



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

## Issued by the Chief Inspector

Name of designated centre:	Castlemanor Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Billis, Drumalee, Cavan
Type of inspection:	Unannounced
Date of inspection:	02 February 2022
Centre ID:	OSV-0004913
Fieldwork ID:	MON-0034253

## About the designated centre

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

Castlemanor Nursing Home provides 24- hour nursing care to 71 residents, male and female who require long-term and short-term care (convalescence and respite). The centre is a two storied building containing four distinct areas, Lough Inchin, Lough Rann, Lough Oughter and Lough Sheelin. There are 69 single and one twin bedroom all of which have full en suite facilities. The dementia specific unit is located on the ground floor and accommodates 13 residents.

The provider states the aim of the centre is for residents to experience a high standard of care that is respectful and dignified and which promotes well being.

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

Number of residents on the date of inspection:	68
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 2 February 2022	09:00hrs to 16:30hrs	Catherine Rose Connolly Gargan	Lead
Thursday 3 February 2022	09:00hrs to 15:30hrs	Catherine Rose Connolly Gargan	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that residents' needs were being met by staff who knew them well. Residents were contented and told the inspectors that they felt were happy living in Castlemanor Nursing Home. This unannounced inspection was completed over two days. The inspector communicated with several residents and a number of residents' visitors during the inspection. Overall feedback from residents and their families was positive regarding the residents' quality of life and the services that were provided. Residents told the inspector that they felt safe in the centre, were well cared for and that their meals were of a good standard. The inspector observed that residents were comfortable in the company of staff and that staff were attentive to the residents' needs for assistance and support. Staff interactions with residents were observed to be caring, gentle and respectful.

Residents told the inspector that staff were always available and willing to assist them when they needed help. One resident told the inspector that they had 'transferred from another centre and would never want to go anywhere else again'. The inspector also saw that a number of residents had chosen to come to live in the centre having experienced the service provided to their spouses and other relatives. Several residents expressed their great satisfaction with being able to continue to live in or close to the community they were familiar with and had originally lived in. One resident told the inspector that they could almost see their home in the community from the centre and another resident described how they felt as 'being at home'.

On arrival to the centre, the inspector was guided through the centre's infection prevention and control procedures which included hand hygiene and temperature checking before entering residents' accommodation.

The centre was warm and bright. A lighted gas fire in the reception area created a comfortable and warm ambiance. The inspector noted that the atmosphere in the centre was calm and unhurried throughout the two days of this inspection and staff were observed encouraging and supporting residents to choose what time they got up at and how they spent their day.

The centre premises was arranged over two floors with stair and lift access between floors. Each floor was arranged into two units named after local lakes with separate communal sitting accommodation in each. While the two units on the ground floor had separate dining room facilities, residents in both units on the first floor shared a spacious dining room during mealtimes. Traditional memorabilia familiar to residents was displayed in the communal sitting rooms which helped to create a homely environment.

One of the units on the ground floor was a dementia-specific unit and provided accommodation for 13 residents. The inspector saw that a lot of effort had been made to make the dementia-specific unit comfortable, familiar and stimulating for

residents living with dementia. The walls along the corridors had a countryside themed mural painted along their length. Each residents' bedroom door was designed to look like a porch and front door, and each one was different so that individual residents were better able to recognise their own front door. The decor was tactile and brightly coloured throughout and the residents in this unit were observed to be comfortable and relaxed in their environment.

Many residents' bedrooms were personalised with their personal items such as their photographs, artwork, soft fabric blankets, books and ornaments. Bedrooms were spacious and residents had adequate wardrobe and storage space for their clothes and personal belongings. However, the inspector observed a number of hoists being stored along corridors and assistive chairs, a second assistive bath and a linen skip were being stored in a communal bathroom. There were not sufficient storage areas for this type of equipment and for wheelchairs in the centre.

Most residents had a routine where they liked to join in to a Mass streamed from one of the churches on the televisions in the sitting rooms while, others started their days with reading the daily newspapers provided for them. After Mass, the inspector observed that residents were provided with opportunities to participate in a variety of social activities taking place in each of the communal sitting rooms. One group of residents were busy with making valentine cards and another group participated in chair exercises. A live music session was facilitated in the afternoon on one of the days of inspection and was well attended. Residents were observed to really enjoy this music session and it was evident that it was a favourite social activity in the centre for most residents. Some residents sang their favourite songs for the rest of the residents while others were happy singing along. Some other residents also got up and danced with staff. Residents were also observed attending the centre's hairdresser who worked from the centre's hair salon on one day each week.

It was evident that staff knew residents very well in the centre. Staff who spoke with the inspector discussed several residents' preferred routines and preferences and were able to describe how they respected the resident's individual choices and preferences for care and daily routines. Residents confirmed that they felt safe and secure living in the centre. One resident told the inspector that they never 'feel alone anymore'. Another resident said that they regained their 'confidence' since coming to live in the centre. Several residents spoke about the kindness of the staff towards them. One resident referred to the staff as 'angels' while others residents' comments regarding staff qualities included, 'extraordinary human beings', 'full of goodness' and 'very patient'. The inspector observed that one to two staff were present and interacting with residents in the communal sitting rooms at all times.

The inspector took opportunities to observe mealtimes in the two main communal dining rooms and saw that mealtimes were social occasions for residents where many of them chatted and laughed together. Residents told the inspector that they enjoyed mealtimes and they had a choice of hot menu each day. Residents confirmed that they could get an alternative to the menu if they did not like the what was offered. There was sufficient staff available in the dining rooms to assist residents as needed.

Residents' visitors were observed coming to visit throughout the two days. Visitors who spoke with the inspector expressed their satisfaction with how their loved ones were cared for and the service provided. Some residents chose to meet with their visitors in the visitors' room whilst others met in the coffee dock off the reception area. Visitors and residents spoke about their happiness that restrictions on visiting were eased and that they could spend quality time together again.

Residents knew the person in charge and told the inspectors that they would not hesitate to talk to the person in charge or any of the staff if they were worried about anything or were not satisfied with any aspect of the service. Residents were confident that they would be listened to and any issues they raised would be addressed to their satisfaction.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

## Capacity and capability

This inspection was an unannounced risk inspection completed by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the provider's progress with completion of the actions detailed in the compliance plan from the last inspection in October 2020. The inspector found that improvements implemented brought Regulation 5, Individual Assessment and Care Plan and Regulation 26, Risk Management into compliance with the regulations. Overall, the findings of this inspection were positive in respect of the standard of care residents received and their quality of life in the centre. Although the provider had taken a number of actions to improve compliance with Regulation 27 since the last inspection, further actions were required to bring the centre into full compliance with this regulation.

Monitoring and oversight systems were in place in the centre with evidence of continuous quality improvement. However, the inspector found that the oversight of fire safety risks was not adequate and did not ensure that residents could be evacuated to a place of safety in a timely manner in the event of a fire emergency in the centre.

While, recruitment of cleaning staff was in progress, the arrangements in place to replace unplanned cleaning staff leave were not adequate and is discussed under Regulation 15, Staffing.

Costern Unlimited Company is the registered provider of Castlemanor Nursing Home since May 2019. The person in charge of the centre was supported by a recently appointed clinical operations manager who also provided clinical oversight of a number of other designated centres operated by the provider. There was good

evidence of regular senior management meetings that reviewed key areas of the quality and safety of the service with improvements being progressed and implemented. Locally, the person in charge was supported by an assistant director of nursing and two clinical nurse managers. The Person in charge and the clinical nurse managers were responsible for providing clinical leadership and staff supervision in the centre. Staff working in the centre who spoke with the inspector were aware of their individual roles and responsibilities.

Staff were supported and facilitated to attend mandatory and professional development training, including COVID-19 infection prevention and control training to ensure they had the necessary skills to meet residents' needs. Staff who spoke with the inspector and the inspector's observations of their practices gave assurances that they were familiar with residents' needs and were competent with carrying out their respective roles.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Health Information and Quality Authority as required by the regulations. Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was not an agent for any residents' social welfare pensions.

Records that must be maintained and available in the centre, including residents' information records were complete and were held securely.

There was a low number of complaints received by the service and procedures were in place to ensure any complaints received were investigated and managed in line with the centre's complaints policy.

Residents' views were valued and they were facilitated and encouraged to feedback on aspects of the service they received. This feedback was used to inform improvements in the service and the annual review of the quality and safety of the service delivered to residents.

## Regulation 15: Staffing

Although the inspector was told that additional cleaning staff were being recruited, there were insufficient numbers of designated cleaning staff available to complete all cleaning duties and as a result carer and nursing staff supported cleaning of frequently touched areas. Although in place as an interim arrangement until recruitment was complete, these resources could not be assured without depleting time available for clinical staff to meet residents' care needs.

Judgment: Substantially compliant



## Regulation 16: Training and staff development

All staff working in the centre had received up-to date mandatory training which included fire safety training, safe moving and handling and safeguarding training. Staff training included infection prevention and control.

Judgment: Compliant

## Regulation 19: Directory of residents

Arrangements were in place to ensure the directory of residents was maintained and available in the centre. The directory contained all information as required by the regulations regarding each resident.

Judgment: Compliant

## Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

## Regulation 23: Governance and management

While, governance and management systems were in place to ensure the service was safe, appropriate and effectively monitored, this inspection found that the oversight and management of risks required improvement. For example, some fire and environmental risks had not been identified and addressed. These findings are discussed under Regulations 17, Premises and 28, Fire precautions in this report.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

Notifications and quarterly reports were submitted within the specified timeframes and as required by the regulations. A record of accidents and incidents involving residents, that occurred in the centre was maintained and evidenced appropriate management and with areas of learning identified and actioned.

Judgment: Compliant

## Regulation 34: Complaints procedure

A centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process, as required by the legislation. A summary of the complaints procedure was displayed and was included in the centre's statement of purpose.

Procedures were in place to ensure all complaints were logged, investigated and that the outcome of investigation was communicated to complainants. The inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. All complaints viewed dealt with appropriately. The person in charge confirmed that there were no open complaints at the time of this inspection.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years. Policies, procedures and information in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance.

Judgment: Compliant

## Quality and safety

Overall, residents were provided with good standards of nursing and health care in line with their assessed needs. Care and supports were person-centred and

informed by the residents' usual routines and individual preferences and wishes. Although fire safety management procedures were in place adequate assurances that residents could be safely evacuated in the event of a fire in the centre were not found on this inspection. The provider was required to take urgent action to provide the Chief Inspector with these assurances following this inspection. The provider responded with satisfactory assurances that residents' safe evacuation needs could be met, This finding is discussed further under Regulation 28. The inspector found that there was not enough storage for large items of equipment such as hoists and assistive chairs and that there were not sufficient communal toilets within close proximity to the communal dining room on the ground floor.

Infection prevention and control policies in place covered aspects of standard precautions, transmission-based precautions and guidance in relation to COVID-19. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control training for all staff. The provider had improved infection prevention and control processes and procedures in the centre since the last inspection. Notwithstanding the infection prevention and control improvements made, further improvements to ensure residents' safety from risk of infection were found to be necessary and are discussed further under Regulations 27 in this report.

Residents were provided with good standards of nursing care and timely health care to meet their needs. This optimised their continued good health and well being. Residents' care plans were detailed and reflective of their individual preferences and wishes regarding their care and supports. Care plans were regularly updated and residents or their families, on their behalf, were consulted with regarding any changes made. Residents' records and their feedback confirmed that they had timely access to their general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary. Effective arrangements were put in place since the last inspection to ensure residents who developed swallowing difficulties had timely access to speech and language therapy services. Residents were supported to safely attend out-patient and other appointments in line with current public health guidance.

Although residents received correct medications, residents' medicine prescription records in the centre were not in line with professional standards and required improvement. This finding is discussed under Regulation 6, Health care.

While there was evidence of a small number of residents developing pressure related skin wounds in the centre over the past 12 months, the inspector found that residents' wounds were managed in line with evidence based wound care procedures and with the guidance of a tissue viability specialist, a dietician and residents' general practitioners (GPs). A variety of pressure relieving mattresses were available and in use.

Residents' rights were respected in the centre and they had opportunities to engage in varied meaningful activities. Residents were supported to safely meet with their visitors in line with public health guidance. Residents had access to religious services

and were supported to practice their religious faiths in the centre. Residents' meetings were regularly convened and issues raised for areas needing improvement were addressed. Residents had access to local and national newspapers and radios.

Measures were in place to protect residents from risk of abuse and there was a positive approach to care of residents predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A minimal restraint environment was promoted and the procedures in place were in line with the national restraint policy guidelines.

### Regulation 11: Visits

Visiting had resumed at the centre for residents' family and friends in line with public health guidance. Staff guided visitors through appropriate COVID-19 safety procedures before entering the centre. The majority of residents' bedrooms were single occupancy and a visitor's room was also provided off the centre's reception area to facilitate residents to meet with their visitors in private if they wished.

Judgment: Compliant

### Regulation 12: Personal possessions

The layout and design of residents' bedroom provided with unhindered access to their wardrobes and facilitated them to retain control over their clothing and personal belongings. Residents had adequate storage facilities for their clothing and personal belongings in their bedrooms. Residents' clothing was laundered in the centre's laundry and returned to them in good condition.

While residents could secure their valuables in their bedrooms, the provider held small amounts of valuables and money for day-to-day expenses at the request of some residents. These valuables and money were held securely and all transactions were transparent, signed by two people and balances checked by the inspector were accurate. Statements were available to residents and they could access their money and valuables as they wished.

Judgment: Compliant

### Regulation 13: End of life

Residents' care plans recorded details regarding each resident's physical, psychological and spiritual care needs. This information also included residents' specific preferences and wishes regarding where they wished to receive end-of-life care and final arrangements.

Palliative care services were available to advise on managing and supporting residents' symptoms and comfort measures. Anticipatory prescribing was in place to ensure residents were provided with timely effective pain and symptom management.

Judgment: Compliant

## Regulation 17: Premises

The layout and design of the centre did not provide sufficient and appropriate storage facilities. The inspector found the following;

- Storage facilities for hoists, wheelchairs and laundry trolleys were not adequate. Two hoists were stored and plugged into adjacent sockets for charging along corridors and a hoist in another area blocked access to a storeroom.
- Storage of residents' continence and nutrition supplies was disorganised. For example, on the dementia unit residents' continence wear, nutrition supplies and three wheelchairs were stored together in a narrow storeroom off a small alcove area with a sink and worktop space. As a result this storeroom was cluttered and inaccessible.
- A second assistive bath, three large assistive chairs, a wheelchair, two yellow waste bins and linen trolley frames were stored in one of the communal bathrooms in Lough Sheelin unit on the ground floor.
- The layout and design of the laundry did not provide adequate storage space for three mobile trolleys used for storing and returning residents' laundered clothing to their rooms each day. These trolleys were moved out into the corridor outside the laundry by laundry staff and partially obstructed access to an emergency fire exit and to the centre's oratory.

Residents' did not have toilet facilities within close proximity to the main dining room on the ground floor. The toilet bedside the dining room on the first floor was fitted with a key code lock and was not readily accessible to residents at mealtimes without the assistance of staff to unlock the door for them.

Paint work was damaged/missing on the surfaces on a number of bedroom doors and door frames in three of the four resident units in the centre. This impacted on the implementation of effective cleaning and infection prevention and control measures.

Judgment: Not compliant

### Regulation 25: Temporary absence or discharge of residents

An up-to-date policy was available in the centre to inform the procedures for the temporary absence or discharge of residents. Records were maintained regarding residents who leave or are temporarily absent from the centre. Arrangements were in place for communication of all relevant information regarding residents' transfer or discharge to the hospital or back into the community.

Judgment: Compliant

### Regulation 27: Infection control

Although a number of infection prevention and control measures had been implemented since the last inspection in October 2020, further improvements were required to ensure consistency with the national infection prevention and control standards as follows;

- While, the provider had replaced sinks in clinical rooms with appropriate clinical hand hygiene sinks, there were not sufficient clinical hand wash sinks outside of the residents' bedrooms. Therefore, sinks in residents' bedrooms were serving a dual purpose for both residents and hand wash sinks for staff.
- A process was not in place for cleaning of carpet floor covering in the oratory and fabric covered seating.
- equipment used by residents and examined by the inspector appeared visibly clean, however, a system was not in place to provide assurance that equipment was cleaned after each use.
- Boxes were stored directly on the floor in two areas and as such hindered effective floor cleaning.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Residents' individual personal emergency evacuation plan records did not clearly identify the specific evacuation equipment and the number of staff they would need to be safely evacuated during a night time fire emergency.

The records of simulated night time emergency evacuation drills did not provide assurances that residents could be evacuated to a place of safety in a timely manner

in the event of a fire or other emergency requiring residents' evacuation during night time conditions in the centre.

The arrangements for containing fire were not clearly identified. For example, fire compartment boundaries were not identified on the floor plans to inform evacuation requirements in the event of a fire in the centre.

There was storage of equipment along a corridor which led to a fire exit and storage outside the laundry and oratory partially obstructed a fire exit on the ground floor.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management procedures and practices. Residents had access to a pharmacist who supplied residents' medicines. The pharmacist was facilitated to meet their obligations to residents and they completed regular audits of medication in the centre. Medicines including medicines controlled by misuse of drugs legislation were stored securely. Balances of controlled medicines were checked by two staff nurses at work shift changeovers and were correct. Medicines requiring temperature controlled storage were stored in a refrigerator and the temperature was checked twice daily.

Procedures were in place for return of unused or out-of-date medicines to the dispensing pharmacy. All multi-dose medicines were dated on opening to ensure recommended use periods were not exceeded.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed within 48 hours of their admission and regularly thereafter. Staff used a variety of accredited assessment tools to assess each resident's needs, including risk assessment of falling, malnutrition, pressure related skin damage and assessment of safe mobility support needs among others. These assessments clearly informed residents' care plans which detailed each resident's care needs and the care interventions staff must complete to meet their needs. This information was person-centred and reflected each resident's usual routines and individual care preferences and wishes.

Residents care plans were regularly updated and residents or their families on their behalf were consulted with regarding any changes made.

Judgment: Compliant

## Regulation 6: Health care

While, the inspector found that residents medications were administered safely, the information detailed in some residents' medicine kardex documentation was incomplete and was not in line with professional medication administration guidelines. For example;

- The maximum amount of PRN (as required) medicines permitted over a 24hr period was not stated.
- The indications for each PRN medicine was not stated.
- The amount of PRN medicine dosage was not consistently stated.
- Indication as to when administration of prescribed subcutaneous fluids was appropriate for a small number of residents needing support to meet their hydration needs was not detailed.

A process was not in place to provide assurances that the specifications of the pressure relieving mattresses used matched the level of residents' assessed risk of developing pressure related skin damage.

Judgment: Substantially compliant

## Regulation 7: Managing behaviour that is challenging

There was a very small number of residents who experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These residents had a person-centred behaviour support care plan in place that directed staff with taking a positive and supportive approach to managing any episodes of behaviours they experienced. Records of behaviours was maintained for each resident and was analysed to assist with identifying triggers to their behaviours and effective person-centred de-escalation strategies. These records were also used to inform residents' treatment plans. Staff spoken with had a very good knowledge of residents' individual needs and were trained in managing responsive behaviours.

The inspector found there was a commitment to minimal restraint use in the centre and the national restraint policy guidelines were implemented. Five residents had full-length bed rails in place. Their needs were assessed, and procedures were in place to ensure their safety needs were met. Alternatives to full-length restrictive bed rails were trialled, and the multi-disciplinary team were involved in the decision-



making process. Care procedures were in place to minimise the amount of time this restrictive equipment was in place.

Judgment: Compliant

### Regulation 8: Protection

Arrangements were in place to ensure all incidents, allegations or suspicions of abuse were addressed and managed appropriately to ensure residents were safeguarded at all times. All staff were facilitated to attend training on safeguarding residents from abuse. Staff who spoke with the inspectors were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: Compliant

### Regulation 9: Residents' rights

While, the inspector observed and residents confirmed they had access to meaningful social activities which they enjoyed, the records of the activities residents participated in and their levels of engagement were limited and therefore assurances that all residents had opportunity to participate in the social activities available in accordance with their interests and capabilities.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Castlemanor Nursing Home OSV-0004913

Inspection ID: MON-0034253

Date of inspection: 03/02/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            Castlemanor nursing homes human resources department maintains a robust recruitment process to ensure all staff vacancies are recruited for and filled with competent staff whom are garda vetted. Vacant positions are advertised on a weekly basis for the group both nationally and internationally.</p> <p>Agency staff are sourced to cover gaps in the roster which are due to illness/Absence. Since the inspection, 2 additional full time and on part time domestic staff have been recruited. Due to unforeseen circumstances one staff member became unwell on duty on the day of the inspection and could not be replaced at short notice.</p> <p>Healthcare staff maintained cleaning of frequently touched surfaces alongside the domestic staff as advised by the HPSC during the Covid pandemic to reduce the risk of cross contamination and transmission of infections.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Castlemanor nursing home completes audits quarterly of its service and captures issues to be addressed to improve the quality and safety of the service provided.</p> <p>A fire expert is engaged by the registered provider as advised by the regulatory authority.</p> <p>The fire expert had carried out compartment drills and the company nursing home was advised the fire expert was assured that safe evacuation of the largest compartment with night time numbers of staff was in place at the Centre.</p> <p>A second fire expert was engaged post the inspection who judged that the evacuation</p>	

times provided assurance.  
 Repeated fire drills were conducted by both the fire expert and staff which demonstrated improvements in the evacuation times which were submitted to the authority. A process is in place to carry out monthly fire drills at the nursing home.  
 All equipment and service reports were in situ on the day of the inspection.  
 Storage solutions inhouse is currently under review and shelving units are implemented.  
 A new toilet facility will be installed for residents to ensure proximity to services.  
 Painting and decorating under review to commence May 2022 to be completed by 31-8-22

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 Shelving and storage solutions will be sourced and implemented at Castlemanor nursing home.

Painters contracted and works to be commenced in May 2022 at Castlemanor nursing home.

A new toilet will be installed to ensure ease of access for residents as part of our home improvements before 31-8-22

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:  
 Hand wash sinks are available outside of residents rooms, a new clinical sink will be installed into the clinical room in Lough Sheelin. An external IPC audit will be conducted in April 2022 to review work practices.

There is a system in place for the Oratory carpet to be cleaned and the fabric covered seating. Actioned on 20/04/2022 by ACE Industrial Cleaning Company.

Paintworks are continuously under review and scheduled annually. Completed works for 2022 by 31-8-22

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Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 Castlemanor nursing home engaged the services of a fire expert to ensure all aspects of fire safety were addressed within the service, prior to this inspection. Our fire experts advised on the fire strategy and policy in use within the home. All peeps were reviewed and updated within 24 hours of inspection to ensure clarity for staff on the safe evacuation of the resident.  
 Emergency lighting certificates, fire certificates, fire extinguisher certificates, ansul service certificates and maintenance certificates were all in completed as per the regulations and evidenced on the day of the inspection. All rooms are compartmented with a magnetic fire door closures. Fire drills were completed and compartment simulation evacuations drills were completed as per the regulations and prior to the inspection with the fire expert.  
 The regulatory authority was not assured residents could not be evacuated in a timely manner as the evacuation time exceeded that of five minutes. There were multiple fire drills carried out by staff with and without the experts which were submitted and accepted by the inspector that staff can safely evacuate residents in a timely manner close to the five minutes discussed.  
 Compartment maps were evidenced throughout the building on the day of the inspection, however a full set of updated maps were submitted to the authority post inspection by a fire expert. Trolleys and hoists will not be stored in corridors. Laundry trolleys are moved to ensure fire exit beside the oratory are not causing an obstruction.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:  
 The attending general practitioners and pharmacist were advised of the shortcomings on the Kardex documentation. Nurses were advised to supervise the prescription order to ensure compliance with prn medications prescriptions. A full review has taken place of all medication kardexes and are now all up to date.  
 A review of the waterlow and pressure relieving equipment has taken place at Castlemanor nursing home.  
 Both rotation mattress and High specification pressure relieving mattress are available for residents assessed needs.  
 A pressure relieving mattress guide was implemented to guide staff on pressure relieving mattress types.

Each residents skin integrity is determined as part of the pre admission assessment and on an ongoing basis so that individual needs are identified and resources are provided ie appropriate pressure relieving mattress for each resident.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: A review of the activities has taken place with the activity team to ensure that all activities that residents participate in are documented on epiccare and this is now being audited on a weekly basis to ensure that records are maintained.

Residents engage with the Activity team at their bi monthly meetings which provides them with the opportunity to provide feedback on activities they enjoy and what they would like to participate in on a seasonal basis.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/03/2022
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/08/2022
Regulation 17(2)	The registered provider shall, having regard to	Not Compliant	Orange	31/08/2022



	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/08/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	08/02/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/08/2022
Regulation 28(1)(b)	The registered provider shall	Substantially Compliant	Yellow	02/02/2022

	provide adequate means of escape, including emergency lighting.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	02/02/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	08/02/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	08/02/2022
Regulation 9(2)(b)	The registered provider shall provide for residents	Substantially Compliant	Yellow	28/02/2022

	opportunities to participate in activities in accordance with their interests and capacities.			
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