

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |  |
|---|--|
| <b>Centre name:</b>                                       | Castlemanor Nursing Home                                 |
| <b>Centre ID:</b>   | OSV-0004913  |
| <b>Centre address:</b>                                    | Billis,<br>Drumalee,<br>Cavan.                           |
| <b>Telephone number:</b>                                  | 049 432 7100   |
| <b>Email address:</b>                                     | info@castlemanor.ie                                      |
| <b>Type of centre:</b>                                    | A Nursing Home as per Health (Nursing Homes)<br>Act 1990 |
| <b>Registered provider:</b>                               | Gingerside Limited                                       |
| <b>Provider Nominee:</b>                                  | Francis Whelan   |
| <b>Lead inspector:</b>                                    | PJ Wynne   |
| <b>Support inspector(s):</b>                              | None   |
| <b>Type of inspection</b>                                 | Unannounced  |
| <b>Number of residents on the<br/>date of inspection:</b> | 69   |
| <b>Number of vacancies on the<br/>date of inspection:</b> | 2  |

## **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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

This 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: 17 May 2017 09:30 To: 17 May 2017 18:20

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

| <b>Outcome</b>  | <b>Our Judgment</b>      |
|---|--------------------------|
| Outcome 01: Statement of Purpose                                      | Compliant                |
| Outcome 02: Governance and Management                                 | Compliant                |
| Outcome 03: Information for residents                                 | Substantially Compliant  |
| Outcome 04: Suitable Person in Charge                                 | Compliant                |
| Outcome 05: Documentation to be kept at a designated centre           | Compliant                |
| Outcome 07: Safeguarding and Safety                                   | Substantially Compliant  |
| Outcome 08: Health and Safety and Risk Management                     | Substantially Compliant  |
| Outcome 09: Medication Management                                     | Compliant                |
| Outcome 11: Health and Social Care Needs                              | Compliant                |
| Outcome 13: Complaints procedures                                     | Compliant                |
| Outcome 14: End of Life Care  | Compliant                |
| Outcome 15: Food and Nutrition  | Compliant                |
| Outcome 17: Residents' clothing and personal property and possessions | Substantially Compliant  |
| Outcome 18: Suitable Staffing   | Non Compliant - Moderate |

**Summary of findings from this inspection**

This report sets out the findings of an unannounced inspection, carried out by the Health Information and Quality Authority (HIQA). The centre can accommodate a maximum of 71 residents who need long-term care, or who have respite, convalescent or palliative care needs. Notifications of incidents received since the last inspection were reviewed on this visit.

The corporate and clinical governance arrangements are well defined. A goals framework for 2017 was set out for areas of skills improvement, communication, health and safety and the delivery of clinical care. There is a system to review the quality and safety of care and quality of life in place.

The premises, facilities, furnishings and décor were of a good standard. Staff interacted well with residents and in a respectful, responsive and appropriate manner. Staff demonstrated very good knowledge of residents' needs, likes and preferred daily routine. The building was warm and comfortably decorated.

Each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care. Residents' healthcare needs were met with referrals to medical and allied health professionals. Residents had required access to GP services and out-of-hours medical cover was provided. Policies and procedures were in place to guide staff in the management of residents' medicine.

The inspector observed mealtimes on day of the inspection. There was a choice of a variety of well presented food. Portion were individually plated and generous in size.

Nine outcomes were judged as compliant with the regulations and a further four outcomes as substantially in compliance with the regulations. One outcome was moderate non-complaint, Suitable Staffing. There was an adequate complement of staff to ensure safe care. However, the staff complement requires review to enhance the quality of life experiences for residents and ensure person centered outcomes.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose detailed the aims, objectives and ethos of the centre. It outlined the facilities and services provided for residents and contained all information in relation to the matters listed in schedule 1 of the regulations.

**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 corporate and clinical governance arrangements were well defined. A goals framework for 2017 was set out for areas of skills improvement, communication, health and safety and the delivery of clinical care. Goal objectives were monitored to assess targets were being met.

The provider representative is involved in the governance, operational management and administration of the centre on a consistent basis. There was evidence of investment in services and professional development of staff.

During the inspection the provider representative demonstrated his knowledge of the legislation and statutory responsibilities. He had aligned the goals for the service to the organisational structure and accountability at each management level was clear.

The governance arrangements in place are suitable to ensure the service provided is safe, appropriate and consistent. The person in charge has been allocated an annual budget to meet the daily needs of the service. There are governance meetings and the person in charge is supported by a human resource manger and a practice development facilitator in reviewing policies and procedures.

There is a system to review the quality and safety of care and quality of life in place. A system of audits is planned to include clinical data, environmental matters and document control management.

Audits were completed to review the use of physical restraint management (the use of bedrails), the administration of psychotropic or night sedative medication and any falls sustained by residents. A comprehensive medicines management audit was completed over the past 12 months. Practices to ensure each resident were adequately protected by all procedures for the management of medicines was well developed.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a residents' guide developed containing all the information required by the regulations. This detailed the visiting arrangements, the term and conditions of occupancy and the complaints procedure.

All residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents. The inspector reviewed a sample of contracts of care. All contracts were signed by relevant parties. However, the contract of care did not specify for residents whether the bedroom

to be occupied was single or twin occupancy.

Expenses not covered by the overall fee and incurred by residents were identified in an appendix attached to the contract.

**Judgment:**

Substantially Compliant

***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 person in charge fulfils the criteria required by the regulations in terms of qualifications and experience.

The person in charge has not changed since the last inspection. She is a registered nurse and holds a full-time post. She had good knowledge of residents care needs.

She maintained her professional development and attended mandatory training required by the regulations. During the inspection she demonstrated that she had good knowledge of the regulations and standards pertaining to the care and welfare of residents.

She is supported in her role by an assistant director of nursing who had a good knowledge of each resident's specific care needs. There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

The person in charge spends a part of her day, each morning overseeing the delivery of clinical care. She is informed of any specific care needs or emerging clinical issues. During conversations with the inspector it was evident she was very well appraised of the physical and psychosocial care needs of all residents.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***

***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and***

***Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were stored, maintained in a secure manner and easily retrievable.

A sample of records were reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care, as well as the centre's statement of purpose.

A record of visitors was maintained. A current certificate of insurance cover was available. The registered provider was adequately insured against risks, including loss or damage to a resident's property

A sample of staff files were reviewed and found to be compliant with the regulations.

The inspector also reviewed operating policies and procedures for the centre, as required by Schedule 5 of the regulations. Policies listed in Schedule 5 were in place, including those on health and safety of residents, staff and visitors, risk management, medication management, end of life care, management of complaints and the prevention, detection and response to abuse. The sample of policies read had been reviewed and were maintained up to date.

**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:**



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

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

**Findings:**

The financial controls in place to ensure the safeguarding of residents' finances were examined by the inspector. There was a policy outlining procedures to guide staff on the management of residents' personal property and possessions. The provider is an agent to manage pensions on behalf of a small number of residents. Transparent systems were in place. Each resident had an account in their own name into which any monies accrued were lodged. Two signatures were recorded for each transaction.

There were effective and up to date safeguarding policies and procedures in place. Measures were in place to protect residents. The management team demonstrated their knowledge of the designated centre's policy. They were aware of the necessary referrals to external agencies including the Health Service Executive (HSE) adult protection case worker. No notifiable adult protection incidents which are a statutory reporting requirement to HIQA had been reported since the last inspection.

Risks to individuals were managed to ensure that people had their freedom supported and respected. Consent was obtained from residents and their wishes respected.

Staff members spoken with had received training and understood how to recognise instances of abusive situations. They were aware of the appropriate reporting systems in place. Staff identified a senior manager as the person to whom they would report a suspected concern. Staff spoke confidently of being able to relay any issues and confirmed they are always listened to and their concerns are acted on.

Through observation and review of care plans it was evidenced staff were knowledgeable of residents' needs. Staff provided support that promoted a positive approach to the behaviours and psychological symptoms of dementia (BPSD). Staff were seen to reassure residents and divert attention appropriately to reduce anxieties.

There is a policy on the management of responsive behaviour. Staff could describe particular residents' daily routines very well. Staff had received training in responsive behaviours and caring for older people with cognitive impairment or dementia. The training was delivered by the person in charge. However, a small number of staff remained outstanding for training in responsive behaviours and dementia care.

A member of staff was involved in a training program being led by the psychiatry team and the Health Service Executive (HSE) titled, Functional Interventional Training System (FITS). The staff member has a lead role in auditing the use of antipsychotic, anti anxiety medicines and night sedatives and has trained some staff on the course completed.

There was a policy on restraint management (the use of bedrails and lap belts) in place.

At the time of this inspection there were 18 residents with two bedrails raised. A risk assessment was completed prior to using bedrails. Signed consent was obtained. There was evidence of multi disciplinary involvement in the decision making process including the GP. A restraint or enabler register was maintained. This recorded the times bedrails were raised and taken down. All residents were checked periodically throughout the night.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire safety equipment was serviced quarterly and annually in accordance with fire safety standards.

The fire and evacuation procedures were displayed around the building. The evacuation procedure, which was one of phased evacuation of the building, made reference to the evacuation of residents from the zone in which the fire was detected to adjacent zones.

The needs of the residents had been assessed in the event of an evacuation of the centre. Their needs were recorded and were reviewed. The residents were provided with appropriate evacuation aids, informed by the assessment, throughout the centre to ensure they could be evacuated in a timely way in the event of a fire.

The records present relating to training of staff examined by the inspector indicated that there was an ongoing program of fire safety training. However, the number of drills completed did not ensure all staff had the opportunity to participate in regular drills in between annual refresher fire safety training.

The procedures to undertake and record internal fire safety checks were revised. The records demonstrated accurately what equipment was being checked and how it safety was ensured to include the fire extinguishers, the fire panel and automatic door closers

The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. There was an emergency plan and this was found to be appropriate with identification of services and emergency numbers in the event of a range of possible occurrences. A missing person's policy and procedures on incident

reporting and risk escalation were in place.

There were procedures in place for the prevention and control of infection. Hand gels were located along the corridor. Audits of the building were completed at intervals to ensure the centre was visibly clean.

There were a sufficient number of cleaning staff rostered each day of the week. A new cleaning system has been introduced since the last inspection. The cleaning system has been changed to a flat mop colour coded system in the best interest of infection control and to minimise the risk of cross contamination. A separate sluice and cleaning room was provided. There is a separate laundry apart from the main laundry area for the washing of infected clothing.

There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified in plans of care and changes communicated to staff at shift handover. The type of hoist and sling size required was specified in risk assessments. Some staff were identified as requiring refresher training in safe moving and handling as their current certificate of training had expired.

The provider had identified a schedule of works to maintain and improve the facility and services This included allocated finances to improve the air conditioning, replacement of the power generator and upgrading of some beds and higher specification of mattresses.

There was a contract in place to ensure hoists and other equipment including electric beds and air mattresses used by residents were serviced and checked by qualified personnel to ensure they were functioning safely.

Hand testing indicated the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Restrictors were fitted to windows. Access to work service areas to include the kitchen and sluice room was secured in the interest of safety to residents and visitors

Falls and incidents were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. A post incident review was completed to identify any contributing factors. There was good use of sensor alarms to alert staff for those identified as high risk.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

Policies and procedures were in place to guide staff in the management of residents' medicine. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

There were no residents self medicating at the time of this visit. Medicine was dispensed from blister packs. These were delivered to the centre on a monthly basis by one pharmacist.

On arrival, the prescription sheets from the pharmacist were checked against the blister packs to ensure all prescription orders were correct for each resident.

The inspector reviewed a sample of medicine charts The prescription sheets reviewed were legible. Regular medicines, prn medicines (a medicine only taken as the need arises) and short-term medication were identified separately on the prescription sheets. Photographic identification was available on the prescription chart for each resident to ensure the correct identity of the resident receiving the medicine. The maximum amount for prn medicine was indicated on the prescription sheets examined.

The medicines administration sheets viewed were signed by the nurse following administration and recorded the name of the drug and time of administration. Medicines were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Advice from pharmacy of reviews of prescription kardex's to guide nursing staff on contraindications and other forms of a medicine for those with swallowing difficulty or blood screening for residents on a particular drug over a prolonged timeframe was evident.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift.

**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:**

Each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care.

On admission a comprehensive assessment of needs was completed. There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores, continence needs and mood and behaviour. Risk assessments were regularly revised. There was good linkage between risk assessments and care plans developed

There were plans of care in place for each identified need in a computerised format. In the sample of care plans reviewed there was evidence care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan.

Residents had good access to GP services. There was evidence of medical reviews at least three monthly and more frequently when required. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. The GP's reviewed and re-issued each resident's prescriptions every three months. This was evidenced on reviewing medical files and drug cards.

Access to allied health professionals including dietician, occupational therapist and speech and language therapist was available to residents. There was evidence of seating assessments or specialist advice being obtained from an occupational therapist in the recent past. Some residents were currently awaiting their recommended chair

**Judgment:**

Compliant

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

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| <p><b>Theme:</b><br/>Person-centred care and support</p>  |
| <p><b>Outstanding requirement(s) from previous inspection(s):</b><br/>No actions were required from the previous inspection.</p> <p><b>Findings:</b><br/>There was a complaints policy in place. The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise.</p> <p>A designated individual was nominated with overall responsibility to investigate complaints. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed.</p> <p>No complaints were being investigated at the time of this inspection. A complaints log was in place. This contained the facility to record all relevant information about complaints.</p> <p>The independent appeals process if the complainant was not satisfied with the outcome of their complaint meets the requirements of the regulations. The contact details of the office of the Ombudsman were outlined.</p> |
| <p><b>Judgment:</b><br/>Compliant</p>   |

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|---|
| <p><b><i>Outcome 14: End of Life Care</i></b><br/><b><i>Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.</i></b></p>   |
| <p><b>Theme:</b><br/>Person-centred care and support</p>  |
| <p><b>Outstanding requirement(s) from previous inspection(s):</b><br/>No actions were required from the previous inspection.</p> <p><b>Findings:</b><br/>Staff provided end-of- life care to residents with the support of their GP and the community palliative care team. The person in charge confirmed they had good access to the palliative care team who provided advise to monitor physical symptoms and ensure appropriate comfort measures. There were no residents under the care of the palliative team at the time of this inspection.</p> <p>Each resident had an end of life care plan developed. Decisions concerning future healthcare interventions with regard to transfer to hospital if of a therapeutic benefit</p> |

were documented in each sample of end-of -life care plans reviewed. Personal and spiritual wishes were detailed

There was good evidence frail residents were receiving good care. Pain relief needs were well managed and interventions described in detail in nursing records.

**Judgment:**

Compliant

***Outcome 15: Food and Nutrition***

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a monthly basis and more regularly where significant weight changes were indicated.

Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists. A record of residents who were on special diets such as diabetic and fortified diets or fluid thickeners was available for reference by all staff and kept under review. Systems were in place to ensure residents had access to regular snacks and drinks.

Residents spoken with were complimentary of the food and told the inspector they could have a choice at each mealtime. Requests for an option other than those on the menu were facilitated.

The inspector observed mealtimes on day of the inspection. There was a choice of a variety of well presented food. Portion were individually plated and generous in size. There was a sufficient number of staff available to assist those requiring help at all times.

**Judgment:**

Compliant

***Outcome 17: Residents' clothing and personal property and possessions***  
***Adequate space is provided for residents' personal possessions. Residents can***

***appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Each resident was provided with their own wardrobe. The centre provided the service to laundry all residents' clothes and families had the choice to take home clothes to launder if they wished.

A staff member was assigned to the laundry each day of the week. A property list was completed with an inventory of all residents' possessions on admission. There was a labelling system in place. However, the system requires review to ensure all clothes were identifiable to each resident. Some clothing is marked with a button tag and others with a laundry pen. However, a small selection did not have any identification to indicate ownership.

**Judgment:**

Substantially Compliant

***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):**

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

**Findings:**

There was an adequate complement of staff with the proper skills and experience on each work shift to ensure safe care, mitigate accidents or injuries and meet resident healthcare needs. However, the staff complement requires review to enhance the quality of life experiences for residents and ensure person centred outcomes. While



there is a part-time activity coordinator role the layout of the building with residents accommodated over two floors and in separate units requires greater resources. A small number of residents with responsive behaviours require a high level of interaction by staff through diversional therapy to meet their needs limiting available resources to ensure meaningful engagement for all residents.

There are four nurses rostered each day of the week in addition to the person in charge who works full time five days each week. There is a regular pattern of rostered care staff. There are 13 care staff rostered throughout the morning time. There are 11 care assistants in the afternoon period. There are two nurses and five care assistants rostered for night duty. The person in charge indicated they are recruiting and plan to roster three nurses for night duty to meet the clinical need of the 71 residents.

There was a varied programme of training for staff. Records viewed confirmed there was an ongoing program of mandatory training in areas such as safeguarding vulnerable adults and fire safety evacuation. As previously identified some staff required refresher training in safe moving and handling.

Staff also had access to a range of professional development education. The majority of staff had training on infection control during 2016 and previously training on end-of-life care, promoting a restraint free environment and nutritional care. Nursing staff had completed training on the management of medicines. There was a detailed policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Recently recruited staff confirmed to the inspector they undertook an interview and were requested to submit names of referees.

**Judgment:**

Non Compliant - Moderate

## 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:***

PJ Wynne  
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 report<sup>1</sup>

|                            |                          |
|----------------------------|--------------------------|
| <b>Centre name:</b>        | Castlemanor Nursing Home |
| <b>Centre ID:</b>          | OSV-0004913              |
| <b>Date of inspection:</b> | 17 May 2017              |
| <b>Date of response:</b>   | 13 June 2017             |

### 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 03: Information for residents

#### Theme:

Governance, Leadership and Management

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

The contract of care did not specify for residents whether the bedroom to be occupied was single or twin occupancy.

#### 1. Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident

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

shall reside in the centre.

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

Residents' contract of care will state if they are designated to a single or sharing room on admission. This is being updated immediately.

Proposed Timescale: 1 month by End of June.

**Proposed Timescale:** 30/06/2017

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

A small number of staff remained outstanding for training in responsive behaviours and dementia care.

**2. Action Required:**

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

Staff who require training on Responsive Behaviours and Dementia is scheduled for the next 3 months. There are 2 training sessions arranged for this month. Further training dates in July & August to follow taking into consideration annual leave. We have introduced an e-learning education programme to develop skills and knowledge as a support to Mandatory training provided in House.

Proposed Timescale: 3 months

**Proposed Timescale:** 30/09/2017

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

Some staff were identified as requiring refresher training in safe moving and handling as their current certificate of training had expired.

**3. Action Required:**

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Manual Handling training is scheduled for June 15th and 27th for all those who require refresher training. This is provided by our trained Manual Handling Instructor in house. Anyone who is unable to attend this mandatory training will be required to source training independently within one month.

Proposed Timescale: 1 month

**Proposed Timescale:** 31/07/2017

**Theme:**

Safe care and support

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

The number of fire drills completed did not ensure all staff had the opportunity to participate in regular drills in between annual refresher fire safety training.

**4. Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

All staff will participate in more frequent fire drills on a two monthly basis. This is being implemented now and repeated 2 monthly.

Proposed Timescale: 2 months and ongoing.

**Proposed Timescale:** 31/08/2017

**Outcome 17: Residents' clothing and personal property and possessions**

**Theme:**

Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some personal laundry items did not have any identification mark to indicate ownership.

**5. Action Required:**

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

We are auditing our Fixxon buttoning system to improve the service. Residents' outer clothing are labelled with buttons and underwear is usually with permanent marker. We have ordered more stock of buttons to ensure there are sufficient available to label clothing. Named carer being introduced to support laundry facility in ensuring clothing labelled properly on admission and continuous basis to identify when items misplaced or missing..

Proposed Timescale: 1 month.

**Proposed Timescale:** 31/07/2017

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

The staff complement requires review to enhance the quality of life experiences for residents and ensure person centred outcomes.

**6. Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

With regard to the staffing levels for Quality of Life experience for residents we are reviewing the deployment of Activity hours to maximise productivity and outcomes for residents.

We plan to review our resources with a view to increasing the Activity Co-ordinators hours x 10 hours per week and hope to achieve this within 2 months.

We are continuously reviewing our resources and skill-set to ensure best outcomes and person Centred Approach for our Residents and we have provided funding for The Activity Co-Ordinator to undertake training in Sonas therapy.

We are committed to ensuring that our Residents enjoy a good quality of life every day and will continue to review and evaluate our work practices and outcomes for residents to help us achieve this.

**Proposed Timescale:** 30/09/2017

