Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Castleturvin House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Castleturvin Home Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Athenry, Galway</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>13 August 2018</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000327</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0022249</td>
</tr>
</tbody>
</table>
About the designated centre

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

Castleturvin Nursing Home is registered to provide care for 42 residents. It is purpose built and located in a rural setting a short drive from the town of Athenry. The building was laid out over two storeys with lift access provided to the first floor. Accommodation is provided in 22 single and 10 double rooms all of which have ensuite facilities. There are communal areas on both floors. Externally there are extensive grounds with a large garden area that is accessible to residents. Many rooms have doors that lead directly onto the garden. Residents that have high, medium or low care needs are accommodated and care is provided on a long or short term basis.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>12/05/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>36</td>
</tr>
</tbody>
</table>
How we inspect

To prepare for this inspection the inspector or 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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 August 2018</td>
<td>10:00hrs to 18:30hrs</td>
<td>Geraldine Jolley</td>
<td>Lead</td>
</tr>
</tbody>
</table>
Views of people who use the service

Residents the inspector talked with provided positive feedback about their experience of living in the centre. They described the staff team as kind, approachable and caring. Many described the care they had received when they were unwell and complemented staff for their care and attention which helped them recover.

People were happy with the comfort of their rooms, the activities provided and the catering arrangements. They said that visitors were welcomed throughout the day and that staff ensured they had post and newspapers delivered promptly. The activity schedule was interesting and varied according to residents. They said they enjoyed singing sessions, reminiscence activity and the exercise group each morning.

Capacity and capability

A good quality service was being provided to residents by a staff team that were appropriately trained and displayed positive attitudes to their caring roles. There were effective systems in place for monitoring the service that ensured standards were maintained and that management were alerted to changes in practice that could impact on residents. For example, the menus are analysed regularly and changes were made to ensure that residents were provided with more fruit and fibre that is more suitable for their needs.

There is a management team in place and staff and residents knew who was in charge and how the team structure operated. The person in charge/ provider representative was on holiday when this inspection was completed. The clinical nurse manager/person participating in management was in charge. She was fully familiar with residents' needs, knew residents personally and could describe how staff were allocated to ensure all health, social and personal care needs of residents were effectively addressed.

There were systems in place to ensure that staff recruited to the service had an appropriate induction to ensure they were familiar with the day to day operation of the centre and the personal care needs and choices of residents. The inspector talked to staff who described how they had been supported after employment and
the training they had received to equip them for their roles. The staff recruitment procedures met good practice standards with vetting disclosures, full employment histories and references obtained and filed in staff records. There was good emphasis on staff development and staff had attended a variety of training courses on topics that included end of life care, dementia and complaints management. All staff were up to date with training on the mandatory topics of moving and handling, fire safety and adult protection.

The care and nursing staff team were supported by a responsive and accessible primary care service and where required by allied health professionals. Staff were observed to engage with residents in a person centred and respectful manner and were available and accessible to residents in communal areas.

Residents and staff said they could raise any concerns regarding the quality and safety of care delivered and felt their views were listened to and considered. Complaints made were investigated by the person in charge and the records conveyed that regulatory requirements were met. Changes were made to ensure that the issues were not repeated.

Regulation 14: Persons in charge

There were no changes to the role of person in charge who was also the provider representative. She had been assessed as suitably experienced and qualified for the
responsibility of this role.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient staff scheduled for duty to meet the needs of residents. Nursing staff and health care assistants were deployed over the two floors and the inspector saw that they had adequate time to deliver person centred care and to meet residents’ choices in relation to their daily routines. Housekeeping, laundry, activity and catering staff were also on duty each day.

Judgment: Compliant

### Regulation 16: Training and staff development

A culture of learning was promoted and there were opportunities for staff to attend training course and pursue professional development opportunities. Staff said that they had used information and knowledge gained during training on dementia care for example to ensure that they took time with residents who had memory problems and supported them to communicate as well as possible. There was a robust induction procedure in place to ensure that staff had the required competencies for their roles.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was up to date and contained the required information.

Judgment: Compliant

### Regulation 21: Records

The required records were maintained, were stored securely and were readily available for inspection. Staff were aware of the new data protection legislation and
had systems in place to ensure privacy standards were appropriately safeguarded.

The action plan outlined in the last inspection report in relation to the daily records maintained by nurses which did not provide a holistic overview of the care provided was addressed. Records viewed described residents' overall well being and what social activities they had attended.

Judgment: Compliant

**Regulation 23: Governance and management**

There was a clear management structure in place and staff were familiar with their roles and responsibilities. The person in charge worked full time as required and her hours of duty were described on the duty rota.

There were systems in place to review the quality and safety of care and improvements identified were addressed. Premises arrangements and safety measures were regularly reviewed. At the time of the inspection the electrical system was being upgraded and ongoing work was being undertaken in the garden to ensure it was an interesting area for residents throughout the seasons.

Judgment: Compliant

**Regulation 3: Statement of purpose**

There was a statement of purpose that described the services, facilities, ethos of care and staff arrangements that underpinned the operation of the designated centre.

Judgment: Compliant

**Regulation 30: Volunteers**

Residents have access to an advocacy service and this role is described and also supports the organisation and facilitation of residents' meetings.

Judgment: Compliant
### Regulation 31: Notification of incidents

The clinical nurse manager and nurses on duty were familiar with the notifications to be made to HIQA and the time limits that applied to different notifications. Notifications had been supplied as required.

**Judgment:** Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure in place and this was on display. Residents said they would raise issues directly with staff or if it was a more serious matter in their view they would raise it with the person in charge. The inspector reviewed the record of complaints and found that matters raised had been dealt with promptly and resolved to the satisfaction of the person making the complaint. A range of matters including the quality of food, television and telephone coverage and staff attitudes had been addressed.

**Judgment:** Compliant

### Quality and safety

Residents’ health and social care needs were met through appropriate staff deployment, good access to doctors and allied health professionals, and the availability of a varied social activity programme. The environment including the outdoor areas also contributed positively to how care was delivered and residents’ quality of life.

There were care plans for all residents and these were based on a range of assessments that identified residents’ health and social care needs. Care was regularly reviewed by the care team to ensure good outcomes for residents. Residents told the inspector that staff asked them daily about their health and ensured they were reviewed promptly if they were unwell. Residents’ and family members were informed about the admission procedure and their daily life patterns and interests were recorded to inform care practice. There were details on lifestyle, occupation, hobbies and interests recorded and used by staff to plan care. Residents said that they had enjoyed being able to take part in the varied activities and particularly enjoyed the group activities such as bingo, sing-a-longs and card games where they were able to socialise with other people. The inspector saw that
activities took into account residents’ abilities and planned activity was observed to be enjoyable and to engage residents well.

The building is a modern design, with plenty of natural light throughout and is maintained to a good decorative standard. There were features that enhanced the accessibility of the environment for people with dementia, mobility or sensory problems. Hallways were wide and unobstructed and there were places where residents could sit if they felt they needed to rest when walking around. There were communal rooms on both floors where residents could spend time during the day. There was an oratory that residents used for prayer and to spend time quietly. Residents’ rooms are single or double occupancy. Rooms viewed were organised according to residents’ preferences and were personalised with furniture, books, plants and ornaments belonging to residents. The inspector found that while there was good signage highlighting toilets and other facilities there was no distinguishing features on bedrooms doors to help residents identify their rooms and concluded that more emphasis could be placed on supporting residents to locate their rooms in this large building. It was established later that signage had been removed some time ago for painting work to be undertaken.

There was access to a large safe outdoor garden where flowers, shrubs and hanging baskets provided interest for residents. Many residents said they enjoyed the garden and were taking a great interest in how the plants were developing and viewing them regularly. There was access from ground floor rooms directly into the garden and rooms on the upper floor had balconies from which residents could view the garden, the apple tree and hanging baskets.

There were systems in place to keep residents safe and protected from harm; and risk was minimised by the arrangements in place. For example, water was dispersed at a safe temperature, fire drills were completed and call bells were accessible to residents in all areas. Equipment including fire alert and fire control equipment was serviced regularly and records confirmed this. Orientation to the fire safety system was provided for new staff during induction and fire training was scheduled annually. Records confirmed that fire safety arrangements were checked regularly and fire drills were completed at varied times including during the evenings to ensure staff knew what to do in the event of fire. There were three exits from the building- the central staircase and two external fire exits one of which was ramped with a gradual incline and the other a metal staircase with a platform area where people could remain outside the building in safety until assisted to the ground floor. There was no signage to guide staff, residents and others leaving the building to the fire assembly point.

Risk assessments were completed for falls, vulnerability to pressure area problems, malnutrition and responsive behaviours. Where risk was identified there was a care plan to guide staff actions and prevent adverse outcomes. There were some residents with pressure area problems. These were related to venous ulcers and to pressure area problems that arose during hospital admissions. The inspector saw that care interventions had good outcomes for residents with improvements in the condition of wounds evident in the records viewed.
There was a system in place to prevent and detect possible abuse situations. Residents said they felt safe and well cared for in the centre. Staff could describe the actions they would take if they suspected abuse or if an incident took place. All staff had training in protection and the prevention of abuse according to the training records provided. The PPIM had additional training to enable her to provide this training for the staff team.

**Regulation 10: Communication difficulties**

Staff said they were made aware of any resident who had communication problems so that they could adapt their approach and learn how to communicate in the helpful way with the resident. Communication problems related to dementia or other conditions were recorded in care plans.

**Judgment:** Compliant

**Regulation 11: Visits**

Residents said they could receive visitors at their convenience and said that staff supported them to go out with friends or to go home for periods of time.

**Judgment:** Compliant

**Regulation 12: Personal possessions**

Personal possessions were well cared for and laundry was labelled to prevent loss. There were lockable drawers in bedrooms where residents could secure personal items they wished to keep with them. Financial records viewed indicated that any money held on behalf of residents was accounted for clearly and all transactions were recorded.

**Judgment:** Compliant

**Regulation 13: End of life**

There were care plans that outlined end of life care wishes where these had been
established. Residents were supported to remain in the centre at end of life and the arrangements in place also ensured that family members were supported to remain with residents if that was their wish. Where additional guidance was needed the resident's doctor and the palliative care team were requested to advise staff

Judgment: Compliant

**Regulation 17: Premises**

The centre was designed and organised to meet the needs of residents in a comfortable and home like way. Some improvements were required to enable residents locate their rooms easily particularly where residents had memory or orientation problems.

Judgment: Substantially compliant

**Regulation 18: Food and nutrition**

The menus were varied and residents said they enjoyed the food prepared for them each day. Residents at risk of weight changes were assessed and referred for specialist opinion which the inspector noted had resulted in good outcomes for residents. There were systems in place to ensure that foods were fortified appropriately when needed and to ensure residents had adequate fruit and fibre in their diets.

Judgment: Compliant

**Regulation 25: Temporary absence or discharge of residents**

There was an exchange of information on residents' health needs and prevailing problems where relevent when residents were transferred to other settings.

Judgment: Compliant

**Regulation 26: Risk management**

There were policies and procedures in place to identify and manage risk in the centre. In the last report an action plan required that incidents were reviewed as
part of a prevention measure. The inspector found this had been addressed. There were reviews completed by nurses and the physiotherapist after each falls incident and possible contributory factors are identified and remedial actions taken to prevent further incidents. There was good emphasis on supporting residents to remain independent and to ensure they were aware of risks related to not calling for help or medicines they may be taking to manage health conditions.

Judgment: Compliant

### Regulation 27: Infection control

The areas inspected were visibly clean. Equipment was in good condition and staff had a routine for cleaning bedrooms and other areas to ensure appropriate standards were maintained. Staff were provided with training on hand hygiene regularly.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider representative and person in charge had arrangements in place to protect against fire. There was a range of fire alert and fire fighting equipment in place and this was serviced regularly. Training was provided for staff annually and was supplemented by fire drill some of which were organised for evening periods when smaller numbers of staff were on duty. The inspector noted that some fire drill records were not dated and also found that signage to the nearest fire exits could be more prominently displayed as well as signage to the fire assembly point in the grounds.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe and suitable arrangements in place for the ordering, receipt, storage and administration of medicines including medicines that required special precautions.

Judgment: Compliant
Regulation 5: Individual assessment and care plan

Residents care needs were met to a high standard and residents had a choice about how they spent their time, when they got up and went to bed. Assessments were undertaken before admission to ensure the centre was suitable and further assessments were undertaken following admission to plan care. There was good emphasis on person centred care and this was illustrated by the varied individual arrangements that staff adhered to when caring for residents.

 Judgment: Compliant

Regulation 6: Health care

There was good access to health care services and to allied health professionals facilitated by the provider representative.

 Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who displayed behaviours associated with dementia or who had fluctuating behaviour patterns due to mental health problems or other health conditions were assessed and had plans in place to address these difficulties and ensure their well being. Staff had completed training on dementia and responsive behaviours and described a range of interventions in care plans that were employed to support residents. Restrictions in use that included bed rails were assessed as to their usefulness and were only used if other interventions did not provide adequate safety. All restrictions were regularly reviewed.

 Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from abuse and this included an appropriate deployment of staff and training for staff to ensure they were alert to any events that could be harmful to residents. Residents said they felt safe and secure and had confidence in the staff team to deliver good care.

Staff could describe the steps they would take if they suspected or saw an incident
that caused a resident harm. Their responses indicated that appropriate actions would be taken to safeguard residents.

Judgment: Compliant

**Regulation 9: Residents' rights**

The inspector found that residents' views were listened to and that the centre was organised in a way that met their needs and reflected their choices. People felt free to discuss their care, to take part in activities or to refuse interventions. There were varied opportunities for social care and for going out and a trip to Knock to see the Pope later in the month had been discussed as an option for some residents who may wish to travel with family.

Newspapers were supplied daily and residents had access to telephones. There were established connections with the local community and an advocacy arrangement was in place.

Judgment: Compliant
### Appendix 1 - Full list of regulations considered under each dimension

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 30: Volunteers</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
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<td>Regulation 11: Visits</td>
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<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 25: Temporary absence or discharge of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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</tbody>
</table>
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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time** 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 17: Premises:

Pictures of the resident’s choosing to mark their bedroom will be re-instated on the wall beside their bedrooms.

<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Fire drills will be dated and signage will be erected in the courtyard to guide staff to designated assembly areas and to the nearest fire exits.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/08/18</td>
</tr>
<tr>
<td>Regulation 28(1)(e)</td>
<td>The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>23/08/18</td>
</tr>
<tr>
<td>Regulation 28(2)(iv)</td>
<td>The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>23/08/18</td>
</tr>
</tbody>
</table>