Health Information and Quality Authority

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:	25 November 2025
Centre ID:	OSV-0004913
Fieldwork ID:	MON-0048612

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-storey building containing four distinct areas, Lough Inchin, Lough Rann, Lough Oughter and Lough Sheelin. There are 73 single and one twin-occupancy bedroom, all of which have full en-suite facilities. The dementia specific unit is located on the ground floor and accommodates 12 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 wellbeing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	73

How we inspect

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
Tuesday 25 November 2025	09:15hrs to 17:15hrs	Nikhil Suresh Kumar	Lead

What residents told us and what inspectors observed

Overall, feedback was positive about the care and service provided in this centre. Residents' comments were that the staff team were excellent in providing care to them and that they were very approachable.

Upon arrival, the inspector met with the Person in charge, and following a brief introductory meeting, the inspector went for a walk around the centre.

The designated centre is in a two-storey building, and is organised into four units with two units on each floor. Located within a retirement village near Cavan town, the centre has convenient access to essential amenities, including shops, a local library, and a hospital.

The centre has several inviting communal areas designed to create a warm and welcoming environment for residents. These spaces featured comfortable seating arrangements, allowing individuals to relax and unwind. The inspector observed many residents enjoying the company of their visitors. Staff were readily available in communal areas to provide assistance, ensuring that residents felt well-supported as they participated in activities or enjoyed their time in the communal areas.

The inspector observed that residents had access to specialist mattresses and cushions to support their needs. Staff demonstrated appropriate people-moving and handling techniques and respected residents' privacy and dignity. Assistance was offered discreetly to residents, and those who spoke with the inspector spoke highly of the staff and the support they received at this centre.

The corridors were wide and welcoming, with handrails on both sides to support those who needed them, making navigation easier and more comfortable. Residents' moving and handling aids, such as transport wheelchairs, were appropriately stored in dedicated areas, ensuring that they were accessible and ready to use when needed. There was a system to clean this equipment after each use. The centre appeared visibly clean and well-ventilated, ensuring a comfortable environment for residents and visitors.

Residents' rooms were individualised with personal items of significance, such as photographs and cherished memorabilia, creating a familiar environment. Residents had sufficient space to store their personal belongings. Residents who spoke with the inspector said they were comfortable in their rooms and warm. However, some bedroom fire doors were fitted with domestic-style door locks with keyholes, which did not meet the standards required for a bedroom fire door. This was a repeated non-compliance finding.

The inspector observed that staff interactions with residents were respectful and that staff attended to residents' care needs with kindness and compassion.

The centre's dining room had a quiet and relaxing ambience, and residents were offered a choice of food, and a menu was displayed where residents could easily see it. The food was attractively presented and had a temperature control system in place to keep hot food hot. There were enough staff to ensure that residents requiring assistance were appropriately assisted.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the care and services being delivered to the residents.

Capacity and capability

Overall, this was a well-managed centre, with residents' needs and preferences central to the daily routines and the organisation of the centre, creating a warm and caring environment.

This was an unannounced inspection to monitor the registered provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider of the designated centre is Costern Unlimited Company. There was a clearly defined management structure in place in the centre.

The person in charge is a registered nurse with the required management qualifications and experience for the role. The person in charge was supported in their role by an assistant director of nursing (ADON) and four clinical nurse managers (CNM). A senior manager provided management oversight for this centre at the group level.

The inspector reviewed the staffing levels in a sample of two units and found that there was an appropriate number and skill mix of staff to meet the needs of residents. However, upon review of the duty rosters and communicating with staff, it was identified that the provider had not provided staffing in line with the centre's statement of purpose. As a result, did not fill vacancies for 7.4 whole-time equivalent (WTE) of care staff and 2.8 WTE of staff nurses in the designated centre.

The inspector reviewed a sample of residents' contracts of care and found that the residents had a contract in place. However, the contracts the provider had agreed in writing with residents did not comply with the requirements of the regulations. This is further detailed under Regulation 24: Contract for the provision of services.

Regulation 15: Staffing

The number and skill-mix of staff was appropriate to meet the assessed needs of the residents living in the centre during the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured staff had access to training appropriate to their role. Staff were up to date with training on safeguarding vulnerable adults, managing responsive behaviour and manual handling.

Judgment: Compliant

Regulation 21: Records

The records required to be maintained in each centre under Schedule 2, 3 and 4 of the regulations were well-maintained and securely stored in this centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not provided staffing in line with the centre's statement of purpose. For example, the provider had not identified vacancies for 7.4 WTE of care staff, 2.8 WTE of staff nurses.

The management systems in place did not ensure that the service provided was safe and effectively monitored in respect of fire safety, as discussed under Regulation 28: Fire precautions.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts the provider had agreed in writing with residents and found that they did not comply with the requirements of the regulations. For example;

The terms relating to the services mentioned under the contracts included services that the residents may be entitled to free of charge through the general medical services (GMS) scheme or through any other health entitlements. As a result, residents' monthly invoices indicated that they were charged for additional services that they are entitled to avail of free of charge. For example:

- The weekly service charges includes cost of phlebotomy and transport ot the laboratory and numerous other small scale services. Additionally, the provider's letter to the residents families dated 2 November 2024 stated that the weekly additional service charges covers services such as, GP services, phlebotomy services including laboratory transportation, dietitian, speech and language therapy, and tissue viability specialist.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had an up-to-date Statement of Purpose in place, which contained the information required under Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Overall, residents were generally found to be receiving good quality person-centred care in this centre, and residents were made central to the organisation of this centre. However, the provider's arrangements to review fire precautions in this centre were not adequate.

The inspector found that the provider had regularly conducted fire drills at this centre; however, they had been designed around incorrect fire compartment drawings. As a result, the staff who spoke with the inspector could not identify the actual compartment boundaries and hence did not practise a simulated fire evacuation drill in the centre's largest fire compartment. The provider was required to submit a fire drill in the largest compartment along with fire compartment drawings. This was submitted following the inspection.

Residents had access to a safe supply of fresh drinking water at all times. They were offered a choice at mealtimes and provided with adequate quantities of wholesome and nutritious food. The inspector observed that residents were provided with regular refreshments in this centre.

The provider had a risk management policy that included hazard identification and risk assessment throughout the designated centre. The provider had maintained a risk register in this centre.

The residents in the centre had a care plan in place, and systems ensured that all relevant information about the residents was provided to the designated centre or hospital to which they were transferring. The staff who spoke with the inspector were knowledgeable about the care needs of residents, and the records, such as skin care records, indicated that the care interventions were provided to residents in line with the care plans.

Residents were provided with regular access to medical professional services, as necessary. Residents were also provided with timely in person access to a range of health and social care professionals, which included physiotherapy, dietetics, speech and language therapy and occupational therapy.

The centre had a policy on safeguarding vulnerable adults. Staff who spoke with the inspector were knowledgeable about the safeguarding system in place, such as how to identify and respond to allegations and incidents of abuse. The centre had a system in place to ensure that staff were Garda-vetted before commencing employment at the centre.

Residents had access to various media, such as newspapers, telephone, and television. Residents had unrestricted access to all communal areas and were able to access these facilities for meaningful activities, such as group activities. Additionally, quiet relaxation spaces were available for residents, perfect for reading or reflection.

Regulation 13: End of life

The provider had arrangements in place to provide the necessary support required for residents when they approach their end of life. For example, staff were provided with training for end-of-life care, residents had access to specialist palliative care team. Staff who spoke with the inspector were knowledgeable about residents' needs, such as their physical, social, and spiritual needs.

Judgment: Compliant

Regulation 18: Food and nutrition

There was adequate staff to support and assist residents with their meals and refreshments. A system was in place to ensure that residents were monitored for weight loss and were provided with access to dietetic and speech and language services when required.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The provider had adequate systems to support the safe transfer and discharge of residents. Records indicated that all relevant information about a resident was provided to the receiving facility when transferring residents out of the centre.

Judgment: Compliant

Regulation 26: Risk management

The provider has a risk management policy and there were arrangements for the identification, recording and investigation of serious incidents or adverse events involving residents in this centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider did not ensure that the fire compartment plans that were displayed throughout the building were accurate and provided up-to-date information to guide residents, staff and visitors in the event of a fire emergency in the centre. As a result, staff who spoke with the inspector were not clear about the fire compartmentation arrangements in this centre.

Arrangements for evacuating all persons in the designated centre and safe placement of residents in the event of a fire emergency were not adequate. Although fire drills were carried out regularly, they had been designed around incorrect fire compartment drawings. As a result, the staff had not practised a simulated fire evacuation drill in the centre's largest fire compartment.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' care needs were reviewed at regular intervals using validated assessment tools and were updated in accordance with regulatory requirements, and a comprehensive assessment was in place for residents. Care plans were person-centred and reflected the residents' needs.

Judgment: Compliant

Regulation 8: Protection

Safeguarding training was up-to- date for all staff. There was a good systems in place for the management and protection of residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to advocacy services. Residents' meetings were organised regularly, and the minutes of residents' meetings indicated that that residents had opportunities to discuss regarding how they wished to live their lives in the centre.

Judgment: 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Castlemanor Nursing Home OSV-0004913

Inspection ID: MON-0048612

Date of inspection: 25/11/2025

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Staffing in the centre is in line with the SOP and staff vacancies are filled as they become vacant. The PIC will continue to monitor and review staffing to ensure staff numbers and with the relevant skills are available.

Fire compartment drawings have been updated throughout the nursing home identifying actual compartment boundaries.

Fire compartment plans have been reviewed with up-to-date information to guide residents ,staff and visitors in the event of fire emergency in the centre.

Fire evacuation drills are currently being carried out in the largest fire compartments.

All staff are trained in fire procedures. The centre carries out simulated fire drills and evacuations monthly and reports findings and actions any issues from these simulations. Trinity care engages with a competent fire engineer to ensure fire safety training is delivered to staff by an expert.

External auditor will complete another audit on the doors throughout the nursing home with the view to change the locks from a Mortice lock to a euro cylinder lock. This review will be carried out before 01/09/2026.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
A review of ASC will be carried out by end of May.

Residents will be informed following review.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Fire compartment drawings have been updated throughout the nursing home identifying actual compartment boundaries.

Fire compartment plans have been reviewed with up-to-date information to guide residents ,staff and visitors in the event of fire emergency in the centre.

Fire evacuation drills are currently being carried out in the largest fire compartments.

All staff are trained in fire procedures. The centre carries out simulated fire drills and evacuations monthly and reports findings and actions any issues from these simulations. Trinity care engages with a competent fire engineer to ensure fire safety training is delivered to staff by an expert.

External auditor will complete another audit on the doors throughout the nursing home with the view to change the locks from a Mortice lock to a euro cylinder lock. This review will be carried out before 01/09/2026.

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 23(1)(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	30/06/2026
Regulation 23(1)(d)	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	30/06/2026
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre	Substantially Compliant	Yellow	30/05/2026

	concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	01/09/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/09/2026