



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:	04 June 2025
Centre ID:	OSV-0000124
Fieldwork ID:	MON-0047344

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:	117
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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
Wednesday 4 June 2025	09:00hrs to 16:30hrs	Frank Barrett	Lead

What residents told us and what inspectors observed

From what the inspector observed and learned from residents, and from discussion with staff, the residents living at Castleross appeared happy and content.

Castleross is a designated centre laid out over a large footprint with all bedroom accommodation at ground floor level. The residential areas within the centre are divided into units, each with access to communal spaces and outdoor space. Each "household" has a member of staff on duty that is referred to as the "house manager". This person is available to the residents during the day, and interacts with residents to facilitate an improved meal-time experience, as well as hosting activities and managing the area.

There was a varied activities schedule available for each household which was coordinated by two activities staff. These staff members showed the inspector the activities plans which were developed through constant engagement with the residents. Records of resident meetings were available which demonstrated this. Dog therapy was available for some residents who benefited from this, with music therapy, and religious services available also. The centre had its own bus which was used on particular days to bring residents on outings including shopping, visits to local attractions and towns and day trips. The feedback from residents that took some of these trips was very positive and was recorded for continuing development by these activity staff. The inspector saw numerous pictures displayed on the wall with residents enjoying these outings including a trip to the Castleblaney agricultural show.

Five residents who spoke with the inspector were content and expressed their satisfaction with the services provided. One resident spoke of the "variety of activities" that are on offer, with their favourite activity being bingo which is held regularly. Another resident said they did not get involved with too many activities, but liked to watch television, and go outside. However, the inspector did observe one resident watching a television that was damaged resulting in a poor quality of picture displayed.

The centre was well-maintained and had natural light coming in to all communal spaces, and each household had different colours or decorations to differentiate them.

While there was a main entrance and reception area for all visitors to the centre, each household had an entrance door into the main communal space. This was to facilitate residents' families so that they could access the area to visit loved ones without travelling through the rest of the centre. This appeared to work well, as each door was secure with access permitted by staff in each household. There was a lobby area which was provided with information for the visitors and hand hygiene facilities.

The atmosphere within the centre was calm throughout, however, as could be expected, was much busier at mealtimes and during activities. The inspector observed that residents sat together in groups at mealtimes and appeared to be enjoying their meals in company. The interactions between residents and staff were caring and respectful with both staff and residents enjoying these moments. In particular, the connection between the household managers and the residents appeared to be conducted with an element of fun and enjoyment as was observed on numerous occasions, where both parties chatted and laughed.

Staff spoken with displayed a clear understanding of the layout of the nursing home, its residents and the procedures adopted through policy within. Many of the staff working at the centre were long-standing members of staff and lived within the local community. There was little to no use of agency staff, as staffing levels were being maintained with regular staff. Night time staffing was arranged according to the needs of the residents however, in general, was on the basis of three staff members per household. Additional staff were also on duty early in the morning to start catering duties, and late in the evenings to assist residents to their rooms as they requested it.

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

This was an unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulation 2013 to 2025 (as amended). This inspection focused on the management of fire safety within the centre, as well as reviewing the premises ahead of the renewal of registration application by the provider. The inspector reviewed information in previous inspection reports relating to premises and fire safety and reviewed actions taken by the provider to address the findings of a fire safety risk assessment (FSRA) completed in April 2023 by a specialist consultant. This FSRA identified a number of areas which required attention and categorised the remedial action required based on the risk to residents. This inspection found that while much of the issues outlined on that risk assessment had been completed, some issues were still outstanding and a significant amount of additional work was required in order to achieve full compliance with fire safety regulation.

Castleross nursing home limited is the provider of Castleross. The provider is part of the Grace Healthcare group which provides nursing home care throughout the country. The group provides support to the provider in the form of financial, human resources and maintenance support as well as a regional management structure.

However, the centre is run on a day-to-day basis by the person in charge based at the centre. The person in charge is supported by a team of nursing staff, healthcare assistants, catering cleaning and laundry staff. There was a clear management structure in place on the day of inspection.

On entering clinical rooms used for the preparation and storage of medication, it was noted that these rooms were warm. There were fridges in each of the clinical rooms for the storage of medicines. These fridges were provided with thermometers which were showing temperatures in excess of the required fridge temperatures for the suitable storage of the medication. There were audit checklists of the fridge temperatures, however, these records did not indicate any temperatures above 6 degrees Celsius within the fridges.

This inspection found that the staffing resources available were adequate to meet the needs of the current residents, however, this required constant review as the residents needs change. This was being completed by the person in charge who demonstrated an understanding of this requirement, and ensured that audits of residents needs were being carried out weekly. There were vacancies at the time of inspection for four health care assistants and one nurse and appropriate arrangements were in place to provide cover. On reviewing night time staffing arrangements, the inspector was informed that some staff are involved in "non-direct care duties" during the night shift. This includes some laundry duties which may take those staff away from the base which they are located within. The person in charge assured the inspector that this practice was only ever undertaken if there is no "direct-care" needs to be completed at the time, and that the laundry duty is restricted to resident clothing which is completed within small laundry rooms located in each household. While this ensures that the staff do not have to leave the household, the completing of these duties was increasing a risk of fire during a period of low staffing numbers, as these laundries were located on resident bedroom corridors.

The provider was completing regular audits of fire safety systems within the centre. The building was equipped with a serviced to date fire detection and alarm, emergency lighting and fire extinguishers. The daily weekly and monthly audits and checking procedures were finding minor faults which were being rectified in a timely manner. Staff were completing fire drills on a monthly basis which were facilitated by an external consultant. These drills indicated that various scenarios including night time simulations were being trialled at the centre. There was a revised and updated fire safety policy at the centre which clearly set out the requirements of each member of staff, management and third parties in the event of a fire. The policy did not reflect the arrangement of some staff on night duty to complete laundry activities which may impact the reaction time in the event of a fire alarm. The policy was produced with input from the fire safety consultant and reflected the available fire safety management technology and how to use it. However, the policy also outlined the requirement of the provider to complete identified actions from the fire safety risk assessment in line with the completion dates within that report. Some items identified on that report which were due to have been completed, were still outstanding on the day of this inspection. This is discussed further under Regulation

23: Governance and Management, while the detail of fire safety findings of this inspection are detailed in the quality and safety section of the report.

Regulation 23: Governance and management

While the management structure of Castleross nursing home ensured that there were resources available, some practices identified on this inspection required review to ensure that the service provided is safe, appropriate, consistent and effectively monitored. For example:

- The use of night time staffing for laundry duty was not reflected in the policy at the centre. While the provider was clear that these duties would only take place at times when the night staff are not busy, this practice was placing additional burdens on staff during periods of lowest staffing numbers and may affect their reaction times to residents or emergencies.
- The findings of the fire safety risk assessment (FSRA) of 2023 were not closed out in line with the required dates committed to in that report. Some of these issues were medium and high risk items which were again identified in this inspection. A review of this FSRA was required with an updated time bound action plan required to address the outstanding items.
- More robust auditing of temperature of refrigerators was required, as some medication fridges were noted as having higher than required temperatures, despite temperature audits reflecting lower temperatures in the fridges.
- Floor plans required updating before registration renewal as detailed under Regulation 17: Premises

Judgment: Substantially compliant

Quality and safety

The premises of Castleross covers a large area and is home to a large number of residents. As this inspection included a review of the premises to inform a registration renewal decision, the premises review included all areas of the centre and in particular those areas used by residents. The inspector found that some rooms were not identified on the registration floor plans and that there was a first floor area that was accessible from within the centre. This first floor area was not on the floor plans, and staff informed the inspector that it was not in use. During that discussion, staff invited the inspector to review the area as it may pose a risk to the residents in the centre below from a fire safety perspective. The inspector found that the area was made up of usable rooms within a converted attic space. These rooms were laid out as bedrooms and living areas including a kitchen. The inspector

also noted that there was some items used by the centre stored in this area including furniture, and Christmas decorations. It was clear to the inspector that the area was not in regular use, however, the storage of items required by the centre within this unregistered area required review. During the review of the premises, a sample of bedrooms were reviewed in detail including some multi-occupancy rooms. While many multi-occupancy rooms were providing adequate privacy to each resident, some of these rooms required re-configuration to ensure that each resident can independently access their own storage spaces in private, and could accommodate a chair for visitor use. An ongoing plan to complete works to the remaining rooms was underway, however, an end-date for completion was not available.

While reviewing bedrooms, a number of bedrooms in one section of the building were identified as not having a call-bell in place for the residents. This was discussed with senior staff, who identified that a sensor mat was in place in these rooms that was linked to the call bell system. While these sensor mats may provide additional safety measures to the residents within the room, they did not replace the need for a call-bell accessible from the resident bed as required by regulation. The findings in respect of this are further discussed under Regulation 17: Premises.

Arrangements in place at the centre to protect residents from the risk of fire were reviewed on this inspection. The centre was provided with ground level escape routes in more than one direction from every resident area. The routes to escape were found to be clear and were provided with emergency directional signage to assist in evacuation. Floor plans were posted throughout the corridors to assist residents staff and visitors during an escape. There were fire safety procedures in place, which staff were knowledgeable of, and which relied on progressive horizontal evacuation in the event of a fire. During this inspection, issues were highlighted with the level of compartmentation within the building. Some of these issues were known to the provider since the FSRA completed in 2023.

The use of gas as a fuel in the laundry and the kitchen, imposes a risk of fire on the centre. The measures in place to ensure that a gas leak is adequately detected and shut off were not sufficient to reduce the risk. Storage practice was also imposing a fire risk as the storage of combustible and flammable materials together was noted repeatedly. Some risk associated with storage was actioned immediately by the provider.

The smoking area outside the Lisdoonan sitting room was an enclosed structure. This meant that it was in effect another room, however, it was not fitted with adequate fire safety devices such as fire detection. The fire safety measures in place were reflective of the smoking activity and included fire blankets, and an electric cigarette lighter fixed to the wall which reduces the risk associated with matches or cigarette lighters. Residents that wished to smoke were risk-assessed and assigned supervision in some cases.

Fire safety is discussed in more detail under Regulation 28: Fire Precautions.

Regulation 17: Premises

Improvements were required of the registered provider to ensure that the premises is in line with the Statement of Purpose and the floor plans for which it is registered. For example:

- Floor plans required review to ensure that they accurately reflected the centre and included all rooms accurately. For example, a store room adjacent to the community centre area, and a continence store in the Killany Unit.
- The inclusion of a first floor area in the main house which was partially used for storage.

Improvement was required of the registered provider, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- Call-bells were not in place and readily accessible from some of the resident beds. The call-bell function had been removed and replaced with a sensor mat, which did not give the residents of these rooms the facility to call for assistance from within their beds if required.
- Further review was required to ensure that multi-occupancy rooms provided adequate private space for each resident within the room. A number of twin rooms were reviewed on this inspection that did not allow the resident to access their personal belongings in private. The provider was working to rearrange the privacy curtains in some of these rooms to ensure they meet the requirements of the regulations.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvement was required of the registered provider to take adequate precautions against the risk of fire, for example:

- Areas used for storage were not separated to reflect the risk of flammable items such as aerosols from combustible materials such as cardboard boxes, linen or paper products. In one such room, a number of solid fuel containers used for keeping food warm in serving equipment were found to be stored alongside personal protective gear, chemicals and linen. These high-fire risk items were removed immediately by staff at the centre.
- Within the resident laundry room, a clothes dryer was found to have a significant build up of lint within the lint catcher. This is a primary source of fire for laundry equipment and was cleaned out immediately..

- The gas detection device in the laundry and in the kitchen did not appear to be linked to the fire alarm or an automatic shut off device. This would mean that a gas leak would not be alerted to staff outside the room, and the gas would continue to leak until it reached an ignition source. Both the main laundry and kitchen used gas as a fuel, and both areas were not part of night time routine checks.

The registered provider did not provide adequate means of escape including emergency lighting for example:

- Emergency lighting was in place in all areas, however, some areas required review to ensure that there was adequate lighting outside each fire exit door.
- There was no fire detection in an enclosed structure in place at the exit from the Lisadoonan sitting room into the courtyard. This was labelled as a sun room, and was provided with windows, doors and a perspex roof. This space was used as a smoking area for residents and, was not separated from the escape route or the sun room.
- There were means of escape in more than one direction from all areas of the centre, however, most of the final exit doors were fitted with key locks. While there was a "break glass for key" box beside each door, this could cause delays to evacuation and required review.

The registered provider did not make adequate arrangements for detecting and containing fires. For example:

- Fire detection was not in place in the sun room (used as a smoking room) in the Lisadoonan house, and a store room off the kitchen in the community room.
- The measures in place to contain fires were not adequate and required further action. Some of these issues had been identified in the 2023 FSRA for example
 - The containment of storage rooms on corridors was identified on that FSRA as a medium risk requiring action within one month. These areas were not enclosed in fire resisting construction including doors, door frames and fire seals on the day of this inspection.
 - Fire door ironmongery (hinges handles etc) were noted on the 2023 FSRA as requiring replacement and listed as a high risk requiring action within one week. Many doors did not appear to have fire rated hinges and handles on this inspection. Large gaps were noted in some doors, and one compartment door in the Lisadoonan dining room did not close on release of the holder as it was catching on the floor.
- Compartmentation did not appear to be effective above compartment doors along some corridors. The section of wall above the door did not appear to be constructed of fire rated material to compartment standards. This could impact on the amount of time available to evacuate in the event of a fire within either side of this compartment door.
- The unregistered and unoccupied first floor identified within the centre posed a fire safety risk to the compartmentation of the designated centre as there was an open stairway from the ground floor leading to it. A fire in this

unregistered area could present a risk to the evacuation or escape form the centre and required review.

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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Castleross OSV-0000124

Inspection ID: MON-0047344

Date of inspection: 04/06/2025

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Castleross operates a household model of care, each household within Castleross is designed like our own homes with a kitchen, dining area and laundry. This allows residents to participate in normal daily activities such as making a cup of tea, doing laundry etc. Residents' personal laundry only is completed within the household over 24-hour period. All of the center's laundry is completed in the larger commercial laundry to the rear of the Centre. Laundry is only completed at quiet times of the day to ensure it does not impact on daily priorities within the household. Our policy will be updated to reflect this activity by 31.07.2025 • Fire Risk Assessments please see under Regulation 28 • The Fridges in all 4 households were checked, 1 fridge has been replaced as it was not maintaining the correct temperature. All other fridges have been reviewed and are reaching the correct temperature. Communication has been provided to the nurses around correct recording escalation of any issues and spot checks will be completed by CM/DON to ensure compliance – 11.06.2025 • Updated Floor plans were submitted to registration 24.06.2025 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Updated Floor plans provided to registration on the 24.06.2025 • Calls bells have been added to these rooms and are regularly audited 05.06.2025. • Curtain rails in 14 of the 17 double rooms were already completed prior to the day of inspection, the final 3 will be completed by 30.10.2025 and changes to wardrobe location for all double rooms to be completed by the 31.01.2026 	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Storage Areas – A review of all storage areas will be completed and where storage area holds both flammable and combustible items these items will be relocated, or fire-resistant cabinets will be added. 28.02.2026</p> <ul style="list-style-type: none"> • Clothes dryer in residents' laundry room was found to have a significant build-up of lint, a weekly check is now in place. - Completed 04.06.2025 • Castleross had at the time of inspection a gas detection device in the Laundry, boiler house and kitchen linked to the fire alarm. It shuts off on activated of the fire alarm. The systems has been tested, and it is in working order and will now be added to the bi-annual service. – 30.09.2025 • Emergency lighting has added to exit door from communal area and additional sensor has been added to the storeroom and sunroom – Completed 26.06.2025 • Final Exit doors fitted with key locks; we have provided details to our fire consultant to review what is currently in place and make recommendation to manage fire risk and needs of residents. 28.02.2026 • The Centre has engaged a fire consultant to complete Fire Risk Assessment and has provide continued support and advice; a significant amount of works has been completed. As recommended subsequently to this report the Centre engaged a Fire door specialist to complete a full review of all fire doors in the Centre to identify repair works needed. A contractor has been appointed to complete any work needed. Works will be completed on a phased basis commencing with compartment doors before completing remaining doors. Works commence in October 2025 and completion by 31.03.2026 	

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	24/06/2025
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	31/01/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	31/03/2026

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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	31/03/2026
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	28/02/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2026