

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Castlemanor Nursing Home
Centre ID:	0123
Centre address:	Billis
	Drumalee
	Co Cavan
Telephone number:	049 4327100
Fax number:	049 4327188
Email address:	info@castlemanor.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Castlemanor Nursing Home Ltd.
Person in charge:	Mary Wright
Date of inspection:	31 August 2012
Time inspection took place:	Start: 08:50 hrs Completion: 14:50 hrs
Lead inspector:	Sonia McCague
Support inspector:	None
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the 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*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Castlemanor Nursing Home is registered to accommodate up to 71 residents. It is a two-storey purpose-built centre that opened in 2007. The centre has 69 single rooms and one twin room. All bedrooms have assistive en suite shower and toilet facilities.

The centre accommodates both female and male residents from the age of 18 years and primarily over 65 years of age. Services provided include general nursing care, respite, convalescence, palliative care, dementia care, intellectual, physical and sensory care. Nine residents were under the age of 65 years and were being supported by specialist services provided by the Health Service Executive (HSE) that included external day care facilities specific to their needs.

Male and female residents are accommodated within four units named after local Loughs. Ground floor units include Lough Oughter, a dementia specific unit with capacity for 13 residents and Lough Sheelin that has capacity for 14 residents. First floor units include Lough Inchin which has capacity for 20 residents and Lough Rann which has capacity for 24 residents.

The centre was well maintained, tastefully decorated, clean and bright. There are a number of communal areas in addition to other facilities within the four units. These facilities include a room with a coffee dock and snack machine, spacious recreation/sitting room and computer room. There are seated areas in the main foyer and in the upstairs landing, an activity/sewing room, a multi-sensory room, a visitor room with overnight facilities, an oratory, a number of auxiliary rooms for storage, laundry and a main kitchen.

Ample car parking, footpaths and lighting is available outside and around the centre. The centre has its own wheelchair accessible minibus and full time driver to assist and transport residents into town or to external appointments and events.

Location

Castlemanor Nursing Home is located in Drumalee within a campus consisting of a retirement village and a community centre. It is on the outskirts of Cavan town of the Cootehill road.

Date centre was first established:	2007
Number of residents on the date of inspection:	69
Number of vacancies on the date of inspection:	2 residents in hospital

Dependency level of current residents	Max	High	Medium	Low
Number of residents	7	15	25	22

Management structure

The provider is Castlemanor Nursing Home Ltd and the nominated person on behalf of the provider is Dermot O'Reilly who is a director of the company. He works as the Director of Services in the centre on a full-time basis.

The Person in Charge is Mary Wright, Director of Care who works full time and manages the centre on a day-to-day basis and who reports to the provider.

The deputy Director of Care manages the centre in the absence of the Person in Charge. Both are supported by the General Manager. Staff nurses, care assistants, catering, domestic staff, administrative staff and maintenance support the person in charge to carry out her duties and responsibilities.

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	12	4	3	1	3

Background

The purpose of the inspection was to follow up on matters arising on the last inspection 4 and 5 October 2011.

Areas identified for improvement related to the provision of a nurse full time in the dementia specific unit, which the provider had addressed and confirmed following the registration inspection. Other improvements related to the content of residents' contracts of care, policies to be complete and reflective in practice, maintaining records of all accidents and improvements related to medical records.

Summary of findings from this inspection

This report set out the findings of a follow up inspection, which was unannounced and took place over one day.

On arrival to the centre the person in charge, her deputy and the general manager were available and on duty as rostered. The management and staff team interacted well in facilitating this inspection and providing evidence to demonstrate that all required improvements were addressed or progressed since the last inspection.

Residents who spoke with the inspector were positive about day-to-day life experienced in the centre and expressed satisfaction with the facilities and services, health care treatment received and choice of meals provided.

Residents described their daily routines and emphasised the fun and enjoyment they got from the variety of social and recreational activities offered such as attending the recent Fleadh in Cavan town. Residents complimented efforts made to have entertainers, including musicians and traditional dancers come to the centre. Residents and staff were complimentary of the person in charge who was described as readily available and supportive when needed.

The management team and staff demonstrated a commitment to meet the requirements of the Regulation. In general, the inspector found a high standard in the provision of facilities, services and quality of care. The overall findings on the day 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).

Actions reviewed on inspection:

1. Action required from previous inspection:

Agree a contract with each resident within one month of admission to the designated centre.

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

This action was addressed satisfactorily. The inspector reviewed contracts of residents recently admitted which included specific fees, details and services provided. Contracts were agreed by the resident or their representative and the providers' representative.

2. Action required from previous inspection:

Ensure that the numbers and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Ensure that an appropriately qualified registered nurse is on duty and in charge of the designated centre at all times, and maintain a record to this effect.

Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

This action was addressed satisfactorily. The inspector found adequate staffing and skill-mix on duty and in accordance with the planned roster to meet the needs of residents. Adjustments in nurse/care staff allocation was brought about following the previous inspection. The centre has a nurse in charge at all times and Lough Oughter unit which is dedicated to residents with cognitive impairment, is managed by a nurse at all times. Actual and planned rosters were made available to support this improvement.

All rostered nurses were registered and active on An Bord Altranais professional register. Training records for all staff were maintained that demonstrated availability of relevant training and that enabled management to identify ongoing training needs of staff.

3. Action required from previous inspection:

Maintenance of records

Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) of the Regulations in a manner so to ensure completeness, accuracy and ease of retrieval.

Make the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) of the Regulations available to the resident to whom the records refer and made available at all times for inspection and monitoring purposes under the Act.

Operating Policies and Procedures

Put in place all of the written and operational policies listed in Schedule 5 of the Regulations.

Medical Records

Complete, and maintain in a safe and accessible place, an adequate nursing record of each resident's health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines. Maintain, in a safe and accessible place, a medical record in respect of each resident with details of investigations made, diagnoses and treatment given, and a record of all drugs and medicines prescribed, signed and dated by a medical practitioner. Maintain, in a safe and accessible place, a record of each drug and medicine administered in respect of each resident, giving the date of the prescription, dosage, name of the drug or medicine, method of administration, signed and dated by a medical practitioner and the nurse administering the drugs and medicines in accordance with any relevant professional guidelines.

These actions had progressed satisfactorily.

Maintenance of Records

Improvements in the maintenance of electronic and hard copy records were found.

A record of incidents including pressure sores and treatment provided to residents was maintained and audited by the person in charge and her team.

Systems and protocols by way of advance directives and end-of-life care plans were being introduced to record any decisions and limitations such as decisions regarding end of life and resuscitation. Decisions taken were as a result of collective consensus between the resident and/or the next of kin, their doctor and the person in charge.

A system to ensure an assessment summary detailing the up-to-date healthcare status of residents prior to transfer to other services has been developed and is to be implemented. Ongoing staff training in the electronic recording system is to be provided to support this.

An electronic record of all accidents within the centre including Lough Oughter, was available and audited by the person in charge to bring about improvements for residents.

Residents' finance records had improved to include the purpose for which resident's money was used and included signatures of the person/s withdrawing and lodging money from personal accounts/funds. Financial transactions included two staff signatures in the event that residents/relatives were unable to sign/authorise.

Other available records reviewed on this inspection included the updated statement of purpose and function, Residents' Guide, two recently employed staff records and complaints logged since the last inspection. The inspector was satisfied that these records were sufficiently maintained, complete and in accordance with the regulatory requirements.

Operating Policies and Procedures

Written and operational policies listed in Schedule 5 of the Regulations were available that had been reviewed and updated since the last inspection.

Medical Records

A sample of residents' medication prescription kardex was reviewed and found to be in accordance with the Regulations and relevant professional guidelines. Issues addressed since the last inspection included:

- the maximum drug doses was consistently stated for PRN medication prescribed
- discontinued drugs were signed and dated by GP's
- three monthly medication reviews were recorded.

4. Action required from previous inspection:

Maintain a record of all incidents occurring in the designated centre.

Confirm in writing any notice given orally in accordance with Regulation 36 within three working days of the occurrence of the incident.

This action was addressed satisfactorily. This requirement was addressed immediately following the last inspection whereby all notifiable incidents and reports were subsequently submitted to the Authority in compliance with the Regulations.

Report compiled by:

Sonia McCague

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

11 September 2012

Chronology of previous HIOA inspections	
Date of previous inspection:	Type of inspection:
4 and 5 October 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
29 September 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
24 November 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Any comments the provider may wish to make:

Provider's response:

Castlemanor Nursing Home welcomes the opportunity to have its facility, policies and procedures independently audited. Castlemanor is committed to continuous improvement of its services and practices and fully endorses the inspectorate and inspection processes as conducted by the Health Information and Quality Authority. We remain open and receptive to constructive feedback which enables us to continue to deliver a quality service and home for our residents. We fully endorse all aspects of the inspection process which improves our service and reputation and improves the image and reputation of our industry.

Provider's name: Dermot O'Reilly

Date: 18 September 2012