



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

Issued by the Chief Inspector

Name of designated centre:	Castleross
Name of provider:	Castleross Nursing Home Ltd
Address of centre:	Carrickmacross, Monaghan
Type of inspection:	Unannounced
Date of inspection:	07 September 2022
Centre ID:	OSV-0000124
Fieldwork ID:	MON-0035609

About the designated centre

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

Castleross nursing home is a purpose-built premises. Residents are accommodated in for individual houses (Lisdoonan, Broomfield, Creevy and Killanny). In addition, there are two civic centres; the village centre and Kavanagh community centre for communal activities. The philosophy of the designated centre is to preserve the dignity, individuality and privacy of the residents who live in Castleross in a manner that is sensitive to their ever changing needs. To this end management have adopted the 'household model' of care which primarily is based on the principles of home life. Each household is individually staffed and includes a homemaker whose responsibility is to create a homely environment through normal daily kitchen activities and provide a warm welcome to all who pass through.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	124
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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 7 September 2022	08:50hrs to 16:15hrs	Sheila McKeivitt	Lead
Wednesday 7 September 2022	08:50hrs to 16:15hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

Inspectors spoke with a number of residents in each of the four houses during the course of this inspection. Their views on what life was like living in the centre were overall positive.

Inspectors spent time observing practices as well as the internal and external environment. They observed practices which assured them that residents' rights to privacy and dignity were respected. For example, care staff were observed knocking on residents' bedroom door, seeking permission prior to entering.

Inspectors were assured that residents' rights were upheld. Inspectors saw that residents were provided with choices, for example staff were observed asking residents what they would like for breakfast prior to having it served to them. A large number of residents came to the open plan living area for their breakfast. The ambiance in this room was calm and peaceful and this, together with the smell of the morning fresh air drifting in from the open courtyard door, further enhanced the feeling of home. Residents spoken with said it was 'home from home' for them.

Residents had access to a programme of activities which were led out by a team of two activities staff, increased from one since the last inspection. Feedback about the activities was overall good. Residents spoke proudly of the award they had won in the local annual agricultural show for their art display. The winning cup was on display in the front foyer. A number of residents mentioned activities of the previous week, which were held for 'Inclusion week' and involved residents from each of the houses coming together for a number of outdoor activities, including music from a local band and their own popular musician. It was evident that the additional activities employee was having a positive impact on the provision of activities to the 124 residents living in the centre.

The premises was bright, airy, clean and tidy with a a planned re-furbishment plan for 2022 well underway. Inspectors saw that two of the four open plan areas had been completely refurbished. Residents spoken with said it was lovely and they liked the new flooring, tables, chairs and paintings. They said the colour scheme made the room alot brighter and more enjoyable to sit in.

Staff were also observed conversing with residents in a kind, patient, friendly and respectful manner. Residents said the staff were lovely but there was not enough of them on-duty. On further discussion, a group of residents explained how this impacted on them. They said that during the day, they could ask for assistance and have to wait, wait and wait for that assistance. They explained that it was not easy at their age to wait when you needed to use the bathroom facilities. Inspectors reviewed the rosters and spoke with care staff, and found that care staff were responsible for providing non-direct care tasks, including supervision; this together with covering for staff when on break appeared to be contributing to the issues

identified by residents.

Inspectors observed good, safe infection control practices. Staff were observed using the hand sanitising gel prior to entering and on leaving a residents bedroom. Clinical wash hand basins were in the process of being installed throughout each unit. Inspectors noted the sinks being installed and advised the provider to seek assurance that they conformed with the required standards prior to there installation being completed.

The house-keeping staff were observed completing their duties throughout the course of the morning. Inspectors saw that the equipment in use was clean. For example the cleaning trolleys being used appeared clean and the cleaners room met the regulatory requirements.

Staff were aware of the latest guidelines in relation to visitors. Face masks, hand sanitising facilities and a visitors sign-in book were available to them in the main foyer. Residents were observed receiving visitors in their house and in the residents coffee dock.

The next two sections of this report will summarise the findings of the inspection and discuss the levels of compliance found under each regulation.

Capacity and capability

Overall inspectors found that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support. The daily running of the centre was overseen by the person in charge with the support of a senior management team. The services were delivered by a well-organised team of trained competent staff.

The centre has a good history of compliance with the regulations and was found to be compliant or substantially compliant under the regulations reviewed on this inspection. The inspectors found that the provider had addressed most of the areas for improvement identified on the last inspection. Inspectors noted some further improvements were required in a small number of areas.

Although inspectors were assured that the governance in the centre was good, improvements to the level of oversight were required in order to ensure more robust processes were implemented, to manage and evaluate non-clinical risks.

Castleross Nursing Home Ltd is the registered provider of Castleross. The senior management structure consisted of the registered provider representative, person in charge and three persons participating in management. A number of other management supports were available within the centre and also as part of the wider group structure Grace Health Care, including human resources, health and finance management supports. At operational level, within the centre there were also clinical

and administrative supports to the person in charge including two care managers, accounts and administration personnel.

A continuous monitoring system to review the delivery of services provided was in place. This included regular reviews of clinical care and risk indicators of key areas as identified under regulation 23: governance and management could further ensure the safety of residents and enhance the quality of care they received. These areas included fire drills, the tasks delegated to care staff, medication management and the identification of all restraints used within the centre.

Appropriate resources were available to ensure the centre was well maintained internally and externally and to ensure all equipment was serviced as per the manufacturers recommendations.

There were appropriate staffing numbers in place to meet the needs of the residents, however a review of the tasks care staff were delegated to complete and the hours worked was required to ensure the needs of residents were met in a timely manner 24hrs a day.

The training needs of staff were met with all having mandatory training in place. Additional resources had been allocated to ensure staff had the appropriate level of training to care for residents displaying responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and this was reflected in the high standard of nursing assessments and care plans reviewed for a sample of these residents.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted with the application form. On review, some minor discrepancies between the floor plans and the statement of purpose were identified and the provider was requested to submit revised copies of both together with a floor plan declaration form.

Judgment: Substantially compliant

Regulation 15: Staffing

The tasks delegated to care staff required review to ensure these non-direct care tasks did not negatively impact on their ability to provide direct care to residents in a

timely manner.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff nurses had completed training in medication management. Housekeeping staff had received training in the use of chemicals and those spoken with demonstrated a good knowledge of the chemicals they were using.

There was good supervision of staff across all disciplines.

Judgment: Compliant

Regulation 19: Directory of residents

The residents directory was reviewed and it was found to contain all the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

Regulation 21: Records

Residents' care records were reviewed. The residents' assessments and care plans were detailed and reflected the residents' current status. They were reviewed in full every three months. For example, end-of-life preferences were recorded, and included the resident's and, in some cases, their families' input. Those reviewed demonstrated that person-centred care was being delivered to residents.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and

damage of resident's property.

Judgment: Compliant

Regulation 23: Governance and management

Although management systems were in place to ensure the service delivered was safe, effective and monitored, inspectors found that the following areas of practice required greater oversight:

- Fire procedures - particularly ensuring that staff were knowledgeable and competent in carrying out a full compartmental evacuation of the residents in a timely manner
- Medication management- this was a recurrent finding from the last inspection, in respect of ensuring that the systems for medication prescribing supported safe administration practices, specifically that the times of administration were clear.
- Staffing- the shift patterns to ensure appropriate staffing levels were maintained during staff breaks and the tasks delegated to care staff.
- Notification of incidents- ensuring appropriate identification, oversight and notification of all restraints used within the centre.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The contracts of care met the legislative requirements. The sample of contracts reviewed had been signed by the resident or their appointed representative and the registered provider representative. They also included the fees to be charged, the room occupied by the resident and, where relevant, the number of other occupants in the room.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available for review, overall met the regulatory requirements and had been updated within the past year.

Judgment: Compliant

Quality and safety

Overall, residents received a good standard of service. Residents' health, social care and spiritual needs were well catered for. Further improvements were required under premises, fire and medication management.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected, including receiving visitors in private. Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. Residents with dementia and those with responsive behaviour were being effectively supported by who had completed more advanced training in this area of care since the last inspection.

Residents had an activities assessment completed which reflected each residents interests, likes and preferences. There were adequate facilities available to deliver activities to residents. These facilities included a large recreational room, a newly developed sensory room and a wide variety of equipment.

Infection control practices were good. Staff hand hygiene practices were as per best practice recommendations and wash hand sinks were in the process of being provided on each corridor of the centre. Some minor issues were identified by inspectors in relation to shelving in storage rooms, the storage of hoist slings and uncovered linen skips.

The premises was well maintained in side and out with a continuous improvement programme in the process of being carried out in line with the annual review for 2021.

Fire equipment was serviced as per best practice guidelines and the documents in relation to servicing of all equipment used within the centre was well maintained and provided to the inspectors for review on request. Staff had had fire training and although they knew the procedure to follow in the event of the fire alarm sounding inspectors were not assured that all the residents in the largest compartment of the centre could be evacuated within a timely manner. The fire drills completed to date did not provide this assurance. The provider was requested to submit evidence that they could safely evacuate all residents from the largest compartment within the centre in a safe and timely manner within five days of this inspection.

Regulation 11: Visits

The visiting procedures in place reflected the current Public Health guidelines. There

were no restrictions for visitors in the centre. There was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished to do so. The recommended sign-in process was in place.

Judgment: Compliant

Regulation 12: Personal possessions

There was adequate storage in the resident's rooms for their clothing and personal belongings including a lockable unit for safekeeping. Residents had access to a laundry in each unit which enabled them to do their own laundry, if they wished.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises of the designated centre were appropriate to the number and needs of the residents. The premises were clean, well-maintained and well laid out to support residents' needs. Accommodation was provided in four individual households as follows:

- Lisdoonan household accommodating 33 residents in two twin and 29 single bedrooms;
- Killany household accommodating 33 residents in seven twin rooms and 19 single rooms;
- Creevy household providing accommodation to 28 residents in five twin rooms and 19 single bedrooms
- Broomfield household accommodating 31 residents in 3 twin rooms and 25 single rooms

There were sufficient toilets and shower facilities within immediate vicinity of residents' bedrooms. Each household had it's own small laundry room and a larger laundry facility was also located on the grounds of the designated centre.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place which met the requirement of the regulations. For example, specific risks as outlined in the regulation such as aggression and violence, and associated measures and actions to control this risk, were included. Arrangements for the identification, recording, investigation and learning from serious incidents or adverse events were evident.

The provider maintained a register of risks which included all risks in the centre. Records reviewed showed that control measures had been put into place and a responsible person had been identified to implement the measures required to manage each risk. This included the risk associated with the front entrances of the centre leading directly onto the road.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider was required to review fire precautions in respect of the following issues:

- Containment and compartmentalisation measures required review to ensure they supported safe evacuation of all residents in line with centre's local policy of horizontal progressive evacuation by compartment and that all staff were familiar with the size and extent of the compartment for the purpose of evacuation
- The fire drills completed to date did not provide assurance that residents could be safely evacuated from the largest fire compartment within a reasonable time frame. The provider was requested to provide assurance that simulated drills of these compartments were completed with staff. Evidence of completed fire drills were submitted as requested.
- The personal emergency evacuation plans (PEEPS) were centrally located and were not readily available for staff to access at the point of use in the event of an emergency.
- There was no appropriate fire hazard signage for oxygen cylinders and oxygen concentrators stored in the treatment room.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The following issues were identified with the residents' prescription charts:

- Prescribed medications charts did not reflect the times each medication was to be administered at. This did not ensure that all medicinal products were

administered in line with the directions of the prescriber and in accordance with best practice guidelines.

- The residents' weight was not identified on the prescription chart, which could potentially lead to adverse events such as overdose.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of residents assessments and care plans were reviewed. Each had a thorough assessments completed reflecting the residents met during the course of inspection. There was evidence of referrals being made to members of the allied health care team and records reviewed assured the inspectors that residents had been seen as requested. There was also evidence of the resident's and, where requested by the resident, their families input into their care plan.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The designated center's policy was available for review. There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. The use of any restraints was minimal and appropriate.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures which staff understood and implemented. All staff were provided with refresher training on safeguarding and could demonstrate the principles of the training in practice. A sample of personnel records showed that recruitment practices were compliant with employment and equality legislation. An Garda Siochana (police) vetting disclosures were secured prior to staff commencing employment, for the protection of residents.

The provider was a pension agent for a small number of residents. The inspectors saw that monies collected on behalf of residents were being lodged into a residents' account, in line with the Social Protection Department guidance.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld. There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were observed participating in activities as outlined in the activity programme. Residents with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities. The local Eucharistic minister and parish priest ensured the residents' religious needs were met.

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	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Castleross OSV-0000124

Inspection ID: MON-0035609

Date of inspection: 07/09/2022

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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: Revised copies of the floor plans and SOP were submitted with the required floor plan declaration .	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A full review of non-direct tasks was commenced and remains ongoing to ensure that such tasks do not negatively impact staff ability to provide direct care to the people that live in Castleross.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Fire procedures: Castleross engaged with Phoenix STS to provide training and advice to Castleross . Phoenix are in the process of retraining all our staff to heighten our knowledge in this	

area as well as reviewing Containment and compartmentalization measures .This will ensure staff are familiar with all fire compartments within the Centre for the purpose of evacuation.

Full compartment drills will be carried out on a regular basis to ensure that staff are competent in completing full compartmental evacuation in a timely manner. Recent compartmental evacuation drills showed a significant reduction in evacuation times after training provided and we believe this will improve further as more training is completed.

Medication Management:

Prescribed medication times will be included on prescribed medication charts
Administration times of prescribed medications are documented on Kardex's by nurses at medication rounds. Plan to move to electronic system in process, meeting was held with with pharmacist and Digi care.

Resident weights now displayed on all Mediation Kardex's.

Staffing:

See actions under Regulation 15 above

Notification of Incidents :

All use of restraint will be submitted on the quarterly returns and continue to be monitored on the restrictive practice register.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Castleross engaged Phoenix STS to provide training and advice to Castleross . Phoenix are in the process of retraining all our staff to heighten our knowledge in this area as well as reviewing Containment and compartmentalization measures This will ensure staff are familiar with all fire compartments within the Centre for the purpose of evacuation.

Full compartment drills will be carried out on a regular basis to ensure that staff are competent in completing full compartmental evacuation in a timely manner. Recent compartmental evacuation drills showed a significant reduction in evacuation times after training provided and we believe this will improve further as more training is completed.

Personal emergency evacuation plans will now be displayed in each residents bedroom that will be readily available for staff to access at the point of evacuation.

Fire hazard signage for oxygen use is now displayed in all treatment rooms.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Prescribed medication times will be included on prescribed all medication charts .</p> <p>Administration times of prescribed medications are documented on Kardex's by nurses at medication rounds. Plan to move to electronic system in process, meeting was held with pharmacist and Digi care.</p> <p>Resident weights will now be displayed on all Mediation Kardex's.</p>	

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	06/10/2022
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	30/11/2022
Regulation 23(c)	The registered provider shall	Substantially Compliant	Yellow	30/11/2022

	ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/11/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's	Substantially Compliant	Yellow	20/11/2022

	pharmacist regarding the appropriate use of the product.			
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