124
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Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	KM Healthcare Ltd. Representative Paul McCoy
Person in charge:	Katherine Sheila O'Donaghue
Date of inspection:	**Day 1:** 5 April 2011 **Day 2:** 6 April 2011
Time inspection took place:	**Day 1: Start:** 11:00 hrs **Completion:** 21:40 hrs **Day 1: Start:** 09:00 hrs **Completion:** 18:00 hrs
Lead inspector:	Sonia McCague
Support inspector(s):	Siobhan Kennedy
Type of inspection:	☒ **Registration** ☐ **Scheduled** ☒ **Announced** ☐ **Unannounced**

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the 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* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

Registration inspections are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that, the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.higa.ie.

About the centre

Description of services and premises

Castleross is a purpose-built centre established in 2002 that primarily provides care for residents over 65 years of age and those with dementia. Resident accommodation and facilities are located on the ground floor while office, staff changing and meeting facilities are available (since a new extension was built) on the first floor.

The centre can accommodate both female and male adults over 18 years of age with the following care needs:

- older persons care
- dementia-specific care
- physical disability
- intellectual disability
- young chronic care
- acquired brain injury
- respite care
- palliative care.

Admissions to Castleross are arranged by appointment following a pre-admission assessment undertaken by the person in charge or a clinical coordinator to ensure all the necessary equipment, knowledge and competencies are available to meet residents' needs. At the time of this inspection, there were five residents under 65 years with a physical disability, acquired brain injury (three residents) and intellectual disability (one resident). Another resident was receiving palliative care. Woodlands and Lisdoonan Houses are considered Alzheimer's and dementia specific households.

The centre is currently registered for 70 residents and following the completion of a structural extension it can now accommodate up to 98 residents. The centre has completed its transition from a clinical/medical model of care and environment to a social care model called a 'household model', with the ultimate aim being to provide a more home-like environment with a socially integrated lifestyle for residents. The centre is divided into six houses called Woodlands, Lisdoonan, Broomfield, Donaghmoyne, Creevy and Farney which provide a total of 80 single and 9 twin bedrooms as follows:

- Woodlands house has 16 single (without en suite facilities) and three single with an en suite toilet, wash-hand basin and shower facilities
- Lisdoonan house has 16 single bedrooms with en suite toilet, wash-hand basin and shower facilities and two twin rooms (without en suite facilities)
- Broomfield & Donaghmoyne Houses have 25 single and two twin bedrooms with en suite toilet, wash-hand basin and shower facilities
- Creevy and Farney Houses have 18 single and five twin bedrooms with en suite toilet, wash-hand basin and shower facilities.

Communal household facilities including an open plan kitchen and shared living and sitting rooms between Broomfield and Donaghmoyne, and Creevy and Farney. These shared facilities are called neighbourhoods, while Woodlands and Lisdoonan have separate household facilities. Each household has a kitchen adjoining a dining room where food was prepared and served from. The kitchen is accessible for food and drinks throughout the day and night. All houses can be accessed separately from the outside and have a distinctive and different colour of front door, similar to that of a domestic dwelling. Each household has a door bell and had key code security attached. The households are self contained with separate and shared bedrooms, living, sitting, dining and sanitary facilities. All communal rooms were home-like in character by way of décor and furnishings and each household has internal courtyards and patio areas. Households have access to the Kavanagh community centre and the village centre for social and recreational purposes. The Kavanagh community centre holds regular weekly activities such as music/dance sessions or a midweek movie shown on a large cinema-like projector screen. These are in addition to activities ongoing in individual households.

The village centre is tastefully decorated with architrave and murals which look like shop fronts on a typical village street and include a post office and hairdresser's salon. This area also includes:

- An information centre and reception
- "Molly's" bar/coffee dock
- "Aoife's hairdresser" (accessible by people who live within Castleross Community)
- large oratory
- visitors' toilets
- library/ meeting Rooms
- Castleross spa (residents only).

Other facilities include nine toilets (including six wheelchair-accessible toilets), five assistive bathrooms which include showers and a bath facility, a main kitchen separate from household kitchens, a treatment room, clinical rooms and offices, a visitor/family room and toilets, an internet and coffee dock, a meeting area, staff changing facilities, utilities and a laundry department.

A retirement village is co-located on site. There is ample car parking facilities and spacious well maintained external gardens as well as seven internal courtyards with planted areas, gardens, seating and pathways.

While the provider offers a day care facility, this was not in use at the time of inspection.

Location

The centre is located a short distance off the N2 road in a rural setting and is approximately two kilometres from Carrickmacross town in county Monaghan.

Date centre was first established:	01 December 2002
Number of residents on the date of inspection	70
Number of vacancies on the date of inspection	0 – awaiting registration for additional occupancy of 28 to bring total capacity to 98

Dependency level of current residents	**Max**	**High**	**Medium**	**Low**
Number of residents	30	16	14	10

Management structure

Paul McCoy is the owner/director and board member of KM Healthcare LTD who are responsible for the centre. He is also the nominated provider on behalf of the board.

The Person in Charge is Katherine Sheila O'Donaghue who reports to Paul McCoy. All staff including nurses, care assistants, activity and household coordinators, maintenance, catering and housekeeping staff report to the Person in Charge.

The Person in Charge and nominated provider are supported by two administration staff, whose roles include human resource and financial management.

Staff designation	**Person in Charge**	**Nurses**	**Care staff**	**Catering staff**	**Cleaning and laundry staff**	**Admin staff**	**Other staff**
Number of staff on duty on day of inspection	1	4	16	3	3	2	4*

* one director, two maintenance staff and one activity coordinator

Summary of findings from this inspection

This was an announced registration inspection which took place over two days. As part of the registration process, the provider has to satisfy the Chief Inspector of Social Services that he/she is fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). As part of the application for registration, the provider was requested to submit relevant documentation to the Authority including completion of the Fit Person Self Assessment document. The documentation was reviewed by inspectors to inform the inspection process. In order to assess the fitness of the provider and the person in charge, ''fit person'' interviews were held.

The inspection methodology included discussions with residents, relatives, the provider, the person in charge, nursing, caring and catering staff, observation of care practices and examination of records and the premises.

The provider and person in charge had good knowledge of the 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*. Copies of these documents were available at the centre and information sessions had been organised and participated in by staff.

Since completing the fit person self assessment, a number of initiatives had been taken to improve services. These primarily related to environmental improvements involving residents more fully in the running of the centre, reviewing residents' social care plans and creating more opportunities for person-centred activities.

The overall views of residents and relatives were satisfactory. They were positive in their comments about the facilities provided, specifically mentioning the premises, cleanliness of the environment, the opportunities to be involved in stimulating activities and the catering and laundry services. Inspectors observed staff interacting well with residents and relatives.

The provider had applied for registration for 98 residents and at the time of inspection, there were 70 residents in the centre. With the exception of five, all other residents were over 65 years of age.

In general, inspectors found a high standard in the provision of facilities and services and the quality of care. The findings were that the centre was in substantial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). However, one area that required improvement related to the assessment, review, evaluation and involvement of residents in care plans in accordance with the regulations.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Comments by residents and relatives

Pre-inspection questionnaires eliciting information about the centre and quality of the provision of services were completed by 16 residents and 23 relatives. In addition, inspectors spoke with many residents and relatives during the inspection. Overall the views and opinions expressed were positive.

All residents who expressed an opinion reported that they were well cared for. They considered that the new developments to the centre had greatly improved the environment. Many commented that it felt like home in many ways and they enjoyed the company of others who were generally from the locality or surrounding area. Residents were pleased to have the centre within their local area and felt that it enabled their family and visitors to call often.

There was general agreement among residents that they had sufficient opportunities for social and recreational activities.

Residents told inspectors that they had a choice about how they lived, were happy to talk to staff about concerns and would talk to the person in charge if they had significant issues to discuss.

There were no suggestions made by residents to bring about any further improvements at this time.

Overall, relatives described the facilities and services at Castleross as being of a good standard. They reported that residents were well cared for and the staff team were respectful in carrying out their duties and responsibilities. They referred to the high level of support made available to them. Relatives said and reported that they were kept informed at all times, especially when there were changes in a resident's condition.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The company KM Healthcare Ltd is the provider for this centre and is made up of four directors with Paul Mc Coy as the nominated representative and named provider. Paul Mc Coy told inspectors that directors meet quarterly to discuss matters arising and review service provision. The centre was well organised and managed. The provider and person in charge demonstrated that they had good knowledge of the 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*. The provider is a registered intellectual disability nurse and gained experience of elderly care and dependent persons having developed and operated this centre for the past nine years. He communicated that there were sufficient arrangements in place to respond to requirements that require significant expenditure and indeed substantial work had been carried out in the past year to extend and improve the care facilities.

The person in charge is a registered general nurse and nurse tutor and has qualifications including a diploma in child psychology. Over the past 10 years she has developed her knowledge and skills of working with older people and dependent persons in community settings and worked as a person in charge in another centre for over six years. In 2010 she was appointed as the director of care and person in charge of Castleross (the previous person in charge was Paul McCoy). To further her own professional development, she has availed of training opportunities in areas such as palliative care, dementia care, medical conditions and risk assessment and management. Together with the staff team, the provider and person in charge demonstrated that the centre was well organised with systems in place to manage risks.The Authority received a detailed plan outlining how management and staff propose to manage the admission of an additional 28 residents following the registration of the new extension. Additional staffing resources are included in this plan.

The statement of purpose was updated and examined by inspectors who concluded that it complied with the requirements of the the Health Act 2007 (Care and Welfare

of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The range of needs, criteria for admission and organisational structure was clearly outlined and members of staff from different disciplines were able to inform inspectors about these.

There was a written operational policy and procedure relating to residents' fees and personal property and possessions. The sample of records reviewed by inspectors had been maintained in accordance with the centre's policies and procedures. Residents had a locked facility in their bedrooms where they could hold personal possessions securely.

There were appropriate arrangements made for each resident to receive visitors. There were a variety of areas where residents met visitors; for example, in any of the four communal sitting areas, private sitting rooms, the visitors' room or in residents' own bedrooms. A record of visitors had been maintained in the centre.

Documentation referred to as the directory of residents had been maintained and was seen to have been completed in accordance with the relevant legislations.

There was a health and safety statement for 2011. There was a written operational policy and set of procedures which included information on the risks specified in the relevant regulations. Risk assessments with control measures had been carried out, reviewed and recorded. Inspectors found that there was a range of fire safety measures in place. The Authority received a letter from a competent person dated 25 March 2011 confirming that all the statutory requirements relating to fire safety and building control have been substantially complied with for this centre.

The centre's insurance cover against accidents or injury to residents, staff and visitors was up to date and satisfactory.

The person in charge was aware of her legislative responsibilities in respect of notifications, had maintained a record of all incidents occurring in the centre and had given appropriate notice to the Chief Inspector of Social Services including quarterly reports.

There was a written operational policy and procedure on the creation of, access to, retention of and destruction of records. Inspectors examined the maintenance of records in relation to accidents/incidents. These were detailed with all the relevant information regarding where and when the incident took place, if it was witnessed, action taken following its occurrence including reporting duties. The records were easy to retrieve and kept in a safe and secure place. Audits of accidents were carried out in order to minimise future reoccurrence.

There was a written operational policy and procedures on the handling and investigation of complaints. The procedure identified the key persons responsible for investigating residents' complaints. Residents and relatives interviewed were familiar with the procedure which was well advertised throughout the centre.

Inspectors were told by the provider and the person in charge that contracts of care for the provision of services had been agreed with all residents and included the provision of a laundry service. Contracts of care reviewed by an inspector were found to be in substantial compliance with the regulations.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Residents and staff told inspectors that systems were in place to enable residents to play an active part in the centre with regard to making decisions that affected their lives. An active residents' group met regularly and the person in charge described the purpose and benefits of the forum and outlined changes implemented in response to residents' opinions. For example, the decision for staff not to wear a uniform was implemented in consultation with residents' and feedback in relation to environmental changes was positive.

A "Quality of Life Questionnaire" had been issued each resident and/or his/her family on 30 March 2011 to attain their views on life in the centre. Feedback was complimentary regarding changes made to the environment, the household model of care and food. One relative commented that the increase in staff supervision resulted in the discontinuation of restraint for one resident. While another relative commented that the environment was very clean, the new layout was better and easier to get around and that it was "easy to visit with children".

Representatives had been appointed on residents' behalf and visited the centre to support residents. Volunteers including the Legion of Mary visited residents and befriended them as appropriate. The provider published a fortnightly bulletin that included details of forthcoming activities and attractions locally. A television channel accessible to all residents and evident in the reception area was dedicated to advertising events and services and included a slide show containing the residents guide.

Residents described aspects of their lifestyles to inspectors and said they were free to exercise choice and were supported by staff in what they chose to do. Some residents informed inspectors that they were given opportunities to participate in social and recreational activities based on their preferences. An activity coordinator had been employed to oversee the provision of activities and inspectors observed different events taking place during the inspection such as singing and movement to music, group and one-to-one discussion, bingo, knitting and card games. Mass was also said in the oratory weekly. Persons providing reflexology, arts and crafts attended residents in the centre on a weekly basis.

The person in charge told inspectors that strong community links had been established with a range of local organisations, schools and volunteer groups. A wheelchair accessible mini bus was available to residents for outings, shopping trips and appointments. A local hairdresser provided a service in the salon in the centre and residents were complimentary of it.

House pets were seen in Woodlands that included a pair of doves in the courtyard, “Kylie” a golden Labrador dog and an aquarium in the sitting room. Lisdoonan House had a new Canary called “Tweetie”. These house pets appeared to be a source of great amusement and provided a point of interest for residents.

Residents’ bed linen and clothing was laundered and residents were positive in their comments of the service. There were wardrobes and drawers for residents to store their clothes. Residents clothing was seen to be well organised, folded and maintained.

Inspectors examined the written operational policy and procedure on the prevention, detection and response to abuse. The procedure guided staff in the event of a suspected or actual allegation of abuse and detailed reporting arrangements to the relevant personnel. Staff training records showed that the principles of adult protection were included in the staff induction programme and ongoing training. During interviews, staff demonstrated their knowledge of what to do and the reporting mechanisms in the event of a disclosure or allegation of abuse.

Inspectors considered that residents received a varied diet which was nutritional and met their individual dietary needs and preferences. There was a written operational policy and procedures on the monitoring and documentation of residents’ nutritional intake and evidence-based assessment tools were used to risk assess individual needs. Inspectors saw that residents were provided with choices in relation to the main meal and were offered a selection of deserts and refreshments with meals. Food was well presented and in portions appropriate to residents’ appetites.

The quality of food was described as “good” and there was extra food and/or supplements available daily. Fresh drinking water, milk, juices and hot drinks were available and provided to residents throughout the day and on request. An inspector spoke with the cook and catering staff on duty who were knowledgeable in areas of catering and knew the wishes and preferences of residents.

The most recent environmental health inspection had taken place on the 7 April 2010. The person in charge confirmed that matters reported were addressed. A Hazard Analysis Critical Control Plan (HACCP) was in place and records were seen to be up to date.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

There were systems in place to assess residents' needs prior to moving into the centre and to monitor and promote their social well-being and health care following admission. An admission policy and procedure was available which assisted staff to determine if the centre was suitable to meet residents' needs and to guide staff when admitting a resident. A staff member informed inspectors that detailed information was given to residents to assist them to adapt to their new circumstances. The sample of care records examined showed that the procedures were implemented with regard to nursing staff carrying out a pre-admission visit and recording residents' belongings when they were being admitted. There was also a written operational policy and procedure on the temporary absence and discharge of residents.

Inspectors found that staff had a detailed knowledge of residents' healthcare needs. They risk assessed residents in particular areas of care such as continence, nutrition, accidental injuries, falls, pressure sores, moving and handling and skin. Validated tools were used to identify the risks including developing pressure sores. The person in charge reported that no resident had a pressure sore at this time. Residents were weighed on a monthly basis or more often if needed, a record was maintained and action taken with regard to undue weight gain or loss.

Residents had access to their general practitioner (GP) on an ongoing weekly or as required basis and an on-call GP emergency service was available. Services such as physiotherapy, occupational therapy, dietetics and chiropody were accessible through GP referral.

There was a written operational policy and procedure on end of life care. This entailed the involvement of palliative care nurses to give specialist advice regarding emotional, psychological and spiritual needs as well as pain relief for the physical condition. Staff could describe the care and support provided to residents and family members.

The person in charge had put in place mechanisms for collecting data so that an annual review against the Authority's standards could be carried out. Inspectors observed that there were systems in place to monitor and improve the quality of life

and care provided to residents. Audits of wounds, falls, incidents, infection, complaints, resident dependencies, restraint, weight loss/gain and resident documentation. The person in charge and staff were aware of the need to take corrective action in respect of any issues or concerns identified as a result of collating the information.

Documentation in relation to restraint was reflective of best practice. For example, quality review audits and records were available to identify that the alternative least-restrictive interventions had been adopted to achieve the necessary protection for residents when the use of restraint had been considered and that all decisions were in the best interest of residents. Inspectors also noted that a consensus approach had been adopted with involvement of the resident; his/her significant other (as appropriate), the GP and other professionals involved in his/her care.

Some improvements required

Inspectors reviewed a sample of residents' care plans and found that they did not fully comply with the regulation in respect of assessment and review. There was limited evidence to confirm that residents and/or their relatives were consulted with regard to the development and review of residents' care plans. For example, there was no written information in the care notes regarding the views of residents' and significant others about whether all assessed needs and care interventions were improving residents' conditions and circumstances. There was no documented evidence confirming that each resident was notified of any review of his/her care plan nor was it evident that each resident's care plan was revised, after consultation with him/her. Daily progress notes did not reflect the stated objectives of care and care given, therefore it was not possible to evaluate whether interventions and treatment plans were leading to successful outcomes for residents.

There was a written operational policy and procedure on the ordering, prescribing, storing, administration and disposal of medicines. Medication audits were carried out and recorded so as to decrease the risk of drug errors. While medicines were stored safely, the prescribing, storage and household arrangements practiced were not as outlined within the policy.

Minor issues to be addressed

The names and signatures of some nursing staff was not as their registered An Bord Altranais name stated on professional identification cards retained by the person in charge.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

Since the date of the last inspection, the physical environment had been substantially improved due to internal changes, renovations and the additional extension. Residents were complimentary of the recent improvements and told inspectors that the centre provided a pleasant place to live. The refurbishment had increased the number of bedrooms, communal, recreational and storage rooms.

The centre was pleasantly decorated, well furnished and maintained. There was a choice of communal areas available which were bright and home-like in character due to the style of décor and furnishings. Walls were decorated with hanging mirrors and pictures and lamps contributed to the pleasant ambience. Large flat screen televisions were positioned to ensure all residents had a good view. Some residents showed their bedrooms to inspectors. Many had had availed of the opportunity to bring in personal belongings such as pictures, ornaments and photos. Since the last inspection, safe and secure storage for residents' possessions has been made available.

Great emphasis had been placed on residents' safety. Security was monitored through the provision of close circuit television cameras across the site which showed the communal internal aspects of the centre and the external environment. It did not impinge on residents' privacy. Many residents told inspectors that they felt safe.

A jacuzzi bath was available in the centre for residents' use and equipment had been provided in response to the assessed needs of residents. This included hoists, profile beds and wheelchairs. The resident call system and an individual personal restraint system were installed and used dependent on resident need following assessment. Equipment was maintained in good working order and records were available to verify regularly servicing.

Good infection prevention and control measures were in place and a good standard of cleanliness was evident. Alcohol hand gels were provided at the entrance and at other locations throughout the centre. These were seen to be used regularly by staff and visitors.

A domestic staff member informed an inspector of her duties and responsibilities in respect of caring for the environment and confirmed that she had received training in this area.

Floors and surfaces throughout the centre were observed to be clean. Sluice rooms were found to be adequately equipped with bedpan washers and racks for storage. A colour coded cleaning system was in place to prevent cross contamination of surfaces.

The internal courtyards and external grounds were clean, and were planted with colourful plants and landscaped with items of interest including bird tables, window boxes, flower beds and a rockery of decorative and painted stones. Garden furniture was available to enable residents use in these areas.

Temperatures of the storage and distribution of hot water was monitored and recorded to prevent risks of scalding and legionnaire's disease.

There was a generator in the centre to support continued services in the event of a power failure.

Minor issues to be addressed

Following the registration of the additional beds, the person in charge agreed to re-number rooms and synchronise these revisions with the fire alarm panel.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Information for residents was relevant, clear and up to date. There was a written operational policy and procedure in respect of communication. It was descriptive regarding the methods employed to communicate with residents and contained information about general communications regarding the operation of the centre.

There was a written and operational policy and procedure on the provision of information to residents which included the resident's guide. Residents' records were stored in a safe and confidential manner.

Inspectors were told by some residents, relatives and staff that the person in charge facilitated good communication and they were positive about the open approach to communication within the centre. Residents and relatives told inspectors that they felt able to approach any of the staff if they had any concern or wished to discuss any matter. Residents confirmed that information on activities and other events such as appointments were conveyed to them in a timely way.

Inspectors found that there were many good methods adopted to circulate information. For example, notice boards and screens were strategically placed throughout the centre and relevant current information was displayed such as menus, guides and forthcoming events and activities. The complaints procedure, training opportunities and general information were advertised in relevant areas in the centre.

Residents had access to a public telephone, were able to use their own mobile telephone or could have a phone installed in their bedroom. Residents were also assisted to vote in previous elections. Local and national newspapers were provided.

Arrangements were in place to provide staff with up to date information about residents' health and social care needs. This was conducted at handover meetings which took place when there was a change in the staff group. "Learning circles" whereby groups of residents and staff met informally on a daily basis was practiced

in some households. Staff told inspectors that the meetings were invaluable in providing continuity of care to residents and opportunities to evaluate changes in daily life and routines within the centre. Management and staff meetings were in place and records were maintained. Issues and matters arising were revisited in subsequent meetings demonstrating an informed service.

Inspectors observed staff taking time to communicate with residents speaking slowly and sensitively and repeating information to ensure that it had been understood.

Minor issues to be addressed

The provider KM Healthcare Ltd and new title of the centre was not referenced consistently throughout all the documentation.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs.

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

The overall view held by those residents, relatives and staff who contributed to the inspection was that there was sufficient staff to meet the needs of residents and that they were competent and caring in carrying out their duties. During the fit person interviews, the provider and person in charge described the need to have adequate staffing levels and an appropriate skill mix in order to provide good quality care to residents. Inspectors examined a copy of the duty rota for the period prior to the inspection and staffing levels were similar to those on the day of the inspection. The rota showed that a registered nurse was on duty at all times and the provider told inspectors that up to four nurses were on duty each day. Inspectors were assured that the nurse in charge had the flexibility to have more staff on duty if this was necessary to care for residents. Since the last inspection, night time staffing levels had been increased and staff morale was good.

The provider and person in charge were aware of their responsibilities in respect of recruiting staff. A policy and procedure was available and covered all essential areas in respect of recruitment. The information and documents specified in Schedule 2 of the regulations was available in the staff documents examined by inspectors.

The staff on duty demonstrated that they worked as a team to provide care and services to residents. Some expressed their great sense of satisfaction from working with residents and their families. Discussions with staff confirmed that good relationships existed between the various grades of staff and management. A staff member told inspectors that she was able to influence the rota and request planned and emergency time off. Inspectors observed that staff responded quickly to residents' call bells and requests for assistance.

Staff confirmed that they felt encouraged and supported by the person in charge to carry out their work and participate in ongoing training and development.
Various methods for supervising different grades of staff were adopted by management. This entailed observation, instruction and role modelling. Staff appraisals were in place and a training schedule for all staff was maintained.

In the main, the person in charge had ensured that staff members had access to education and training to enable them to provide care in accordance with contemporary evidence-based practice. The training records indicated that in the past 12 months staff had completed training in the following areas: the regulations and standards governing residential care settings, moving and handling, fire safety and prevention, hand hygiene, food safety, infection control, medication management, palliative care, Sonas and dementia care and protection of residents from abuse. Some staff had attended workshops in acquired brain injury, healthy eating and physical activity and implementing cultural change and the household model. Care assistant staff had completed training at Further Education and Training Awards Council (FETAC) level five.

Different grades of staff told inspectors that opportunities to discuss practice issues were available at staff meetings. Minutes of staff meetings were reviewed by inspectors who noted that agenda items covered areas relevant to the day-to-day running of the centre.

Minor issues to be addressed

Following the registration of the additional 28 beds, the person in charge agreed to monitor and review staffing levels and skill mix on an ongoing basis.

Closing the visit

At the close of the inspection visit, a feedback meeting was held with the provider and person in charge to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Sonia McCague
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

17 May 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	**Type of inspection:**
22 September 2010	☐ Registration ☐ Scheduled ☒ Follow up inspection ☒ Announced ☐ Unannounced
3 February 2010	☐ Registration ☒ Scheduled ☐ Follow up inspection ☒ Announced ☐ Unannounced

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report*

Centre:	Castleross
Centre ID:	0124
Date of inspection:	05 April 2011
Date of response:	20 May 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the 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*.

1. The person in charge has failed to comply with a regulatory requirement in the following respect:

Some residents' care plans did not fully comply with the regulations in respect of assessment and review.

Action required:

Develop and agree the content of care plans in consultation with residents. This should include the assessed needs and the care interventions introduced by staff to bring about improvements in resident's conditions/circumstances.

Action required:

Detail in the documented assessments the capacity of residents with dementia or those who are cognitively impaired regarding their ability to consent to the care plan.

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

Action required: Keep residents' care plans under formal review as required by residents' changing needs or circumstances as and no less frequent than at three-monthly intervals.	
Action required: Document the information in respect of residents' individual assessed needs and changing circumstances. Ensure that the process includes consultation and agreement with residents/relatives.	
Action required: Notify each resident of any review of his/her care plan.	
Action required: Revise each resident's care plan, after consultation with him/her.	
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The current care plans are being reviewed to more clearly demonstrate that the content is developed in consultation with residents and includes the assessed needs and interventions introduced by staff to bring about improvements in the residents condition/circumstances. Further detail in relation to the capacity of residents with cognitive impairment to consent to the care plan will be documented in assessments. All residents care plans will continue to be reviewed as required, by the residents changing needs and no less frequently than at three monthly intervals. Information in respect of resident's individual assessed needs and changing circumstances will be documented and will demonstrate consultation and agreement with residents/relatives. Each resident will be notified of any review of their care plan. All care plans will be revised following consultation with the resident.	Eight weeks

Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 1 Information	It is recommended that the new title of the centre and provider KM Healthcare Ltd are referenced consistently throughout all the documentation. **Provider's response:** All documentation is currently being reviewed and will reference the new title of the centre and the provider KM Healthcare Ltd
Standard 10: Assessment	It is recommended that the daily progress notes reflect on the stated objectives of care in order to gather information to review and evaluate whether the interventions and treatment plans lead to successful outcomes. **Provider's response:** Daily progress notes shall reflect on the stated objectives of care in order to gather information and evaluate interventions outcomes.
Standard 23: Staffing Levels and Qualifications	Ensure there are appropriately skilled and qualified staff sufficient to deliver services in accordance with these standards and the needs of the residents. At any point in time, the number and skill mix of staff on duty is determined and provided according to a transparently applied, nationally validated, assessment tool, to plan for and meet the needs of the residents. This is subject to regular review. **Provider's response:** Castleross shall continue to monitor, increase or decrease the number and skill mix of staff on duty using a nationally validated, assessment tool to plan for and meet the resident's needs.
Standard 24: Training and Supervision	Ensure new staff receive induction and continued professional development and appropriate supervision. **Provider's response:** Castleross shall continue to provide induction, opportunities for continued professional development and appropriate supervision for all new staff.

Standard 25: Physical Environment	Following the registration of the additional beds, the person in charge should re-number rooms and synchronise these revisions with the fire alarm panel. **Provider's response:** All resident room numbers shall be re-numbered and synchronised with the fire alarm panel following registration of the additional beds.
Standard 27: Operational Management	It is recommended that the name and signature of the nursing staff is as per their professional registration name. **Provider's response:** All nursing staff shall sign documentation using their professional registration name.

Any comments the provider may wish to make:

Provider's response:

The provider and person in charge would like to acknowledge the courtesy shown by inspectors to residents, relatives, staff and management alike during the inspection process. Castleross are committed to working in partnership with the inspectorate to continually improve the quality of life and service received by the people living in Castleross. Castleross appreciates the feedback received in relation to the introduction of the Household Model of Care and feels confident the culture change associated with it will enable us as care providers to meet the requirements of the 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*.

Provider's name: KM Healthcare Ltd/Representative Paul Mc Coy

Date: 20 May 2011