



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	Castlemanor Retirement Village, Billil, Drumalee, Cavan
Type of inspection:	Unannounced
Date of inspection:	20 April 2023
Centre ID:	OSV-0004913
Fieldwork ID:	MON-0039929

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 75 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 73 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:	73
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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
Thursday 20 April 2023	18:00hrs to 21:00hrs	Lorraine Wall	Lead
Friday 21 April 2023	09:00hrs to 17:00hrs	Lorraine Wall	Lead
Thursday 20 April 2023	18:00hrs to 21:00hrs	Rachel Seoighthe	Support
Friday 21 April 2023	09:00hrs to 17:00hrs	Rachel Seoighthe	Support

What residents told us and what inspectors observed

Overall, inspectors observed that while some residents in the centre enjoyed a good quality of life and their rights were respected, overly restrictive practices on one unit did not ensure that residents could make choices about their daily routines and where they wanted to spend their time. In addition there were limited opportunities for some residents who had significant cognitive impairment to engage in meaningful social activities in line with their preferences and capacities.

This unannounced inspection was completed over two days, the first day of the inspection was carried out between 18:00hrs and 21:00hrs.

The person in charge returned to the designated centre when staff notified them that the inspection was in progress. They were joined later in the evening by a member of the provider's senior management team.

An introductory meeting was commenced, followed by a walkabout of the premises. This gave inspectors the opportunity to meet with residents and staff, to observe the residents in their home environment and to observe staff practices. During this time, inspectors observed a number of residents were being assisted to bed whilst other residents were watching television in the communal sitting rooms. The inspectors spoke with many residents and feedback from a number of residents was positive with comments such as the "staff are wonderful" and "staff cannot do enough for you". However other residents informed the inspectors that the staff are "always running and racing". The inspectors observed the staff interacting with residents and for the most part, residents were seen to be relaxed and comfortable in the company of staff. However, the inspectors also observed that a number of interactions between staff and residents were not person-centred.

Castlemanor Nursing Home provides respite care and long term care for both male and female adults with a range of dependencies and needs. The designated centre is registered to accommodate a maximum of 75 residents in single rooms and twin rooms all of which have en-suite facilities. There were 73 residents living in the centre on the days of the inspection.

The centre is a two-storey building which was bright and spacious, with a variety of communal rooms and secure outdoor areas. The inspectors observed that overall, the centre was exceptionally clean. The inspectors observed a spacious, tastefully decorated reception area with comfortable seating for resident use. The feature fire place in the centre of the reception added to the homeliness of the residents' living space.

Resident bedroom and living accommodation was arranged over two floors. Each floor was arranged into two units named after local lakes with separate communal lounges in each unit. "Lough Oughter" and "Lough Sheelin" are located on the ground floor and the "Lough Rann" and "Lough Inchin" units are located on the

second floor, with stair and lift access between floors.

Many residents' bedrooms were personalised with their items of personal significance, including their photographs, artwork and ornaments. Residents' bedrooms were bright, spacious and each resident had adequate wardrobe and storage space for their clothes and personal belongings.

There are a variety of communal areas for residents to use including a visitors room and a large oratory. Inspectors observed a number of spacious sitting rooms and an expansive day room on the first floor which was in constant use by residents throughout the inspection. The dining area was clean and spacious with sufficient seating for resident comfort. Daily menus were displayed at each table and residents who spoke with inspectors were mostly complimentary of the meals provided.

Inspectors found that staff were working hard to provide care and support for the residents however, on the first evening of the inspection there were not sufficient staff available to provide safe care, taking into account the resident profile and the layout of the designated centre. In particular the inspectors found that the staffing resources in place in the Lough Oughter unit did not ensure that all residents could be adequately supervised when staff were providing care for other residents in their bedrooms.

The Lough Oughter unit is a secure dementia specific unit which is restricted with keypad access. Inspectors observed that this unit was designed with decor which is intended to be stimulating for residents with dementia. Residents' bedroom doors were painted in a variety of colours to replicate front doors, in order to assist residents with way-finding. Murals which depicted images of the countryside were painted along corridor walls and some wall decor was tactile in design, to encourage resident interest and activity. Corridors were wide and had handrails on both sides to support residents safe mobility.

There were 13 residents living in the Lough Oughter unit at the time of the inspection. Records showed that a number of the residents living in the unit were at risk of falling and required additional support and supervision to prevent falls occurring. Five of the residents on the unit needed the assistance of two staff to attend to their care and mobility needs. Furthermore, a number of residents living on the unit were known to display varying levels of responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Inspectors spent time on the Lough Oughter unit where they observed that staff were trying to provide constant supervision to a resident who was at very high risk of falls. The inspectors observed that the staff member providing the 'one to one' supervision for this resident was often called upon to supervise and support other residents in the communal sitting room at the same time. The inspectors observed that the resident made frequent attempts to leave the sitting room however, the member of staff who was supervising residents in the room redirected the resident back into to the sitting room each time they attempted to leave. This interaction restricted the resident's movements but did not offer any form of meaningful engagement to distract the resident and encourage them to stay

in the room.

Inspectors also observed an occasion where the care staff who was responsible for supervising the residents in the communal sitting room had to leave this room unattended, to attend to one resident's personal care needs leaving no staff member in the sitting room with the residents. Furthermore, inspectors observed that one resident who had a care plan in place for constant staff supervision because they may display significant responsive behaviours was not being supervised by staff as they wandered with purpose around the unit.

The inspectors observed a number of staff and resident interactions during the inspection. For the most part, residents were seen to be relaxed and comfortable in the company of staff. Staff were observed assisting residents with their care needs, as well as supporting them to mobilise to different communal areas within the building. Some residents required greater time and support to mobilise and overall staff provided this support in a gentle manner. However, inspectors observed that the manner of some interactions between staff and residents did not alleviate the resident's anxiety or agitation, in particular residents living with dementia. For example inspectors observed that a resident who expressed that they had pain and wanted to go to bed became distressed as there was no staff available to assist them. Even when staff did become available, the resident was not assisted immediately to bed. The resident was instead directed to a seat in the communal sitting room in order to participate in a quiz, which they did not appear to be able to participate in in a meaningful way. This was not an appropriate intervention for the resident and did not address their agitation or their needs. Inspectors' were informed by staff that they did not assist this resident to go to bed until later in the evening to encourage them to sleep better through the night. This was clearly not in line with the resident's expressed wishes to be assisted to bed earlier and did not address their pain needs.

There were three staff members with overall responsibility for coordinating social activities for all residents in the centre. On the second day of the inspection, there were two activities coordinators on duty. A social activities programme was observed being carried out in the large communal activity room on the first floor. Some of residents were observed to take part in activities such as board games. Inspectors also observed that there were one to one activities taking place in the activities room. The inspectors observed that the activities taking place were carried out in line with the planned schedule. The activities provided for residents on these units were lively and residents were engaged and enjoying taking part. The two staff were based on the first floor of the centre throughout the day and were not observed to assist residents on the ground floor with activities. A number of residents on one of the ground floor units had a range of complex needs and it was clear that they did not have access to meaningful activities in line with their preferences and ability to participate.

For example, the activities scheduled to take place in the Lough Oughter unit on the day of the inspection did not happen. The pictorial activities board which was displayed in the communal sitting room in Lough Oughter informed residents that the planned activities for the day included 'Highland dancing', 'flower arranging' and

'baking'. However, the majority of residents on the unit appeared to spend their day watching television in the communal sitting room. A small number of residents were offered beauty treatments such as manicures, as an activity in the afternoon.

There is a Snoozelen sensory room located in Lough Oughter which is designed to place persons with dementia in a soothing and stimulating environment. Inspectors observed that the Snoozelen room was locked on the first evening of the inspection. Inspectors were informed that the room was used when there were staff available to facilitate residents to use the specialist equipment. The inspectors found that although the room was accessible on the second day of the inspection, it was not in use because the staff working on the ground floor were occupied at all times supervising and providing care for the residents and were not available at any point to facilitate residents in the snoozelen room.

In addition, the inspectors observed some residents in the Lough Sheelin unit on the ground floor sitting at a Tovertafel table (interactive cognitive games specifically designed for people living with dementia), however the inspectors did not observe this activity in progress as residents seated at the table were asleep. Furthermore, the inspectors observed that there were no staff available in the room to facilitate the activity, as they were deployed to the first floor.

The inspectors also observed that the doors to the outdoor garden in Lough Oughter were secured with a key coded lock. This was an overly restrictive practice as residents could not access the outdoor garden without the assistance of staff to open the door for them.

In contrast, inspectors noted that in other areas of the centre, residents enjoyed full access to communal spaces inside and outside of the centre. Inspector observed that on these units many of the residents spent their day in the communal sitting rooms or walking around the centre.

Residents' visitors were made welcome and were seen by the inspectors coming and going throughout the day of the inspection.

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 found that significant focus and effort was now required from the provider to ensure that the management and oversight systems in place are effective in bringing the designated centre into regulatory compliance and to ensure that there were enough staff on duty with the appropriate knowledge and skills to

meet the residents' assessed needs.

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The inspectors also followed up on unsolicited information received by the Chief Inspector in March 2023 and found that the concerns raised were partially substantiated.

Costern Unlimited Company is the registered provider of Castlemanor Nursing Home. The company has three directors. A director on the provider company board represented the provider. The person in charge had senior clinical support from a clinical operations manager and an assistant director of nursing locally who assisted with auditing and staff supervision. The assistant director of nursing deputises during leave by the person in charge. A team of nursing staff including five clinical nurse managers, health care assistants, household, catering and maintenance staff made up the staffing compliment.

There were management systems in place to oversee the service and the quality of care, which included a comprehensive programme of auditing in clinical care and environmental safety. There was evidence of regular management meetings within the centre, and records showed that these meetings were used to review key clinical and operational aspects of the service. There was management oversight of risks in the designated centre and risks including clinical and environmental risks were discussed in senior management meetings. However, the inspectors found that some staff were not implementing the risk management plans that were in place in a consistent manner. For example, although the importance of supervision for a resident living in the Lough Oughter unit was discussed at a meeting in March 2023, inspectors found that staff were not implementing the appropriate supervision for this resident. This had not been identified and addressed by senior management through the staff supervision processes. This is discussed under Regulation 16: Training and Development.

This inspection found that the provider had not ensured there were sufficient staff on duty with the appropriate skills to meet the needs of all residents, particularly on the first evening of the inspection. This is discussed under Regulation 15: Staffing.

Staff training records and inspectors observations showed that there were a number of training deficits in the centre. For example, not all staff working on the dementia unit had completed training in dementia or the management of responsive behaviours. This was evidenced in the inspectors' observations of some staff practices on both days of the inspection where staff did not provide person centred and appropriate intervention for residents who became anxious or agitated. Furthermore a number of staff did not recognise that some practices such as instructing a resident to return to a room or locking doors to the garden were overly restrictive. These issues had not been identified and addressed by senior staff in the centre and as such the inspectors were not assured that staff supervision was adequate in all areas. As a result, the inspectors found that some residents' psychosocial care needs were not adequately met.

A record of all accidents and incidents involving residents was maintained. All accidents and incidents as specified by the regulations were notified within the required timescales including quarterly incident reports as required.

Inspectors reviewed residents contracts and found that they were in line with the requirements of Regulation 24.

A sample of staff files were examined and they contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

Residents' views on the quality of the service provided were sought through resident meetings. An annual report on the quality of the service had been completed for 2022 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team.

Regulation 15: Staffing

A review of the rosters and observations carried out during the inspection confirmed that there was an insufficient number of staff with appropriate skills to meet the needs of residents in the designated centre. This was evidenced by the following;

- There were not enough staff on duty to ensure that all residents received care and support in line with their care plans. For example, the inspectors observed that two residents with known responsive behaviours did not receive supervision and support from staff in line with the supervision needs as detailed in their care plans.
- There was one staff nurse assigned to each floor at night time, with responsibility for supervising both units on each of the floors. The staff nurse assigned to the ground floor had responsibility for 29 residents accommodated in the Lough Oughter and Lough Sheelin units. These units are located on opposite sides of the building. This meant that the nurse could not observe or hear what was happening on Lough Oughter unit which was the the specialist dementia unit whilst they were working on Lough Sheelin unit. The staff nurse assigned to the second floor had responsibility for 46 residents over the Lough Rann and Lough Inchin unit which were also located on opposite sides of the building. Similarly this meant that the nurse could not observe or hear what was happening on one unit whilst they were working on the other unit. Furthermore, this nurse was responsible for administering medication as prescribed and all nursing care required for 46 residents from 20.00hrs until 08.00hrs. In addition to being the only nurse to provide care for 46 residents this nurse was required to be the second person providing personal care for those residents who needed two people to provide their care.

- Inspectors observed that there were not enough staff on duty to provide the appropriate levels of supervision and support to residents on the day of the inspection. On the first evening of the inspection 4 nurses and 11 care staff were rostered to provide care and support for 73 residents until 20:00hrs. The night time allocation of staff in the centre further decreased the number of staff available to supervise residents and to ensure that residents' care needs and preferences were met. Inspectors observed that staffing levels decreased from 20:00hrs and there were 2 nurses and 5 care staff on duty to care for 73 residents until 08:00am.
 - Staffing resources allocated to the provision of meaningful activities were not sufficient and did not ensure that all residents accommodated in the designated centre had access to meaningful occupation and entertainment in line with their preferences and capacity to participate as described in the first section of this report.
1. Staff were not available to facilitate residents in the snoozelen room.
 2. Residents were observed to be asleep at the activities tables and there were no staff available to engage with them or use the specialist table to facilitate appropriate activity and stimulation.
 3. Scheduled activities were not provided for residents on the Lough Oughter or Lough Sheelin units.

Judgment: Not compliant

Regulation 16: Training and staff development

Inspectors found from observing staff practices, speaking to staff and from review of staff training records that not all staff had been facilitated to attend mandatory safeguarding vulnerable adults training.

A review of staff practices and training records identified the need for staff training in dementia care, challenging behaviour and in the management of restrictive practices in line with the national policy, in order to bring about improved outcomes for residents as discussed under Regulation 7 and Regulation 9.

Staff were not appropriately supervised to carry out their duties to protect and promote the care and welfare of all residents. This was evidenced by:

- Inadequate supervision of care which meant that some behavioural support care plans were not being implemented, which posed a risk to residents' health and well-being. Inspectors found this was in part due to lack of appropriate knowledge in providing dementia care and as discussed in Regulation 15 this was compounded by lack of staff available to supervise junior and newer staff members.
- Use of restrictive practice as a falls prevention strategy in the Lough Oughter unit, which infringed upon the rights of a resident in this unit. For example,

inspectors observed staff using an overly restrictive practice of confining a resident to a communal area when they expressed a wish to leave the room.

- One interaction between two staff on the first evening of the inspection which was fractious and disrespectful and did not ensure that the second member of staff was clear what was expected of them. Residents in this area were able to hear this exchange and this type of interaction did not create a positive environment for residents.
- Inspectors observations of a number of task focused care practices and communications which were not person centred or empathetic. This was not identified by supervisory staff. For example, a member of staff who was responsible for providing night time drinks did not have a good command of english and did not seek support of other staff to clarify what one resident was asking for to ensure that the residents receive their night time drink in the way they preferred it.

Judgment: Not compliant

Regulation 23: Governance and management

The management and oversight systems in place to ensure compliance with the Health Act 2007 (Care and Welfare of resident in Designated centers for Older People) Regulations 2013 required improvements in the following areas:

- The staffing resources provided did not ensure effective delivery of care to residents. This was evidenced by inadequate supervision of vulnerable residents in the communal rooms and insufficient access for residents with higher dependency needs to social activities that met their interests and capacities. This is addressed under Regulation 15.
- Although there were comprehensive quality assurance systems in place through which information was collected and management reports were prepared and reviewed, inspectors found that the oversight of of some areas required improvements. For example the management and oversight of staffing resources, staff training, protection of residents and resident's rights was not robust and required strengthening to bring it into line with the other governance and management structures that were in place in the centre and to ensure better outcomes for residents.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of residents' contracts of care. Each contract reviewed included the terms on which the resident was residing in the centre, including a

record of the room number and occupancy of the bedroom in which the resident would be accommodated. Contracts detailed the services to be provided and the breakdown of fees for such for such services. Contracts were signed by the resident and/or representatives, where appropriate.

Judgment: Compliant

Quality and safety

The findings on the day of inspection were that the provider was failing to ensure that all residents had their social care needs met. Residents who were able to speak with the inspectors were mostly happy with the care and services provided in this centre and gave positive feedback about the staff and management team. However, the inspectors found that improvements were required to monitor the quality and safety of care delivered to the more vulnerable residents and those residents who had significant cognitive impairment.

Residents' health care needs were met through regular assessment and review by their general practitioner (GP). The inspectors reviewed a sample of residents' records and found that residents received timely and unrestricted access to their GP. Residents were also referred to health and social care professionals such as dietitian services, occupational therapy, physiotherapy and speech and language therapy as needed. Where changes to treatment were recommended following a review by the GP or health and social care professional, these changes were appropriately updated within the resident's care plan.

The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. The inspectors viewed a sample of files of residents with a range of needs and found that while the care plans viewed were generally informative, some lacked sufficient detail to guide staff in the delivery of care. For example; the inspectors found that one care plan did not set out all of the interventions required to effectively guide and direct the care of a resident who exhibited responsive behaviours. This is detailed further under regulation 5; Assessment and care planning.

Inspectors found that the current care practices did not ensure that staff provided appropriate support and care for residents who may display responsive behaviours. For example, during the inspection, the inspectors observed that the language used to communicate with a resident who was exhibiting responsive behaviours appeared to cause the residents behaviours to escalate. Furthermore, the inspectors observed that a number of staff had not received training in the management of responsive

behaviours.

There was a restrictive practice register in place, however inspectors found that not all practices and procedures were in line with national restraint policy guidelines. This is discussed further under Regulation 7; Management of Responsive Behaviours.

Residents had access to local television, radio and newspapers. There was evidence of residents' meetings, which sought feedback on areas such as activities and the quality of food being served. Advocacy services were available to residents and there was evidence that they were supported to avail of these services as needed. Residents had access to religious services and resources and were supported to practice their religious faiths in the centre. However, action was required to ensure that all residents were provided with sufficient opportunities to participate in activities that were in line with their interests and capacities. Further findings in relation to residents' access to meaningful activities is detailed under Regulation 9, Residents' rights.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. Residents' accommodation was individually personalised. However inspectors identified some areas which required maintenance and repair. This is discussed further under Regulation 17: Premises.

The designated centre was free from COVID-19 infection at the time of this inspection. Infection prevention and control measures were in place and monitored by the person in charge. There was evidence of good practices in relation to infection control, for example the monitoring of multi-drug resistant infections (mdros). Alcohol hand gel dispensers were available for use on the corridors and staff were seen to use good hand hygiene techniques. However, further oversight was required in relation to the cleaning and storage of resident equipment. This is discussed further under Regulation 27: Infection Prevention and Control.

Measures were in place to safeguard residents from abuse, however further actions to ensure that safeguarding plans were fully implemented and that residents were kept safe. This is discussed further under Regulation 8.

Regulation 11: Visits

Visiting was taking place in line with guidance from the Health Protection and Surveillance Centre. The centre had suitable private areas for residents to meet with visitors in private.

Judgment: Compliant

Regulation 17: Premises

A review was required in the following areas to ensure that the premises was in line with Schedule 6 of the regulations:

- There were holes in wall surfaces in a kitchenette, a store room and housekeeping rooms which were in need of repair.

Judgment: Substantially compliant

Regulation 27: Infection control

Notwithstanding the significant improvements made since the last inspection in September 2022, the inspectors found that further improvement was necessary to bring the centre into compliance with Regulation 27:

A number of hoist slings which were used to support residents' mobility needs were observed being stored on a hoist when not in use and not returned to the resident's room or a suitable storage area. This increased the risk of cross-contamination. Items of equipment and boxes of supplies were inappropriately stored on the floor in a store room in Lough Sheelin. This hindered effective floor cleaning and posed a risk that items stored on the floor would become contaminated.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors found that action was required to ensure that adequate precautions were in place to protect residents from the risk of fire:

- Containers of paint were being stored in an electrical distribution room on the first floor. Paint is a flammable liquid and this posed a risk of fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Assessment and care planning required improvement to ensure each resident's

health and social care needs were identified and the care interventions that staff must complete were clearly described. The inspectors reviewed a sample of residents' care documentation and found the following;

- Some residents' care plans were not reviewed and updated at four monthly intervals or in response to their changing needs. For example, a number of resident's social care plans did not reflect current arrangements regarding visiting.
- Pain assessments were not being recorded at appropriate intervals. This did not ensure that residents' needs were being adequately met.
- Some behavioural support care plans did not identify potential behavioural triggers or detail techniques to de-escalate the behaviour to ensure that these behaviours were managed and responded to in the least restrictive manner.
- Wound measurements were not recorded in one wound assessment chart for 13 days, which made it difficult to ascertain if the current wound dressing plan was successful or required further review.

Judgment: Substantially compliant

Regulation 6: Health care

Through a review of residents clinical records and conversations with residents, inspectors were assured that arrangements were in place for residents to access their general practitioner (GP) when required or requested. There was evidence that residents were supported to access allied health and social care professionals for additional expertise such as dietitian, physiotherapy and occupational therapy services.

A review of residents care records confirmed that where treatment was recommended by a medical practitioner or other health care services that residents had access to such treatment, for example a residents' care record described treatment provided as advised by a tissue viability nurse specialist.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Further to review of the staff training records provided in the day of the inspection, the inspectors found that 19 staff had not been facilitated to attend training on managing responsive behaviours. Consequently, inspectors observed a number of

occasions where staff did not demonstrate the appropriate skills and knowledge to support residents who were displaying high levels of responsive behaviours.

Restrictions placed on residents access in the centre did not reflect national guidance and did not ensure that restraints were used in the least restrictive manner and for the minimum amount of time required. For example: The garden doors on the specialist dementia unit remained locked on the day of the inspection and residents were not observed to use the garden.

Judgment: Not compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. However, a review of safeguarding investigations and care plans found that the provider had not ensured that all measures to protect residents were being implemented.

For example,

- A responsive behaviour which was exhibited by a resident was recorded as a safeguarding concern and the residents had a safeguarding care plan in place to protect them and other residents. The residents plan of care detailed that the resident needed frequent staff supervision to mitigate the risks associated with their responsive behaviours. However, at the time of time of inspection those interventions were were not being implemented consistently and the resident was observed to be wandering with purpose unsupervised around the centre.
- The records in relation to a second safeguarding plan that had been put into place following another incident did not provide inspectors with sufficient assurance that this care plan was consistently implemented. However the inspectors received additional assurances from the provider following the inspection that the records including the staff rosters would be updated so that the person in charge could monitor those responsible for carrying out the required safeguarding actions

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider had failed to ensure that all residents were provided with opportunities to participate in meaningful activities and opportunities for recreations and entertainment in line with their interests, abilities and capacities. This was evidenced by;

- While there were two activities coordinators on duty on the second day of the inspection, these staff were based on the first floor of the centre and were not observed to assist residents on the ground floor with activities or entertainments. As a result residents on these two units spent long periods of time with little to do and there was an overreliance on watching television.
- On the first day of the inspection, the inspectors observed staff on the Lough Oughter unit facilitating a quiz that was not in line with the interests and capacities of the residents with dementia.
- There was one communal sitting room available on the Lough Oughter unit which was observed to be noisy and crowded at times. The alternative quiet place on the unit was in the Snoozelen room however the Snoozelen sensory room was locked on the evening of the inspection and those residents who wished to access a quiet space within the unit other than their bedroom, were unable to do so.
- Residents on the Lough Oughter Unit were not observed to leave this unit to attend activities elsewhere on either day of the inspection.

Inspectors were not assured that residents on the Lough Oughter Unit could carry out personal activities in private. This was evidenced by:

- Residents on the Lough Oughter unit did not have their right to privacy in their bedrooms assured due to a concern regarding a resident with responsive behaviours entering their bedroom uninvited. A review of this residents care plan indicated that that regular staff checks were required of their whereabouts, however inspectors found that these were not consistently carried out by staff during the inspection. Furthermore there was no record that these checks had been completed.

Residents were not supported to exercise choice in their daily routines. This was evidenced by:

- On the first evening of the inspection, inspectors observed that a resident was being restricted from leaving the communal sitting room. Inspectors viewed the resident's falls prevention care plan and found that staff were directed to confine the residents to one room if there were insufficient staff on duty to supervise the resident. This care plan intervention was an overly restrictive practice and did not ensure that the resident had freedom of their movements in their home environment.
- On the first day of the inspection, inspectors observed that a resident was distressed and wished to go to bed. When sufficient staff became available to assist the resident, they did not assist the resident to go to bed. Inspectors were told by staff that any change to the residents bed-time routine may cause the resident to wake during the night. This response did not ensure that the residents expressed wish to go to bed was heard and respected by staff on duty.
- The provision of one television set in twin bedrooms did not afford each resident personal choice regarding their television viewing and listening.

Judgment: Not 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
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Castlemanor Nursing Home OSV-0004913

Inspection ID: MON-0039929

Date of inspection: 21/04/2023

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Adequate review of night nursing staff has taken place to ensure that there are sufficient oversight of the Lough Oughter unit whilst the nurse is working on Lough Sheelin unit. A review has been completed in the centre following the inspection .A third nurse will be assigned to night duty (8pm to 8am) effective from July 3rd 2023.Changes reflected in planned rosters .</p> <ul style="list-style-type: none"> • Adequate review of night nursing staff has taken place to ensure that there is sufficient oversight of the Lough Rann unit whilst the nurse is working on Lough Inchin unit. A review of the healthcare assistant hours to a 9am to 9pm shift was implemented to ensure adequate supports and supervision of residents is facilitated during the busy handover time. An adjustment to allocations completed to ensure adequate staffing and skill mix throughout the centre. This is reviewed on a daily basis by Senior Management team. The allocations and changes are now reflected in the staff rosters. <p>The current staffing levels are as follows for Night Duty</p> <p>8pm-9pm 6 HCA'S & 3 Nurses 9pm -7am 5 HCA'S & 3 Nurses 7am -8am 8 HCA'S & 3 Nurses</p> <ul style="list-style-type: none"> • Adequate review has taken place regarding one nurse having responsibility for the provision of medications and all nursing care required for 49 residents from 20.00hrs until 08.00hrs. <p>Medication reviews were undertaken to ensure medications are administered within the specified timeframes by the registered nurse. The allocation of a third nurse to night duty will ensure more equitable distribution of responsibility regarding medication administration.</p> <ul style="list-style-type: none"> • The second person to provide personal care for those residents who need two people to provide their care and the implications this has on the supervision and oversight of staff. <p>There are twelve nursing hours and 1 extra HCA hour added to the night shift to support the residents needs. Dependency scores and needs analysis was reviewed by the Director of Nursing and residents' dependency levels on Lough Oughter have changed</p>	

since the inspection. The evidence based Modified Barthel tool is being utilised in the centre to assess dependency levels in addition to other assessments such as the comprehensive assessment 'A Key To Me' Cognitive assessments that incorporate assessment of the residents cognitive and physical needs . These assessments directly inform the needs of the residents and the required resources. Dependencies are reviewed and audited monthly. The compliance plan will be implemented on July 3rd and reviewed to ensure actions are completed and address the needs of the service.

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Regulation 16: Training and staff development	Not Compliant
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Outline how you are going to come into compliance with Regulation 16: Training and staff development:

All staff have received mandatory training in safeguarding and fire safety.

Staff training matrix reviewed to ensure all staff are trained in dementia care and responsive behaviours. Dementia and responsive behaviours training will be prioritised as mandatory training for all frontline staff and not just staff assigned to the dementia unit.

All psychosocial care plans were reviewed throughout the nursing home and supervision checks were implemented by the person in charge to ensure residents identified needs are monitored by staff on duty. All supervision checks are recorded on database system.

All staff will be trained in residents rights and advocacy training.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

Staffing levels were reviewed in line with the dependencies of the residents and the statement of purpose and function. Staffing hours were adjusted to ensure two extra staff are rostered up to 9pm to assist with the resident's needs. The agreed statement of purpose and function was adhered to by the management at Castlemanor nursing home.

The mandatory training matrix is under review to ensure each staff member receives training updates in residents rights and advocacy, understanding dementia and

responsive behaviours.	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The identified issues in the report will be reviewed and repairs will be implemented to ensure walls in need of repair are fixed.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Each resident has their own sling assigned for hoisting. Staff advised to store hoist sling in residents room for use and to keep each hoist sling labelled to avoid cross contamination.</p> <p>Each storage room was completed with shelving following previous inspection, staff members were advised on storage to be implemented on shelves and not to store on floors due to infection prevention and control issues identified.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All staff have received mandatory staff training in fire safety. Simulated evacuations are carried out monthly onsite at Castlemanor Nursing Home. All fire documents are up to date and maintenance checks are in place for all lighting,extinguishers,fire panels,ansul system.</p> <p>Staff member advised on safe storage of flammable materials in electric room. Paint cans removed from area identified to outdoor locked shed.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The visiting policy outlines the nursing homes visiting hours and plans in the event of an outbreak.</p> <p>The Director of Nursing has undertaken a complete review of residents care plans to ensure they are reviewed within the regulatory timeframe.</p> <p>The Director of Nursing completes a monthly audit of residents care plans and actions any findings.</p> <p>The Director of Nursing has carried out a comprehensive review on residents with behaviour support plans and has updated care plans to meet their needs. The frequency of documenting pain assessments was reviewed for residents taking prescribed analgesia.</p> <p>Registered nurses will be given updated training on the assessment and management of pain, woundcare assessment and assessment and management of behaviours.</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Each frontline staff member will be trained in responsive behaviours. Responsive behaviors training will be implemented as mandatory training for all frontline staff.</p> <p>Keypad de-activated in daytime hours following risk assessment to facilitate access and egress from the building to garden on dementia unit. This keypad will be activated during hours of darkness.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The Director of Nursing has implemented a supervisory check system for the resident identified in the report to ensure compliance with their care plan.</p>	

The Director of Nursing or her deputy has oversight of staff rosters to ensure safe staffing and monitors supervision of staff that are identified as requiring further supports in their work.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Staff will all receive rights based training to ensure residents rights are not breached .Positive risk taking will be implemented with residents to ensure they are not over protected by staff causing an infringement on their rights. All staff employed at Castlemanor nursing home receive safeguarding training prior to commencement of employment.

A second television will be implemented in shared rooms

A restrictive practice audit will be completed by the person in charge.

All Staff will be given further training on restrictive practices.

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.	Not Compliant	Orange	30/06/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/08/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	07/06/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	30/06/2023

	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.	Not Compliant	Orange	30/06/2023
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.	Not Compliant	Orange	30/06/2023
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	07/06/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall	Substantially Compliant	Yellow	07/06/2023

	provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	31/08/2023
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	07/06/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not	Substantially Compliant	Yellow	30/06/2023

	exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Orange	31/08/2023
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	07/06/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of	Not Compliant	Orange	31/08/2023

	Health from time to time.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	07/06/2023
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	07/06/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	07/06/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	09/06/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	07/06/2023