



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Castlemanor Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Billis, Drumalee, Cavan
Type of inspection:	Unannounced
Date of inspection:	26 September 2022
Centre ID:	OSV-0004913
Fieldwork ID:	MON-0037811

About the designated centre

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

Castlemanor Nursing Home provides 24- hour nursing care to 71 residents, male and female who require long-term and short-term care (convalescence and respite). The centre is a two storied building containing four distinct areas, Lough Inchin, Lough Rann, Lough Oughter and Lough Sheelin. There are 69 single and one twin bedroom all of which have full en suite facilities. The dementia specific unit is located on the ground floor and accommodates 13 residents.

The provider states the aim of the centre is for residents to experience a high standard of care that is respectful and dignified and which promotes well being.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	67
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 26 September 2022	09:30hrs to 17:45hrs	Catherine Rose Connolly Gargan	Lead
Monday 26 September 2022	09:30hrs to 17:45hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

Overall, feedback from residents living in this centre was very positive regarding the service they received and the quality of their lives. Inspectors met several residents and spoke in more detail with ten residents on the day of inspection. A welcoming gas fire was lit in the large fireplace in the reception area and this created a warm and inviting ambiance. Comfortable seating was provided and some residents sat with their visitors in this area.

The centre was divided in four comfortable and homely units, one of the units on the ground floor catered for the needs of residents with dementia. The atmosphere in each unit was welcoming and upbeat. Residents appeared happy and content and told the inspectors that they were satisfied with the care and service provided and the staff caring for them. Inspectors saw that staff were respectful and courteous towards residents at all times. Staff were seen to be responsive and attentive, without any delays in attending to residents' requests and needs. It was evident that management and staff knew the residents very well and were familiar with each resident's daily routine and preferences.

Inspectors completed a walk about of the centre accompanied by the person in charge. This gave inspectors the opportunity to meet with residents, to observe their lived experiences in their home environment and to observe staff practices and interactions. Staff were observed encouraging and supporting residents to make their own decisions regarding when they got up from bed and how they spent their day. Some residents were observed getting up and preparing for their day and others were making their way to the communal rooms. Residents were well-dressed and were neat and tidy in their appearance. Some of the female residents wore items of their jewellery to complete their outfits.

Visits were encouraged and practical precautions were in place to manage any associated risks. Visitors were seen coming and going throughout the day of the inspection. Resident outings with their families were also being encouraged and facilitated. The effect of the visiting restrictions during the earlier stages of the COVID-19 pandemic were described by residents and visitors as having been 'difficult'. Residents said they were glad that visiting had resumed.

Alcohol hand gel dispensers were readily available along corridors for staff use. Additional dispensers had been installed following the last inspection. New clinical hand wash sinks had been installed in a clinical room and a nurse's station. These sinks complied with the recommended specifications for clinical hand wash basins. However some barriers to effective hand hygiene practice were observed during the course of the inspection and these findings are discussed further under Regulation 27.

The centre premises was arranged over two floors with stair and lift access between floors. Each floor was arranged into two units named after local lakes with separate

communal lounges in each unit. The two units on the ground floor had separate dining room facilities however, residents in the two units on the first floor shared a spacious dining room during mealtimes. Traditional memorabilia familiar to residents was displayed in the communal sitting rooms and this added to the homeliness of the residents' living environment.

One of the units on the ground floor was a dementia-specific unit and provided accommodation for 13 residents. Inspectors observed that a lot of effort had been made to make this unit comfortable, familiar and stimulating for residents living with dementia. The walls along the corridors had a countryside themed mural painted along their length. Each residents' bedroom door was designed to look like a porch and front door, and each one was different to assist residents with recognising their own bedroom. The decor was tactile and brightly coloured throughout and the residents in this unit were observed to be comfortable and relaxed in this environment. The inspectors were told that upgrading of the painting in the dementia unit was scheduled and due to commence.

Inspectors observed that the first floor had been repainted and looked fresh and bright throughout. The inspectors observed that surfaces were prepared for repainting on one unit on the ground floor and repainting was planned in the dementia specific unit, also on the ground floor.

Many residents' bedrooms were personalised with their personal items including their photographs, artwork, soft fabric blankets, books, ornaments and plants. Residents' bedrooms were spacious and each resident had adequate wardrobe and storage space for their clothes and personal belongings.

Residents told the inspectors that the food was 'A1' and 'as good as any hotel'. Residents said that they could have an alternative meal to the menu offered if they wished and were offered a variety of snacks and drinks throughout the day. There was adequate numbers of staff to support the residents during meal times and residents needing assistance with their meals were discretely and gently supported by staff.

Residents could access the outdoor gardens safely and as they wished. The outdoor areas provided residents with a relaxing space and were decorated with interesting memorabilia and raised beds with flowers and shrubs.

Most residents had a routine where they liked to join in a Mass streamed from one of the churches onto the televisions in the sitting rooms while, others started their days with reading the daily newspapers provided for them. After Mass, the inspectors observed that residents were provided with opportunities to participate in a variety of social activities taking place in each of the communal sitting rooms. The inspectors observed that the group activities led by the activity coordinators in the communal sitting rooms were stimulating and enjoyable for residents. However, a small number of residents who were unable or choose not to go to the communal sitting rooms spent a lot of time in their bedrooms and their access to a meaningful social activity programme was limited. One resident who was observed to spend a lot of time in their bedroom told the inspectors that they spent their day watching

television or just 'thinking'.

Residents knew the new person in charge and told the inspectors that they would talk to the person in charge or any of the staff if they were worried about anything or were not satisfied with any aspect of their care or the service provided. Residents said that they were always listened to and any issues they ever raised were addressed to their satisfaction.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This inspection was an unannounced risk inspection completed by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors followed up on unsolicited information received by the Chief Inspector in August 2022 and found that the concerns raised were partially substantiated on this inspection and the inspectors findings are discussed throughout this report. This inspection found that significant improvements had been implemented regarding monitoring and care of residents with an assessed risk of developing pressure related wounds however, further actions were necessary to ensure that pressure relieving equipment used was operating as required at all times.

The inspectors also followed up on the provider's progress with completion of the actions detailed in the compliance plan from the last inspection in February 2022 and their progress with meeting a condition on the centre's current registration requiring the provider to bring the designated centre into compliance with Regulation 17, Premises by 01 September 2022. Due to a COVID-19 outbreak in March 2022 the provider had experienced a delay in completing the necessary works to bring the centre into compliance with Regulation 17. However, works to meet this condition of registration were at an advanced stage and nearing completion. Although the provider had completed a number of actions to improve compliance with Regulation 27 since the last inspection, this inspection found that further actions were required to bring the centre into full compliance with this regulation.

Costern Unlimited Company is the registered provider of Castlemanor Nursing Home since May 2019. A director on the provider company board represented the provider. A new person in charge was appointed in April 2022 and was supported by a clinical operations manager who also provided clinical oversight of a number of other designated centres operated by the provider. There was good evidence of regular senior management meetings that reviewed key areas of the quality and safety of the service with improvements being progressed and implemented. Locally, the person in charge was supported by an assistant director of nursing and two clinical

nurse managers. The person in charge and the clinical nurse managers were responsible for providing clinical leadership and staff supervision in the centre. Staff working in the centre who spoke with the inspectors were aware of their individual roles and responsibilities.

Monitoring and oversight systems were in place in the centre with evidence of continuous quality improvement. However, more focus and effort was required to ensure that the monitoring systems were effectively identifying and addressing quality and safety deficits.

Although infection and prevention processes had improved since the last inspection. For example the surveillance of health care associated infection (HCAI) and multi-drug resistant organisms (MDRO are bacteria that are resistant to commonly used antibiotics) colonisation was undertaken and documented and evaluated in monthly key performance indicator reports. Antibiotic usage was also monitored. However inspectors found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Weaknesses were identified in infection prevention and control, governance, environment and equipment management

The provider ensured there was adequate nursing and care staff to meet residents needs. Although the provider had recruited additional cleaning staff since the last inspection in February 2022 the findings of this inspection did not provide assurances that there was adequate cleaning staffing resources provided. This is discussed under Regulation 15, Staffing.

While, staff were supported and facilitated to attend mandatory and professional development training to ensure they had the necessary skills to meet residents' needs, not all staff had completed training on pressure prevention management. Further training supports were necessary to ensure staff utilised their knowledge and skills with managing residents with responsive behaviours that were negatively impacting on their health and wellbeing. The majority of staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. However, inspectors identified through speaking with staff that additional education was required on the management of MDROs.

The provider had assigned the director of nursing to the role of infection prevention and control lead. The assistant director of nursing, with the required training, had taken up the infection prevention and control link practitioner role. However protected hours were not allocated to the role of infection prevention and control link practitioner as recommended in national guidelines. Inspectors were informed that there was access and support from infection prevention and control specialists within the Royal College of Surgeons (RCSI) hospital group

Arrangements for recording accidents and incidents involving residents in the centre were in place were notified to the Health Information and Quality Authority as required by the regulations. Falls by residents were closely monitored and effective and proactive measures were implemented to mitigate risk of residents falling.

Records that must be maintained and available in the centre, including residents'

information records were complete and were password protected and held securely. Policies and procedures were up-to-date and available to staff to guide their practices. The centre had an up-to-date infection prevention and control guideline which covered aspects of standard and transmission based precautions.

Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was not an agent for any residents' social welfare pensions.

There was a low number of complaints received by the service and all complaints received were investigated and managed in line with the centre's complaints policy.

Residents' views were valued and they were facilitated and encouraged to feedback on aspects of the service they received. This feedback was used to inform improvements in the service and the annual review of the quality and safety of the service delivered to residents.

Regulation 14: Persons in charge

A new person in charge commenced in the role on 29 April 2022. They had worked in a senior management role supporting the previous person in charge for several years prior to commencing in the role of person in charge of the centre. The new person in charge is a registered nurse and works full-time in the centre. Their clinical and management experience and qualifications is in line with regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

While, housekeeping staff had been recruited following the last inspection, a review of the staff rosters found that there were three days on the week previous to this inspection when staff were not rostered for 21 housekeeping hours. The inspectors findings confirmed that failure to provide adequate cleaning staff resources did not ensure all bedrooms and ancillary areas were cleaned every day. This impacted on the standard of environmental hygiene within the centre and did not ensure residents' protection from risk of infection were adequately met.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training on pressure prevention strategies had not been facilitated at the time of this inspection. In addition, training facilitated for some staff nurses in wound healing and management had not been completed by all staff nurses in the centre. The inspectors were told that this deficit in training had already been identified by the management team and this training was being scheduled. Inspectors also identified through that staff required additional education in relation to the management of MDROs.

Although, staff had been facilitated to attend training in managing residents' responsive behaviours, the inspectors found that additional staff training supports were necessary to ensure they utilised their knowledge and skills whilst managing residents with responsive behaviours that were negatively impacting on their health and wellbeing.

Cleaning staff were not appropriately supervised to ensure that they carried out their work to the required standards. This was evidenced by;

- daily cleaning records were not consistently signed. The absence of this information meant that the provider could not be assured that all areas were appropriately cleaned according to the schedule in place.

Judgment: Substantially compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records including residents' documentation were stored securely in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not provided adequate cleaning staff resources to ensure that the designated centre was cleaned to a high standard and that residents were protected from risk of infection.

There were systems in place to monitor the quality and safety of the service, however some audits completed did not have action plans developed to address all the areas needing improvements. Inspectors also found that deficits found on this inspection were not being identified by the current auditing system. For example:

- Care plan audits did not identify a number of non-compliant findings found on this inspection. Inspectors' findings are discussed under Regulation 5,

Assessment and Care Plan.

- Infection control audits carried out in the designated centre did not identify the findings on the day of the inspection which indicated that there were insufficient local assurance mechanisms in place to ensure compliance with infection prevention and control measures.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents was maintained. All accidents and incidents as specified by the regulations were notified within the required timescales including quarterly incident reports as required.

Judgment: Compliant

Regulation 34: Complaints procedure

Procedures were in place to ensure all expressions of dissatisfaction with the service were recorded, investigated without delay and the outcome was communicated to complainants. Inspectors found that the complaints records evidenced that agreed actions to address the issues raised were implemented. A centre-specific complaints policy was in place. The complaints policy identified the person responsible for dealing with complaints and included an appeals process, as required by the legislation. A summary of the complaints procedure was displayed and was included in the centre's statement of purpose.

There was evidence from a review of the complaints received including those forwarded to the Chief Inspector that the person in charge, who was the centre's complaints officer investigated issues raised, maintained communication with complainants and ensured agreed actions were taken to resolve complaints regarding the service provided to residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the last three years. The centre's restrictive policy had been reviewed and updated since the last inspection. Policies, procedures

and information in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance.

Judgment: Compliant

Quality and safety

Overall, residents were provided with good standards of nursing and health care in line with their assessed needs. While, significant improvements had been implemented in relation to pressure sore prevention since the last inspection further improvements were required in relation to ensure pressure relieving equipment was that functioning effectively and that all staff were facilitated to attend training to update their pressure prevention management skills and knowledge. Residents' care and supports were found to be person-centred and were informed by the residents' preferences for daily routines and care. However residents' care documentation did not reflect this. In addition further improvements were still required to bring the designated centre into compliance with Regulation 28 and Regulation 27.

Infection prevention and control policies in place covered aspects of standard precautions, transmission-based precautions and guidance in relation to COVID-19. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control training for all staff. The provider had improved infection prevention and control processes and procedures in the centre since the last inspection. Notwithstanding the infection prevention and control improvements made, further improvements to ensure residents' safety from risk of infection were found to be necessary on this inspection and are discussed further under Regulations 27 in this report.

A outbreak of COVID-19 was declared in the centre in February 2022 and four units in the centre were affected. This was the second significant outbreak experienced by the designated centre since the beginning of the pandemic. A formal review of the management of the outbreak of COVID-19 to include lessons learned to ensure preparedness for any further outbreak had been completed.

Care plans were written on an electronic system and were accessible to inspectors. The National Transfer Document and Health Profile for Residential Care Facilities was incorporated into the electronic document management system. This document contained details of health-care associated infections to support sharing of and access to information within and between services. While some of the care plans reviewed by inspectors were comprehensive and personalised, this was not consistent and improvements were required in a number of care plans. However residents' needs were comprehensively assessed and residents received a good standard of care and support in line with their needs.

Following the last inspection the provider and clinical management team had implemented improvements in relation to the assessment and management of pressure sore risks. However the inspectors found that further improvements were necessary regarding the management of specialist pressure relief equipment and the completion of a staff education programme.

Residents had timely access to their general practitioners and allied health professionals in line with their needs. However improvements were required to ensure that residents who displayed responsive behaviours and who needed access to psychiatric services had access to those services.

Residents' rights were respected in the centre. A social activity schedule was developed and informed by residents interests and capacities, however, not all residents attended the sitting rooms where group activities were convened. Inspectors found that a small number of residents with cognitive decline and increased dependency needs who spent long periods in their bedrooms had limited opportunities to participate in meaningful activities in line with their interests and capacities.

Residents were supported to safely meet with their visitors in line with public health guidance. Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents' meetings were regularly convened and issues raised by residents as needing improvement were addressed to their satisfaction. Residents had access to local and national newspapers and radios.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example, paintwork in some resident's rooms was showing signs of minor wear and tear. The provider was aware of the maintenance deficits and was endeavouring to improve current facilities and physical infrastructure at the centre through planned painting which had been completed on the first floor.

Residents accommodation was arranged over two floors in 69 single and one twin bedroom, all with full en-suite facilities. Since the last inspection in February 2022, the provider had completed refurbishing four communal bathrooms to change their purpose to single bedrooms with full en suite facilities. Finishes, materials, and fittings in these rooms struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration. These newly refurbished bedrooms were not in use at the time of this inspection and the inspectors were told that the provider was preparing an application to the Chief Inspector to register these bedrooms as additional resident accommodation in the centre. The inspectors observed that each of these new bedrooms and en-suites were spacious and were furnished with a bed, wardrobe, locker, comfortable chair and television. Reading lights and call bells were fitted and were operational. Residents had toilet facilities provided either in or within close proximity to communal sitting and dining rooms. A new wheelchair accessible toilet was installed since the last inspection across the corridor from the dining room on the ground floor. This provided toilet access for residents within close proximity to the dining

room on the ground floor.

There was appropriate storage for equipment including wheelchairs, commodes and used linen trolleys throughout the centre in designated storage rooms. The inspectors observed that the storage rooms were tidy and provided easy access to equipment as needed. All areas of the centre was well ventilated and spacious, with furnishings that readily facilitated effective cleaning. However the inspectors found that areas of the physical environment had not been cleaned to an acceptable standard. Details of issues identified are set out under Regulation 27 in this report.

Inspectors observed that there was a system in place to maintain segregation of clean and dirty linen. The laundry facility was well-ventilated and was clean and tidy. The housekeeping rooms on each unit contained a janitorial unit, a hand wash basin and lockable safe storage for cleaning chemicals. There was a sluice rooms available within each unit. However the inspectors were not assured that utensils were being effectively cleaned and decontaminated. Findings in this regard are further discussed under Regulation 27.

Regulation 11: Visits

Visits by residents' families were encouraged and practical precautions were in place to manage any associated risks. Residents access to their visitors was not restricted and facilities were available to ensure residents were protected from risk of infection.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had adequate storage in their bedrooms and were able to access and maintain control over their clothing and personal possessions. Residents clothing was laundered in the centre's laundry on the ground floor and arrangements were in place to ensure their clothing was returned to them following the laundering process.

Judgment: Compliant

Regulation 17: Premises

Paintwork in some resident's rooms was showing signs of minor wear and tear and on the surfaces on a number of residents' bedroom doors and door frames on the

ground floor. This impacted on the implementation of effective cleaning and infection prevention and control measures.

The paint on the surface of one hoist in use to assist residents was chipped and missing and therefore could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a varied and nutritious diet and residents confirmed that they could have alternatives to the menu offered if they wished. A process was in place to ensure residents' special dietary requirements were known by catering staff and dishes were prepared in accordance with residents' assessed needs, preferences and the recommendations of the dietician and speech and language therapists.

Fresh drinking water, flavoured drinks, milk, snacks and other refreshments were available throughout the day.

Mealtimes were facilitated in two dining rooms on the ground floor and in one dining room on the first floor. There was sufficient staff available in the dining rooms at mealtimes to assist residents as needed. Residents who wished to eat their meals in their bedrooms or residents who were unable to go to the dining rooms were appropriately assisted without delay. Records of food and fluid intake was maintained for residents at risk of malnutrition and dehydration was recorded and this information was monitored.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- Local infection prevention and control audits failed to identify issues identified on the day of the inspection.
- Daily cleaning records were not consistently signed. This meant that the provider could not be assured that all areas were cleaned according to the schedule.
- The small biological hazard symbols displayed on bedroom doors to identify residents colonised with MDROs did not effectively indicate the precautions that were required and did not maintain resident privacy.

- Infection prevention and control guidelines did not reflect national guidance on the care of residents colonised with Carbapenemase-Producing Enterobacterales (CPE). (CPE are bacteria that mostly live harmlessly in the gut (colonisation). Rarely people that are colonised can develop an infection. If a resident is a carrier or is colonized with CPE they can spread the bacteria). Inspectors found that there was some ambiguity among staff regarding the care of residents that were colonised with MDROs

The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Unacceptable levels of dust was observed on high and low surfaced in several bedrooms. Ineffective cleaning increased the risk of cross infection.
- There were a limited number of clinical hand wash sinks available for staff use. Sinks within residents' rooms were dual purpose - used by both residents and staff. This practice increased the risk of cross infection.
- The detergent in two of the bedpan washers was empty. The empty containers had an expiry date of 12 months ago. This will impact the efficacy of decontamination.
- Alcohol hand gel in several dispensers had passed its expiry date. A small number of sensor hand towel dispensers were not working. This may impact effective hand hygiene.
- Several washbasins were observed in residents sinks during the course of the inspection. Inspectors were informed that used wash-water was emptied down residents sinks which posed a risk of cross contamination.
- Three cleaning trolleys were visibly unclean. Ineffective cleaning posed a risk of cross contamination.
- Two sharps trays were bloodstained. This indicated that they had not been effectively cleaned after use which increased the risk of cross infection.

Judgment: Not compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure adequate precautions were in place to protect residents and others from the risk of fire and compliance with Regulation 28, Fire precautions as follows;

- The records of recent simulated night time emergency evacuation drills provided assurances that residents could be evacuated to a place of safety in a timely manner in the event of a fire or other emergency during the night, however the records did not include the role of all staff on-site. For example seven staff are rostered on night duty in the centre but only four staff were referenced as being involved in the simulated emergency evacuation. This was a finding on the last inspection in February 2022 which, the provider confirmed has been appropriately addressed.

- Although tied back, full length fabric curtains were in place over the emergency fire exit door in a communal room used by residents to meet with their visitors.
- An emergency exit door out of the communal sitting room in the centre's dementia specific unit was blocked by residents' chairs. Although, immediately addressed on the day of inspection, this finding was not identified on the daily checks made available to the inspectors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Each resident had their needs assessed on admission and following assessment a care plan was developed. Residents' care plans contained information that was person-centred and that clearly communicated residents' care preferences and wishes. However this was not consistent which meant that the information in some care plan was generic and was not person centred. For example, some residents' end-of-life care plans did not clearly describe the resident's individual wishes regarding their care at end of life.

In addition, care plans developed for those residents with diabetes did not detail the recommended parameters that their blood glucose levels must be maintained within. In addition care plans for residents at risk of dehydration did not reference their recommended daily fluid intake. Without this information there was a risk that staff may not recognise when medical intervention was required to ensure the residents' ongoing health and well-being.

A care plan developed for one resident at risk of developing pressure ulcers that involved use of pressure relieving equipment when resting in a chair did not advise staff that this equipment should not be used when not operating as required and the alternative equipment that should be used to mitigate risk of pressure ulcers developing. Ongoing use of this equipment resulted in deterioration in this resident's skin integrity.

Care plans did not set out all of the interventions required to effectively guide and direct residents' care. For example a care plan for a resident colonised with a MDRO did not outline the infection prevention and control precautions required when caring for the resident. One care plan reviewed advised that visitors were routinely required to wear a gown and gloves when entering the room of a resident colonised with an MDRO when this was not the appropriate management for this resident visiting care plan.

Sufficient documentation was not maintained to give assurances that residents' care plans were reviewed and updated in consultation with them or where appropriate their families.

Judgment: Substantially compliant

Regulation 6: Health care

More focus and effort was required to ensure that residents who were at risk of developing pressure sores received a high standard of nursing care. This was evidenced by a failure to replace a pressure relieving cushion for one resident when staff became aware that the equipment was faulty. This posed an increased risk to this resident's skin integrity.

One resident with behaviours that were negatively impacting on their health and well-being did not have timely access to psychiatric services.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

One resident's responsive behaviours that were posing a risk to their health and wellbeing were not being appropriately managed. Although, a behaviour support care plan was in place that detailed de-escalation strategies, these strategies were regularly ineffective and this resident's behaviours were resulting in poor outcomes for their health and wellbeing. Records showed that staff did not have the knowledge and skills to manage these behaviours in the least restrictive way whilst, facilitating the resident to be compliant with their care plan to mitigate risks to their skin integrity.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to ensure residents were safeguarded from abuse and that all incidents, allegations or suspicions of abuse were addressed and managed appropriately. All staff were facilitated to attend training on safeguarding residents from abuse. Staff who spoke with the inspector were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

Resident records reviewed and inspectors' observations of those residents who spent a lot of time in their bedrooms each day showed that these residents did not have adequate opportunity to participate in meaningful activities and social engagement in accordance with their interests and capabilities. For example, records showed that one resident who was unable to join the group activities in the communal sitting rooms had not had the opportunity to participate in any social activities from 09 September 2022 to the date of the inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Castlemanor Nursing Home OSV-0004913

Inspection ID: MON-0037811

Date of inspection: 26/09/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Castlemanor nursing Homes human resources department maintains a robust recruitment process to ensure all staff vacancies are recruited and filled with competent staff who are garda vetted. Vacant positions are advertised on a weekly basis for the group both nationally and international Agency staff are sourced to cover gaps in the roster which are due to illness/ absence. Six additional hours for housekeeping are planned for the service. Due to unforeseen circumstances one staff member was off duty on the day of the inspection and 2 days the previous week and no agency staff could be sourced on the day.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff were trained in utilising the sskin bundle at the time of inspection and this was actively used on Epicare. Staff were also provided with a comprehensive suite of documents related to pressure ulcer prevention strategies to increase knowledge and skills. Toolbox talks facilitated at unit level with nurses. It is acknowledged not all staff were trained in pressure ulcer prevention and the person in charge has implemented the learnings from the RCSI training. The person in charge has added pressure ulcer prevention and management to the training matrix of all healthcare staff. The RCSI integrated hub has supported training of staff with the pressure ulcers to zero strategy</p>	

MDRO training facilitated 05/10/2022 by the RCSI group
 Staff attendance recorded, certificates to staff files, further training scheduled.
 The person in charge has updated all staff in the management of MDRO residents.
 Information regarding MDROS complied for staff in each unit for their perusal, toolbox talks completed to outline the guidance for safe effective care of residents with MDROS.
 Policy updated and appendices added to guide staff with specific management of MDROS.

Additional Responsive behaviour , non-violent crisis interventions training was arranged to ensure knowledge and skills utilised to manage responsive behaviours of residents within the nursing home. The clinical nurse manager on each unit supervises staff and completes an intentional round Responsive behaviours training is twice a day with resident's and staff to ensure that each residents needs are met and rights are respected.

Housekeeping records have been reviewed and a meeting with housekeeping staff was held 21/10/2022, an action plan was agreed with staff and cleaning records were reviewed to ensure works completed are recorded as per the schedules provided. There person in charge has implemented a double checking sign off sheet on daily household cleaning to ensure works are completed as directed.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
 The registered provider had employed sufficient services in the household department unfortunately the attendance by one of the household staff which let down the service as at short notice agency staff could not be provided.
 The person in charge completes monthly Infection Prevention and Control audits at Castlemanor nursing home. There are 10% captured in the detailed room audits and actioned accordingly.
 Hand hygiene adults were completed monthly by the person in charge and any issues identified are actioned.
 The person in charge will provide additional training for all auditors to ensure issues identified are captured and actions plans are implemented to improve the quality of the service.
 Additional cleaning staff resources provided since the inspection to ensure the Centre is cleaned to a high standard, ensuring residents are protected from the risk of infection.
 RCSI invited to completed a further IPC review in the nursing home 05/10/2022 to ensure compliance with infection prevention and control measures.

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Painting of bedrooms in Lough Sheelin and Lough Oughter All Corridors in Lough Sheelin have been painted since inspection on the 26/10/2022. Main Lobby, painting commenced 24/10/2022 and schedule of paintworks in progress throughout the premises to address areas identified in need of refurbishment</p> <p>Hoist was painted and can be effectively cleaned.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The person in charge will ensure all auditors are provided with audit training and will ensure issues of non compliance are identified and actioned to ensure compliance with the regulations and quality improvement within the service • All cleaning schedules have been reviewed to ensure areas are cleaned according to the schedules and double checking mechanism to ensure works are completed and signed off. • A review of the biological hazard symbols on bedroom doors has been reviewed to ensure privacy of the resident maintained. A discreet rose symbol has been placed on the door to alert staff and all staff have been informed that the rose sign indicates resident colonized with MDRO. • Policy updated with appendices to guide on specific management of residents with MDROS. • There is a comprehensive Infection Control Policy in Castlemanor Nursing Home. All staff are required on induction and on an ongoing basis to review all policies and procedures in relation to infection Control and sign they have read the understood the policy. Current policies are updated regularly in line with best practice. <p>• Further training has taken place since the inspection regarding MDROS 05/10/2022, ongoing education and training will be facilitated.</p> <p>The housekeeping roster reviewed; additional six hours approved to ensure effective cleaning to reduce risk of cross infection.</p> <ul style="list-style-type: none"> • Schedules reviewed to ensure high- and low-level surfaces are cleaned to the required 	

standard.

- Detergent ordered for bedpan washer.
- HSE guidance advised hand gel can be utilized that is out of date. Guidance document provided by HSE.
- Housekeepers advised in relation to clean down at end of shift on cleaning trollies and this is signed off on completion of duty
- Staff advised on the cleaning of trays following interventions. Sharps trays will be audited on a monthly basis by the person in charge.

Clinical sinks in three nurses stations, one installed in the clinical

Following inspection, a clinical sink was installed in the Sluice room that had a janitorial sink. Works completed 17/10/2022

Regulation 28: Fire precautions

Substantially Compliant

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

- All staff on duty will be included in the fire drill and information will be recorded on the fire drill record & Evaluation Form
- All staff will be referenced as being involved in the simulated emergency evacuation. Fire Drill conducted 14/10/2022 to reflect same.

- Full length curtains in Visitors room that were in place over the emergency fire exit door, the centre of the curtain pole has been removed and it is not possible to close the curtains 27/09/2022

- Emergency exit door in the communal sitting room in the dementia specific unit, a sign has been placed on the door not to block the door and daily checks continued to ensure compliance

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Castlemanor Nursing Home ensures that each resident is provided with care in a person centered manner that is safe, effective and appropriate to their individual needs. All residents have a suite of assessments and care plans provided following admission to the nursing home and are updated 4 months or more frequently as required. Each nurse has a named nurse who is responsibility for ensuring that their clinical and social care needs

are addressed, reviewed and evaluated on an ongoing basis.
 The residents are involved in all care planning processes with involvement of their named representative as per choice and all decision documented. The resident and or representative have access to the DON/ ADON for any concerns which are addressed in a timely manner.
 All End of Life care plans have been reviewed post inspection to reflect residents individual wishes regarding their end of life care wishes and expectations.

Care plans for residents with diabetes, the recommended parameters for blood glucose levels have been added to care plans since the inspection.

All residents nutritional care plans have been updated to reflect recommended daily fluid intake.

Nurses attend care plan training provided by Trinity Care 24/10/2022 to increase knowledge and understanding of the requirements with documentation to ensure safe , effective person centred care for residents.

MDRO Training provided by the RCSI post inspection 05/10/2022 to address knowledge deficits. Additional information resources made available to staff in each unit to increase knowledge and understanding
 Toolbox talks facilitated and resource folder provided with all the information required for all MDRO'S

Care plans for residents with MDRO'S have been reviewed to reflect best practice guidance.

Schedule provided for nurses to ensure that they review care plans and record reviews with residents and or representatives on epiccare in the resident/family communication section.
 The person in charge completes an in depth audit of care plans monthly at Castlemanor Nursing Home.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 A review of a pressure relieving cushion was undertaken since the inspection and the Occupational therapist deemed the cushion to have no issue of non compliance and suited to the resident's needs.
 A meeting was held with the OT to review residents specific needs, to put an action plan in place to ensure equipment provided by OT is functioning at all times. 28/09/2022
 The OT service would not agree to training the staff in managing the cushion. The OT stated that there are different quadrants in the cushion and needs different air levels in

them to maintain the pressure relieving. Inappropriate pressure pumping will cause more damage to the skin. A second cushion was then provided to the resident and the OT will follow up regularly as the accountable practitioner for seating and appliances.

Staff advised that Roho to be checked daily for air to be re-distributed through cushion when resident stands or is in bed. OT to be notified if review of ROHO needed. Spare cushion to be used if current ROHO appears to be deflating (OT to be notified). Encourage resident to weight shift in seat. The person in charge has implemented a checking system for the cushion daily.

Gp reviews all residents, in relation to their health. There is no issue with access to psychiatry of old age services in Cavan. The general practitioner may not have deemed it necessary for the referral if it had not taken place. The GP attends Castlemanor nursing home weekly.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 All staff are provided with responsive behaviours training and safeguarding training at Castlemanor Nursing Home. The residents care plan was reviewed by the person in charge and updated to identify the non compliances with the resident and ways of encouragement to be complaint with treatment plans . The residents general practitioner was asked to review resident in relation to mood disorder and deemed it not appropriate to see the input to refer to Psychiatry of old age services. The resident is currently fully compliant with his care plan and any future non compliances a request will be reviewed by the medical practitioner. The staff are respectful to the residents wishes and the right to refuse treatment and this resident has capacity to express his will and preference.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- All residents have an assessment completed in relation to their psychosocial needs and there is a care plan implemented for the resident.
- A review of the activities has taken place with the activity team to ensure that all residents who wish to stay in their bedrooms on any given day have adequate

opportunities to participate in meaningful activities and social engagement in accordance with their interests.

- Participation recorded on epiccare and this is now being audited on a weekly basis to ensure that records are maintained. Residents engage with the activity team monthly which provides an opportunity to provide feedback on activities they enjoy and what they would like to participate in .

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/12/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/12/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/11/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	31/01/2022

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/11/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency	Substantially Compliant	Yellow	10/11/2022

	lighting.			
Regulation 28(2)(iv)	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.	Substantially Compliant	Yellow	10/11/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	10/11/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/11/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5,	Substantially Compliant	Yellow	30/11/2022

	provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	10/11/2022
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/12/2022
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and	Substantially Compliant	Yellow	10/11/2022

	respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	10/11/2022