



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Castlevew
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	21 August 2024
Centre ID:	OSV-0004903
Fieldwork ID:	MON-0041377

About the designated centre

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

Castlevue is a full time residential service that is run by the Health Service Executive. The centre can accommodate four male or female adults over the age of 18 years, with an intellectual disability. Castlevue is a bungalow situated a short distance outside of a town in Co. Westmeath. The house comprises of four bedrooms, one main bathroom and two ensembles, a sitting room, large living room, office space, dining area and kitchen. There is a garden and storage shed to the rear of house and driveway and large lawn to the front. Residents have access to amenities such as shops, religious services, restaurants and hairdressers. Residents are supported on a twenty-four hour basis by a staff team that consists of staff nurses and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 21 August 2024	09:30hrs to 15:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with regulations and standards.

During the inspection, the inspector interacted with three residents and the four staff members on duty. The inspector reviewed a large volume of information regarding how the service was run and the care and support provided to the residents. The inspection findings were positive; two areas required improvement, but all other areas were compliant with the regulations.

During observations and interactions with the residents and staff members, it was clear that some of the residents' health and mobility needs had increased in recent months. There was evidence when reviewing residents' information that the provider and the staff team were responding to the changing needs of the residents and that the provider's multidisciplinary team and other allied healthcare professionals were supporting the residents to maintain their health.

Despite the changes in the residents' presentation, there was adequate evidence to show that the residents, when they were fit, were active outside of their home. The residents were identifying or being supported to identify things they wanted to do. For example, on the day of the inspection, one of the residents went shopping, and others went on a separate outing with staff.

The provider, per the regulations, had conducted an annual review of the care and welfare support to the residents. The residents' representatives had been asked to give feedback on the service provided to their loved ones. The inspector reviewed the four responses and found that the feedback was positive, with family members stating that they were happy with the care and support provided and one family noting how active their loved one was despite their advancing age.

Since the previous inspection in 2022, the provider had responded to concerns regarding the premises and installed a new kitchen and flooring throughout the house. The atmosphere in the house was relaxed. Residents spent time in their rooms and the main living area. Some residents watched TV and knitted, while others enjoyed using sensory aids. Due to their presentation, there were periods each day when residents rested either in their rooms or living areas. But as noted earlier, the residents were active. For example, during the inspection, one of the residents also used their treadmill as part of one of their healthcare plans. The residents appeared at ease in their home and comfortable in their interactions with the staff members supporting them.

Some of the residents communicated verbally, and others through non-verbal forms of communication. The study of records did identify a gap in the support provided to residents. There was no evidence of residents' communication needs being formally assessed by an appropriate person. Following the discussion with staff members, the

information in a resident's communication passport did not match how staff members were supporting them. Therefore, there was a need to review the support provided to residents regarding their communication needs.

The review of a sample of rosters showed a consistent staff team in place that was well-known to the residents. Interactions with staff members assured the inspector that they had a good knowledge of the residents and the support they required. Staff members spoke to the inspector regarding residents' diets, health, and the supports being implemented and trialled to best support the residents.

In summary, the inspector found that the residents received care and support that was appropriate to their needs. The residents appeared happy in their home and in their interactions with staff members. Two areas required attention: improvements were needed to assess residents' communication skills and needs, and enhancements were required to how fire evacuation drills were being conducted. These issues will be discussed in more detail later in the report.

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 affect the quality and safety of the service being delivered.

Capacity and capability

The inspector studied a large volume of information about how the service was managed and how the provider supported the resident. The findings were positive; systems in place ensured that the service provided to the residents was effectively monitored and that the residents received a service built around their needs.

The inspector also reviewed the provider's arrangements regarding staffing, staff training, complaints, and notification of incidents. The review of these areas found them to comply with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team had access to and had completed training programmes to support them in caring for the residents.

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the resident was safe.

Regulation 15: Staffing

The inspector reviewed the current staff roster and two weeks in March of this year.

The person in charge ensured that planned and actual rosters were available for review. As noted earlier, the study showed that the person in charge had ensured a consistent staff team supporting the residents. There was a deficit of two staff members during the inspection. But, two consistent agency staff members filled the deficit.

The inspector found that the person in charge had taken proactive measures to ensure safe staffing levels were maintained and that the skill mix of staff was appropriate. The service was nurse-led, with a staff nurse on duty day and night. The usual staffing quota was three staff each day and two at night, with additional staff added for planned outings.

The inspector also found that the staff members were knowledgeable of the resident's needs and spoke of the residents in a caring manner when speaking to the inspector.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. The inspector reviewed a training matrix the provider developed to capture staff members who had completed training. Evidence showed that the matrix was under regular review and that staff members were attending training when required. The staff team was provided with mandatory training specific to the needs of the residents.

Staff members had completed training in areas including:

- fire safety
- safeguarding vulnerable adults
- medication management
- infection prevention and control
- human rights-based approach
- first aid
- Children First
- managing behaviours of concern
- assisted-decision making

- supporting decision making
- advocacy
- positive behaviour support
- dementia
- buccal midazolam administration
- manual handling
- falls assessment and prevention
- communicating with people with intellectual disabilities

Judgment: Compliant

Regulation 23: Governance and management

The inspector's analysis of the provider's governance and management arrangements concluded that they were appropriate. The provider's audit and reporting mechanisms were reviewed and found effective. They ensured the service provided was safe and met the residents' needs. The management structure was clearly defined, with the person in charge leading a competent staff team that provided the residents with a good standard of care. The provider had completed the required annual and six-monthly reviews, which focused on the quality and safety of care and support provided in the centre. The inspector reviewed these and found that a thorough appraisal of the service being provided had been conducted, and where required actions had been identified and addressed, or there was a plan to address them.

The person in charge was not present at the time of the inspection. The staff nurse on duty and the other members of the staff team facilitated the inspection. There were a number of times that the inspector sought additional information, and the staff team was able to provide the information and assurances, which demonstrated that there was good communication between management and the staff team and that information was easily accessible.

Judgment: Compliant

Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the

notifications submitted by the provider. The inspection also involved studying the provider's adverse incidents and restrictive practices. This review showed that, per the regulations, the person in charge had submitted the necessary notifications for review by the Chief Inspector.

Judgment: Compliant

Quality and safety

The review of information and observations found that the residents were receiving a service tailored to their specific needs and provided in a way that respected their rights. The residents and the staff team were taking steps to identify the things the residents wanted to do, and plans were being implemented to support them in achieving them.

The provider ensured that the resident's health and social care needs were comprehensively assessed, and support plans were developed to guide staff members in providing positive outcomes. The inspection found that guidance documents were created to help staff support the residents in the best possible way.

The inspector did find two areas that required improvements. Firstly, the provider did not ensure that an appropriate person assessed the resident's communication skills and needs. Secondly, the review of fire evacuation records did not show that the provider could safely evacuate residents under nighttime circumstances. The impact of these issues will be discussed in more detail under the relevant headings.

The inspector reviewed several other aspects, including premises, food and nutrition, personal finances, fire precautions, and medication management. The review found these areas compliant with the regulations.

In conclusion, the provider, person in charge, and staff team delivered a good service to the residents.

Regulation 10: Communication

The inspector reviewed the communication support for three residents. Communication passports and other information on how the residents communicated had been captured in support plans. The information gave the reader an insight into how the residents communicated and how they liked others to communicate with them.

During the review of the three residents' information, the inspector found that there was no evidence of the residents' communication skills being assessed by an

appropriate person. The staff team had followed a template developed by the provider, but they required support from an appropriate person to best capture the residents' communication abilities and areas they may need support with. The inspector also found that one of the residents' communication passports contained information that did not accurately reflect how staff members were communicating with the resident.

In summary, the staff team completed a large piece of work to capture the residents' communication skills. However, a formal assessment of the resident's communication was required, and there was a need to ensure that the available information reflected accurate information.

Judgment: Substantially compliant

Regulation 12: Personal possessions

The inspector found that residents were supported to maintain their belongings in their rooms and living areas. The residents had their own rooms with ample storage space. The inspector reviewed the systems that had been adopted to safeguard residents' finances. The residents had been supported to open accounts in their names. Some staff members had been identified as authorized to withdraw funds on behalf of the residents.

The inspector observed that there were records to show that the staff team and person in charge were keeping track of residents' finances, with monthly credit union statements available for review. There was also a system in place where residents could withdraw money, and this was stored securely in their home. These funds were checked each day to appropriately safeguard the residents.

Judgment: Compliant

Regulation 13: General welfare and development

When reviewing the annual review, the inspector found a list of the activities the residents were engaging in. Residents were encouraged to partake in reflexology, mindfulness, and music therapy at home. One of the residents was engaging in equine therapy and had recently gained the confidence to sit on the horse following a number of months of supporting the resident to work towards this.

The inspector reviewed three of the residents' person-centred plans. Many goals had been identified for all residents to work towards. One of the residents hadn't achieved as many as planned due to suffering ill health earlier this year but the other two residents had achieved many of their goals, for example attending musical

events, going on day trips with staff, visiting sensory farms, attending dog therapy and visiting beaches in the good weather.

The review of information also showed that residents were being supported in maintaining links with friends and family as much as possible. The staff team were arranging catch-ups, and some residents had had visitors to their home.

Judgment: Compliant

Regulation 17: Premises

The staff nurse on duty completed a walk through the residents home with the inspector. The residents' home was clean, and there was a warm and relaxed atmosphere.

The provider had addressed concerns identified in previous inspections, and a plan was in place for further painting works to be completed.

Overall, the inspector found that the provider had ensured that the residents' home was well maintained and that improvements had been made where required.

Judgment: Compliant

Regulation 18: Food and nutrition

A staff team member spoke to the inspector about the residents' diets, informing the inspector that some of the residents had been prescribed modified diets due to swallowing difficulties. Eating and drinking plans were developed for the residents, which required them, and the inspector reviewed two and found them to give the reader appropriate information.

Residents were as much as possible encouraged to choose the meals they wanted to eat. Some of the residents could not communicate this, and the staff members had acted on their behalf, listing meals that the residents had appeared to enjoy. The inspector reviewed the meal plans for the previous two weeks and found that the residents were being provided with a varied and healthy diet.

Judgment: Compliant

Regulation 28: Fire precautions

During the inspection, the fire detection alert system at the centre was being repaired by a qualified person. The staff had identified issues with the system during their checks.

There were records to show that firefighting equipment and emergency lighting had been serviced at appropriate intervals. The fire containment and alarm system was activated several times during the inspection, demonstrating that they were in working order.

Upon reviewing training records, the inspector found that the staff had received fire safety training. The inspector also reviewed fire evacuation drills and found evidence indicating that residents could be safely evacuated under daytime circumstances. However, the inspector had concerns about fire drills replicating nighttime circumstances. The fire drills listed that two residents had been evacuated using ski sheets prescribed for them. The listed time taken to evacuate all residents was not realistic and the inspector asked staff if the ski sheets were used during the drills.

Staff informed the inspector that this was not the case. The information contained in the fire drills did not accurately reflect what had occurred, and there was no evidence available to show that the staff had engaged in fire drills using the ski pads on the day of the inspection

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The staff nurse on duty and the inspector reviewed the medication management systems. The inspector was shown the medication press, the administration records, the stock check records and the systems for returning medication. The inspector reviewed the medication information about two residents and found it well maintained, with information about the prescribed medication available for review. Following discussions with the staff nurse and the review of information, the inspector was satisfied that the person in charge had ensured that the medication management practices were safe and effective.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found through the review of the residents' information that there were appropriate systems for assessing their health and social care needs. The residents' needs were assessed, and care and support plans were created. The inspector reviewed two of the residents' plans and found they were under regular review. The

care plans captured the residents' changing needs and gave the reader directions on how to support them best. There was evidence of input from members of the provider's multidisciplinary team (MDT) and the staff and management team seeking support from the MDT and other allied healthcare professionals on behalf of the residents.

Judgment: Compliant

Regulation 6: Health care

In previous sections of the report, it was noted that some residents' health and care needs had changed. Some residents had been in the hospital recently, and the mobility of others had worsened. The evidence indicated that the provider and the staff team were addressing these changes. The moving and handling protocols for residents had been updated, and their health care plans had been revised to ensure that all staff followed a consistent approach when caring for them. During the inspection, two residents' information was reviewed, and it was found that they were supported in accessing healthcare professionals when needed. There were records showing that the staff sought advice from the provider's MDT after changes for the residents or sought clarification following appointments to ensure that the follow-up actions were correct. In summary, the review of information and on-site observations indicated that the health needs of the residents had changed, and the provider and staff team were responding to these changes in a proactive manner.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the residents were supported in a manner that respected and promoted their rights. During a busy morning period, the inspector observed the staff team to ensure that the privacy and dignity of the residents were maintained. Staff members knocked on doors when entering and made sure that all adjoining doors to the hallway were closed when residents went to and from the shower to ensure their dignity. The inspector also noted that the staff members interacted with the residents in a caring and warm manner.

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Castlevew OSV-0004903

Inspection ID: MON-0041377

Date of inspection: 21/08/2024

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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: The communication passports for all residents will be reviewed to ensure they accurately reflect the most appropriate communication methods by staff with individual residents.</p> <p>Referrals will be made to the Speech and Language therapist for assessments to determine each resident's communication needs are being met appropriately.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PIC has reviewed Fire Drill evacuations in the centre, to include a realistic simulation of circumstances during night duty, including the use of ski pad for residents that require use of same and the staffing compliment assigned during the night.</p> <p>Day and Night simulated evacuations will be completed on alternative months.</p> <p>The PIC conducted a night time simulated fire evacuation involving the use of the ski pad and documented the specific detail required. The information captured has been communicated to the staff team and Personal Emergency Evacuation Plans (PEEP's) and General Emergency Evacuation Plans (GEEP's) have been updated. The PIC will review the evacuations on a monthly basis.</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
Regulation 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	29/08/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	29/08/2024