

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Castleross
Centre ID:	OSV-0000124
Centre address:	Carrickmacross, Monaghan.
Telephone number:	042 969 2630
Email address:	info@castleross.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	KM Healthcare Enterprises Limited
Lead inspector:	Siobhan Kennedy
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	123
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 September 2018 09:30	05 September 2018 17:30
06 September 2018 09:30	06 September 2018 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate

Summary of findings from this inspection

This inspection was carried out to monitor the care and welfare of residents with dementia. The centre had a special dementia care unit accommodating 33 residents who have a diagnosis of dementia and other related conditions. Approximately 69 residents had some form of dementia.

The methodology for this inspection included gathering the views of residents, relatives and staff and assessing how residents with dementia had experienced life and care in the centre. A validated tool, the quality of interactions schedule (QUIS) was used to observe and analyse care practices and interactions between staff and residents. Documentation such as care plans, medical records and staff records were

reviewed.

A self-assessment form and questionnaire completed by the provider in preparation for this inspection was also reviewed. This identified performance against regulations and standards and highlighted ways to improve the service. The self-assessment and inspection findings are stated in the table above. Improvements identified by the provider had been addressed or were in progress.

The philosophy of care is about making the centre a home for the people who live there and their families. To this end the household model is promoted. Each of the households has its own front door leading to a large open plan communal area (dining and sitting) which blends together and acted as the primary social hub for the residents and relatives of the houses.

The inspector followed up on the actions from the previous inspection in February 2017 and found they had been satisfactorily completed. Notifications and unsolicited information submitted by the provider since the previous were also followed up.

The health and social care needs of residents were met and there was evidence to judge that end of life care was of a good standard. Residents were supported to live as independent a life as possible. Allied health professionals provided a service to meet resident's needs. Medication management was satisfactory and the nutritional needs of residents were met.

There were policies and procedures in place around safeguarding residents from abuse. All staff had completed training, and were knowledgeable about the action to take if they witness, suspect or were informed of any abuse taking place.

There were policies and practices in place around managing responsive and psychological behaviours and using methods of restraint. These were implemented.

The inspector sought further assurances in relation to the implementation of the risk management regulation in particular, learning as a result of an adverse incident.

The Action Plan at the end of this report identifies an area where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The matter arising from the previous inspection was in relation to reviewing care plans to reflect the impact of dementia on residents. An examination of care plans showed that this was satisfactorily actioned. Each resident had a care plan completed that was maintained on a computer system. This identified their needs and the care and support interventions that were implemented by staff to meet their assessed needs.

Care plans for four residents with dementia including the management of nutrition and wound care were examined. These provided a good overview of residents' care and how care was delivered. There were good descriptions of the risks presented, the control measures in place and the triggers for further intervention available in the relevant areas of care records. There were two wound care problems in receipt of treatment. The care records described the extent of the wounds, the dressings used and the progress/change in condition from one dressing change to another. The information included how to prevent skin deterioration by ensuring a routine of position changes was implemented and indicators for referral to allied health professionals. Residents were offered a choice of general practitioners and out of hours service was available. Arrangements were in place to review and update care plans on a regular basis and there was evidence of involvement by the residents or their next of kin. The inspector reviewed information previously forwarded to the Health Information and Quality Authority (HIQA) regarding the circumstances in relation to an adverse event in respect of a resident and judged that this matter had not been investigated in accordance with the risk management regulation. See outcome 7 for action plan.

Systems for monitoring the exchange and receipt of relevant information when residents were transferred to or returned from another healthcare setting were in place. Discharge letters for residents who spent time in acute hospital care and letters from consultants detailing findings following out-patient clinic appointments were available. Documentation was completed by staff in the centre for residents requiring in-patient care in the acute hospital care setting.

The inspector reviewed a sample of residents' nursing and medical records. These

records confirmed that residents were assessed prior to admission to the centre. The pre admission assessment documentation was available. On admission to the centre each resident's needs were comprehensively assessed using a number of risk assessment tools, for example, risk associated with factors that included vulnerability to falls, dependency levels, nutritional care, risk of developing pressure area problems and moving and handling requirements.

The wellbeing and welfare of residents with a diagnosis of dementia was maintained to a satisfactory standard through the provision of evidence based nursing and medical care. Staff emphasised the need to focus on residents' remaining abilities rather than capacity losses. Staff were familiar with residents' conditions, abilities, and characteristics and staff training in dementia care gave them guidance on how to interact and provide support and care focusing on residents' preserved skills.

The inspector found that there were policies and procedures in place to ensure residents received a good standard of end-of-life care which was person centred and respected their preferences. The inspector viewed some residents' care plans and these detailed the views and wishes of residents regarding their preferences for end-of-life care. At the time of the inspection no residents were receiving end of life care but the palliative care team were available if necessary. The staff team confirmed that relatives were welcome to stay with their relative and they encouraged them to do so and provided drinks and snacks during their stay. Staff had participated in training in end of life care. Nurses were well informed and offered appropriate pain relief options where needed. The resuscitation status and medical situation that prevailed were discussed with family members and their views were considered and reflected in care and medical recordings. Residents' cultural and religious needs were supported and arrangements were put in place to ensure that residents received the spiritual care they requested. There was evidence that residents' wishes relating to treatment and care were discussed at family meetings and respected.

There were assessment and care procedures in place to ensure residents' nutritional needs were met and that they did not experience dietary or hydration deficits. Residents' weights were checked on a monthly basis or more frequently if necessary. Diet and fluid intake records were used as appropriate. Reference sheets were available to all staff including catering outlining residents' special diets including diabetic, modified and thickened consistency diets. There was evidence of the involvement of allied health professionals such as speech and language therapists and dieticians. During the meal times staff were observed to offer assistance in a respectful and dignified manner. Staff sat beside the resident they were giving assistance and were seen to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves or with minimal assistance to improve and maintain their functional capacity. The quality of interactions was found to be person centred. Staff were familiar with residents' care needs and family background and efforts were continuously made to chat to residents about familiar topics.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Nursing staff were observed administering medicines to residents by explaining to them what the medication was for and what they

needed to do to take their medication. Details of all medicines administered were recorded by nurses. The inspector saw that a medication management audit had been completed. The pharmacist visits and provides support as necessary. Prescription records included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. The maximum dose of PRN (as required) medication to be given in a 24 hour period was outlined. The inspector saw that a relatively new programme entitled Focused Intervention Training and Support (FITS) was being implemented in an effort to reduce the use of anti-psychotic medicines. Medications that required special control measures were safely managed and kept securely in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at shift changeovers.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Measures to protect residents from being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place. Staff who communicated with the inspector confirmed that they had received training on safeguarding vulnerable adults and were familiar with the reporting structures in place.

There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern.

No notification in respect of allegations of suspected or confirmed abuse to a resident was received by HIQA since the last inspection.

There was a policy/procedure in place about behavioural and psychological signs and symptoms of dementia and restrictive practices. These were clear and gave good instructions to guide staff practice. Staff were provided with up-to-date knowledge and skills, appropriate to their role to enable them to manage responsive behaviours. Staff described potential triggers, the use of behaviour charts and interventions that could be adopted such as redirection, distraction and diversion and noise reduction. The inspector met a psychologist who was in the centre reviewing a resident and it was confirmed that

the staff had maintained the appropriate documentation in order for the review to be conducted. The inspector saw that expert advice from the relevant professionals was sought where necessary before commencing any psychotropic medication. Staff focused on a proactive and positive approach to residents.

Residents' communication needs were documented and staff were familiar with residents' non-verbal cues. Some residents were seen to be wearing glasses and hearing aids to assist communication.

The centre had a policy on the use of restraint which was in line with "Towards a Restraint Free Environment" to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails (only 5 in use) and was underpinned by an assessment and was reviewed on a regular basis. There was evidence that discussion had taken place with the resident, his/her representatives and in instances where these measures were requested the staff provided information on associated hazards and offered alternative options such as low to floor beds. Staff were clear these measures were in a last resort and only considered when less restrictive interventions had not achieved the desired outcome to keep the resident safe.

There were systems in place to safeguard residents' money. The centre acts as an agent for seven residents and this money is held in residents' accounts separate to the centre's account. Policies/procedures, systems and practices were in place to manage small amounts of money on behalf of some residents. These were found to be satisfactory with regard to documenting transactions, for example, lodgements, withdrawals and balances. Signatures of two were available on the records.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector spent a period of time observing staff interactions with residents. A validated observational tool (the quality of interactions schedule (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care).

The observations of two group activities took place in the communal areas, one in the afternoon and in the morning. One session was led by a designated carer responsible for activities on that day and the other was facilitated by a visiting musician and the staff team. The inspector observed that the staff members knew the residents well and connected with each resident therefore scoring + 2. Reminiscence, sing songs and arts and crafts were therapies used to improve and maintain memory function during the observation period.

There was information available in "This is Me" documents to inform staff about residents past life styles and the inspector found that this was used by staff to inform the activity schedule and the delivery of social care. The homemakers created a homely environment through the normal daily kitchen activities and provided a warm atmosphere. The inspector saw meaningful household activities, conversations and storytelling on-going throughout the course of the inspection and there were a variety of small group organised activities as well as one-to-one contact with residents. Regular activities included puzzles, bingo, arts and crafts, gardening, knitting and doll therapy. A hairdressing facility and shop is available in the centre and the inspector saw residents and relatives socialising in these areas. Some residents were attending mass on the morning of the inspection. The inspector met some residents who were very proud of their artistic achievements when they entered their artwork in the local community fair and had snapped up many prizes. These were on display at the main entrance to the centre.

A large community centre is available with audio visual, kitchen and toilet facilities. An array of activities occurs including watching musicals, concerts, dancing and parties. It provides opportunities for members of the local community and residents to socialise. In addition, the inspector was informed that there are weekly opportunities for residents in each household to go on an outing.

Some relatives informed the inspector that there was an external pathway which went around the centre. They explained that this was safe for residents, relatives and visitors to enjoy the outdoors.

The inspector was informed that the weekly programme included evenings and weekends. The inspector observed that some residents were spending time in their own rooms, and enjoyed reading and watching television or taking a nap. Other residents were seen to be spending time in the communal areas of the centre. Newspapers and magazines were available.

The inspector found that residents were positive about their experiences of living in the centre. They described being able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely. They expressed satisfaction with the facilities, services and care provided. They conveyed that they would be able to talk to staff freely about their concerns.

There was evidence of good communication between residents and the staff team. The inspector observed that residents were well dressed and personal hygiene and grooming were attended to by care staff. Staff interacted with residents in a courteous manner

and resident's privacy was respected.

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends in the dining /communal rooms. Relatives confirmed that they were offered refreshments during their visit and this contributed to a homely atmosphere. Staff were observed to interact with residents in a warm and personal manner, using touch and eye contact appropriately.

There was evidence that residents and relatives were involved and included in decisions about the life of the centre. The homemaker is the lead person for providing opportunities for residents to contribute in the decision-making of the running of the household. There were notice boards available providing information to residents and visitors. External advocacy services were available to residents.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A policy/procedures was in place regarding the management of complaints and it met the requirements of the regulations. There was evidence from records and discussions with residents and relatives that complaints were managed in accordance with the policy. Issues recorded were found to be resolved locally or formally by the complaints officer as appropriate. A record of complaints was maintained. This outlined the investigation, action taken, whether the complaint was resolved or otherwise and whether the complainant was satisfied or not. Views expressed by residents and relatives confirmed that management and staff were approachable if they had a complaint or suggestions to improve the service.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

From an examination of the staff roster, information from residents, relatives and staff and observation of practices there were sufficient staff in numbers and skill to meet the needs of the residents.

The provider employs two senior managers (Director of human resources/finance and Director of services), a care manager supports and the Director of services with specific responsibility for clinical services, a whole-time equivalent of 18.1 registered nurses, two clinical nurse managers and 63 carers comprising of care assistants, household coordinators and homemakers. In addition, there is catering, cleaning, laundry and social administration and maintenance employed.

Each household has its own dedicated team of staff consisting of registered nurses, household coordinator (senior carer), carers, homemakers and housekeeping staff. The household team is led by the household coordinator (senior carer), clinical coordinator (senior nurse) and nursing staff who are responsible for the supervision of the care provided and available to assist/support relatives, visitors and allied health professionals.

There was a recruitment policy/procedure which was in compliance with employment and equality legislation. The inspector reviewed a sample of documents to be held in respect of staff working in the centre and found that they contained the information required in accordance with Schedule 2 of the regulations. There was a record of the current registration details for the nurses employed.

There was evidence that staff had access to education and training, appropriate to their role and responsibilities. At the time of inspection staff were up to date on training in fire safety, safeguarding of vulnerable adults, manual handling and infection control. The majority of staff had attended training in caring for residents with dementia. Other training included caring for residents at end of life, food hygiene and first aid.

In discussions with the inspector staff demonstrated that they were knowledgeable and skilled in the duties that they carried out and they contributed to the relaxed happy atmosphere that prevailed in the centre. Staff were seen to be supportive of residents and responsive to their needs. Residents were complimentary of the staff team and management.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre is a purpose built single storey residential care facility. The design and layout of the centre met the needs of residents.

There are four households which are segments of the whole building interlinked with one another. Two of these catered for residents specifically with dementia related conditions. At the main entrance there was a large community hall, an oratory, staffed shop and hairdressing facility. Each of the households were built around an enclosed courtyard and large open plan communal areas provided a spacious environment for residents and relatives to mingle and chat or relax in quiet areas, watch television or enjoy their visitors. The design promoted leisurely dining and living. The household kitchenette had a staff member assigned in a homemaker role. The main meals were served from here and they were stocked with food and snacks which were available outside the operational hours of the premises' main kitchen. The inspector saw residents requesting refreshments and snacks and the environment supported staff and residents in their routines to interact and maintain a variety of conversations. Laundry facilities were available in each house. In addition, there was a large laundry for the whole building.

Bedroom accommodation comprised of 91 single bedrooms and 16 twin bedrooms. The majority of bedrooms had en-suite shower and toilet facilities and those that did not were in close proximity to a bathroom on the hallway. Sanitary facilities had grab-rails and call bells available to promote independence and safety. Bedrooms were personalised with residents' favourite possessions. There was adequate storage space in bedrooms for belongings, including lockable storage for residents' valuables. The majority of bedrooms have low level windows with views overlooking the courtyard or external gardens.

The inspector saw that the environment was a therapeutic resource to promote well-being and functionality among residents with dementia. There were features that prompted memory and orientation throughout the centre, such as space for residents to walk around freely, good lighting, contrasting colours used for floors and walls, corridors had safe floor coverings and handrails along both sides. Layout and type of furniture was appropriate. There was seating provided at intervals along the corridors with options for sitting away from the main communal hub, including small enclosed outdoor areas and shelters in which residents may smoke. The décor assisted to orientate residents. The centre was well lit, heated and ventilated throughout. It was tastefully decorated and furnished to a high standard. Windows were fitted with restrictors. All areas were clean and well maintained.

There were areas to display items to stimulate memory and provide areas of interest and diversion. There were tactile objects around, placed along the walls of corridors, for example objects of interest to reflect past life including samples of work tools, jewelry and residents' art work. There was good use of visual cues to help residents identify

their bedrooms.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The registered provider did not ensure that arrangements were in place for the identification, recording, investigation and learning from an adverse event involving a resident.

Judgment:
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Castleross
Centre ID:	OSV-0000124
Date of inspection:	05/09/2018 and 06/09/2018
Date of response:	16/10/2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The registered provider did not ensure that arrangements were in place for the identification, recording, investigation and learning from an adverse event involving a resident. The investigation report should be forwarded to the Authority when completed.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:

Follow up documentation inclusive of summary report, action plan and recommendations were submitted on the 11th September 2018 and is the template for identification, recording, investigation, and learning from an adverse event.

Proposed Timescale: 16/10/2018