



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:	19 March 2026
Centre ID:	OSV-0000124
Fieldwork ID:	MON-0049026

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 which can accommodate up to 125 residents. The centre has 91 single and 17 twin bedrooms some of which have ensuite bathrooms. Residents are accommodated in four 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:	113
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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
Thursday 19 March 2026	09:30hrs to 17:45hrs	Aislinn Kenny	Lead
Thursday 19 March 2026	09:30hrs to 17:45hrs	Maureen Kennedy	Support

What residents told us and what inspectors observed

From what residents told us and what inspectors observed Castleross was a nice place to live. The centre is divided into four households Lisdoonan House, Broomfield House, Creevy House and Killanny House. Lisdoonan House is a dedicated dementia care house. Inspectors spent time in all households to see what it was like for people living there. The inspectors spoke with nine residents and six visitors. Residents spoken with expressed their satisfaction with the centre and spoke about how they were well looked after by staff. One resident told the inspectors "I love it here, couldn't fault it, the staff are fantastic". Visitors told inspectors, "it's a lovely place, very homely" and "it's magic, very well managed." Inspectors observed kind and friendly interactions between staff and residents. The inspectors spent time in the communal rooms observing resident and staff engagement. There was a relaxed atmosphere, and residents were able to freely mobilise around the centre if they wished. Residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre appeared to be relaxed and enjoying being in the company of staff.

The designated centre is set out over a large footprint with each household accessible by a front door and connecting doors within the centre. An area adjacent to the Lisdoonan household contained the kitchen, laundry, staff changing rooms, canteen, and office facilities. The laundry, where sheets and towels were laundered, was seen to be tidy and well-organised. The layout supported the functional separation of the clean and dirty phases of the laundering process. Each household also had its own domestic washing machines and dryers for washing residents' personal clothing. Inspectors observed that since the last inspection a weekly lint cleaning checklist had been implemented. Notwithstanding, inspectors observed that the lint drawers in each of the machines contained a build up of lint and would benefit from a more frequent clearance of lint to limit the risk of fire.

During a walk around the centre in the morning the inspectors observed activities staff visiting residents in their bedrooms and delivering newspapers or individual activities provided to residents who chose to stay in their bedrooms. Other residents were observed having breakfast in the large dining rooms in each household. Residents were observed enjoying a variety of breakfast items in line with their preference. The centre was mostly well-maintained however, inspectors observed some areas that required enhanced cleaning as outlined further in the report. Green 'I am clean' stickers were observed in use and attached to residents' equipment however, staff spoken with on the day were unaware of the procedures for their appropriate use. Inspectors saw that the covering of a resident's chair was badly damaged and could not be effectively cleaned. Communal areas were nicely decorated in a homely style with items of interest on display for residents' enjoyment such as antique signage.

Inspectors observed inappropriate storage arrangements in the centre, for example in Creevy House a twin bedroom with one vacant bed was seen to contain various equipment such as hoist, walking frames and a wheelchair. This did not provide a homely or safe environment for the resident living in the bedroom. Staff coats and belongings were also observed stored alongside residents' equipment in a store room in Lisdoonan House and hoists were observed stored in a bathroom in Broomfield House.

Residents were seen to enjoy attending the centre's coffee shop and were observed having refreshments here throughout the day. This area was nicely decorated and welcoming. Activities schedules were on display in each household and details of how to make a complaint, advocacy services contact details were observed on display also. A quarterly newsletter was available for residents and contained photographs of the various activities and outings that had taken place that quarter. Residents' artwork was nicely displayed throughout the centre. The inspectors observed residents enjoying live music on the morning of the inspection and residents enjoying the experience of having their hair done throughout the day of the inspection.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this inspection found that Castleross was a good centre where residents were supported to have a good quality of life that enabled their independence in accordance with their ability. Nonetheless, oversight was not sufficient in some areas to ensure the service was consistent, safe, appropriate and effectively monitored as outlined further under Regulation 23: Governance and Management. Other quality and safety areas that required improvement are discussed further in the report and outlined under the relevant regulations.

This unannounced inspection was carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended) and to follow up on the compliance plan from the previous inspection. Inspectors followed up on the compliance plan of the last inspection and found that the findings of the last inspection had been addressed in most areas however, there were delays in progressing all fire safety works in the centre in line with their compliance plan as further discussed under Regulation 23: Governance and Management.

Castleross Nursing Home Ltd is the registered provider for Castleross. The company is part of the Grace Healthcare group, which is involved in the running of number of

other nursing homes at a national level. A company director was present in the centre and met with the inspectors on the day. The person in charge was newly appointed and worked full-time. They were supported in their role by two care managers. Further support was provided to the management team through the regional operations manager and wider group.

The provider ensured that there were effective communication systems in place with staff and management through handover, staff meetings and management meetings. A schedule of audits was in place and regular auditing was seen to take place in areas such as infection prevention control, falls, restrictive practices and complaints. Residents' forum meetings took place in the centre and minutes were available for review. An annual review of the quality and safety of care delivered to residents had been completed. Where the provider had identified areas for service improvement there was a quality improvement plan established to ensure improvements were implemented.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and most training was up-to-date. Gaps were identified where refresher training in safeguarding was required, and inspectors were assured upcoming training in this area was scheduled. There was a high level of staff attendance at training in areas such as fire safety, manual handling, management of responsive behaviour, and infection prevention and control.

The complaints procedure was displayed in the centre. A sample of open and closed complaints reviewed were seen to be responded to within the required time-frames. The complaints officer had received appropriate training in the management of complaints.

Regulation 14: Persons in charge

The person in charge was a registered nurse working full-time in the centre and met the criteria of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

A programme of mandatory training was available for staff to complete. Records of the training undertaken by staff was maintained and monitored to ensure that staff remained up-to-date with relevant training as required.

Judgment: Compliant

Regulation 23: Governance and management

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored were not sufficiently robust in all areas. This was evidenced by the following gaps:

- Care plan audits did not identify the findings on the day of the inspection, and were not effective at identifying areas for improvements.
- Fire safety work that was due to be completed by the end of March 2026, which included replacement of a large number of fire doors as per the provider's compliance plan was delayed by approximately three months. The provider failed to inform the Chief inspector of these delays. A compliance plan update was received and accepted following the inspection outlining revised time lines for the work.
- Oversight arrangements for infection prevention and control (IPC) required strengthening to ensure that staff were familiar with the procedures in place relating to the appropriate cleaning of residents' equipment.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A review of the records found that complaints were recorded, managed and responded to, in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

Residents living in Castleross were seen to receive a good standard of care from staff who were familiar with their needs and preferences. However, inspectors found that some improvements were required in the management of infection prevention and control (IPC), premises and assessment and care planning to ensure a high quality and safe service was provided at all times.

The environment was mostly clean and tidy on inspection day. Hand sanitiser dispensers were conveniently located in bedrooms and on corridors to facilitate staff

compliance with hand hygiene requirements. Staff were observed to have good hand hygiene practices. There were good practices in relation to standard precautions to reduce the spread of infection. For example, waste and laundry linen were managed in a way to prevent the spread of infection and linen was appropriately segregated at point of care. Notwithstanding these good practices, some gaps were identified and will be discussed under Regulation 27: Infection control.

The centre was appropriately laid out to meet the needs of the residents. However, storage arrangements in the large premises required attention to ensure residents' equipment and other items were stored appropriately as discussed further under Regulation 17: Premises.

Care planning documentation was available for each resident in the centre. Each resident had a pre-admission assessment carried out to ensure the centre could meet the residents' needs. Assessments were completed within 48 hours of admission and all care plans updated within a four month period or more frequently where required. However, inspectors reviewed a sample of care plans and found gaps in the individualised and assessed health care needs of some residents, which meant that key information was not available to support care practices. This is detailed further under the relevant regulation in the report.

The inspectors found that residents were receiving a good standard of healthcare. Residents' health and well-being were promoted, and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry services, physiotherapy, dietitian, tissue viability and speech and language services as required.

The inspectors found that all reasonable measures were taken to protect residents from abuse. There was a policy in place which covered all types of abuse and staff had received mandatory training in relation to detection, prevention and responses to abuse. When required, appropriate referrals to external agencies such as the safeguarding and protection team were completed. The provider was a pension-agent for a number of residents. Monies collected on behalf of residents were being lodged into a residents' account, in line with the Social Protection Department guidance.

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous. Residents with dementia were supported by staff to join in group activities or individual activities relevant to their interests and abilities. A variety of media was available for residents including newspapers, televisions, and radios.

Residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received care and support in line with their individual needs. Care plans were developed for these residents, which outlined appropriate de-escalation strategies to guide staff. A restrictive practice register was in place in the centre detailing the restrictions in place for residents.

Regulation 10: Communication difficulties

The inspectors found that staff were knowledgeable regarding specific residents' communication needs. The care and strategies used for residents with communication difficulties and language barrier were discussed with staff. Residents with communication difficulties had their communication needs individually assessed and communication cards were drafted and electronic devices were used to aid translation if required.

Judgment: Compliant

Regulation 17: Premises

Storage arrangements in the centre required review to ensure they were in line with Schedule 6 requirements. For example:

- Residents' equipment hoists, frames, wheelchairs were inappropriately stored in areas such as bedrooms and a bathroom.
- A mobility scooter and deceased residents' belongings were stored in the community centre, an area for use by residents.
- Staff coats and belongings were also observed stored alongside residents' equipment in a store room in Lisdoonan House.
- Ventilation was not effective in all areas of the designated centre as a malodour was present in bathroom two in the Kilanny Household.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example;

- Staff were unclear regarding the use of 'I am clean' green labels leading to a lack of assurance whether a piece of equipment had been cleaned after use by a resident.
- The inspectors observed a breach of integrity in the covering and rust present on some equipment used by residents such as a standing hoist, crash mats. One residents' comfort chair covering was also badly damaged and required replacing. This posed an infection prevention and control risk as these items

could not be sufficiently cleaned. This was brought to the attention of management on the day of the inspection.
Judgment: Substantially compliant
Regulation 28: Fire precautions
As already identified under Regulation 23, fire containment works in respect of replacing a number of fire doors throughout the centre were outstanding. In addition, the following required action to ensure adequate precautions against the risk of fire: • The smoking area in Creevy did not contain a call-bell to ensure residents or visitors could promptly call for assistance in the event of fire. Furthermore, a fleece blanket placed on a chair in this area was not fire retardant, posing a risk.
Judgment: Substantially compliant
Regulation 5: Individual assessment and care plan
While care plans were updated in a timely manner, some actions was required to ensure that they contained sufficient and up-to-date information to direct care: • Two residents who were assessed as susceptible to the development of pressure sores did not have a care plan detailing their repositioning requirements or any preventative measures to support skin integrity. • A resident using a lap-belt did not have a relevant care plan in place. • The care plan of a resident receiving one-to-one care did not have this reflected and instead directed staff to conduct hourly checks. • A resident with a wander bracelet in place did not have a restrictive practice assessment in place.
Judgment: Substantially compliant
Regulation 6: Health care

The inspectors found that residents were receiving a good standard of healthcare. They had access to a general practitioner (GP) and to multi-disciplinary healthcare professionals as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were systems in place to ensure that staff were appropriately skilled to support residents with responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

The provider had an up-to-date Safeguarding Policy, and measures in place to protect residents from abuse. Appropriate pension-agent arrangements were in place to safeguard residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the centre. Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual activities.

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 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Castleross OSV-0000124

Inspection ID: MON-0049026

Date of inspection: 19/03/2026

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: Care plan: Care plan audit has been updated to include additional areas such as review of repositioning to enhance oversight. -30.04.2026 Fire Safety: Upgrade of fire doors commenced, the initial phase will focus on completing the main compartment and high-risk doors, followed by the replacement of bedroom doors this will include a total of 20, 60-minute Fire doors and 41, 30-minute fire doors. It is expected works will be completed by the 28th of June 2026. In addition to the fire door works we are replacing keypads will be installed at a number of final exit doors which will be linked to the alarm system – 30.04.2026 Infection Prevention and Control: Staff meeting conducted and all staff informed to clean shared equipment's after each of us to prevent spread of infection and to ensure compliance with infection prevention and control standards. Ongoing infection prevention and control training organised with IPC link nurse from local hospital. - Complete]	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Storage -A staff meeting has been conducted, and all staff have been informed regarding the proper storage of equipment and personal belongings. The Castleross team will liaise with families and OT service to ensure timely collection of residents belongings. The Quality Walkabout Audit Tool has been updated to ensure ongoing compliance. – Complete Ventilation -Bathroom 2 was reviewed and the extractor fan identified will be replaced. 15th May 2026]	

Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Green Labels - Staff meeting conducted and informed all staff to clean shared equipment's after each use in guidance with infection prevention and control policy. Adherence to the policy will be assess through regular IPC audits. - Complete Equipment - The identified equipment has been removed and replaced with new equipment. The residents own chair has been returned to OT for replacement -Complete]	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Smoking Area: The blanket was immediately removed from the smoking area and an outdoor call bell purchased for fitting within this area- 15th May 2026]	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Care Plan – Care plans have been updated to include areas identified during the inspection including repositioning, lap belt and 1:1 supports in place. In addition, a review of current audit templates is ongoing to enhance oversight including the addition of repositioning records of residents who are at risk of, or who have, pressure ulcers has been added to the wound care audit. – 15/05/2026 Restrictive practice assessment is in place for all residents using a security bracelet, and this will be reviewed at a minimum every three months. On an ongoing basis, any resident who requires a security bracelet will have an individual restrictive practice assessment completed prior to implementation to meet regulatory requirement. - Complete]	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	15/05/2026
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	28/06/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and	Substantially Compliant	Yellow	30/04/2026

	control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	15/05/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	28/06/2026
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	15/05/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's	Substantially Compliant	Yellow	15/05/2026

	admission to the designated centre concerned.			
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Substantially Compliant	Yellow	15/05/2026