Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	Castlemanor Retirement Village, Billil, Drumalee, Cavan
Type of inspection:	Unannounced
Date of inspection:	14 November 2024
Centre ID:	OSV-0004913
Fieldwork ID:	MON-0042501

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 75 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 73 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

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 14 November 2024	09:00hrs to 18:00hrs	Celine Neary	Lead
Thursday 14 November 2024	09:00hrs to 18:00hrs	Ann Wallace	Support
Wednesday 13 November 2024	19:50hrs to 21:45hrs	Ann Wallace	Support

What residents told us and what inspectors observed

The feedback received from residents and their families regarding the care and services provided at this centre was very positive. Family members who spoke with the inspectors expressed their admiration for the staff and the high quality of care and support that residents received. Residents and their family members told the inspectors that staff were kind and respectful and that they felt safe and well looked after. This was validated in the many positive interactions between staff and residents observed by inspectors during the inspection. It was clear that staff were aware of residents assessed needs and were seen to respond in a person centred manner to meet those needs.

Friends and families were facilitated to visit residents, and there was no restriction on visiting except at meal times. However where family members wanted to come in at meal times to support their loved ones this was managed in a discreet manner that did not compromise other residents. Staff and managers, promoted a welcoming atmosphere and visitors were seen coming and going throughout the day.

The designated centre provides accommodation for 75 residents across two floors and is organised into four units with two units on each floor. The centre is located close to Cavan town and can be accessed by local transport routes.

This was an unannounced inspection carried out over an evening and the following day which gave the inspectors the opportunity to meet with residents and observe their evening and day time routines. The inspectors also met with visitors who were in the centre at the time.

Upon arrival, on the first evening the inspector met with the nurse in charge and later with the assistant director of nursing. The inspector did a walkabout of the centre and noted that most residents had retired to their bedrooms to rest or to watch television. There was a calm atmosphere and night care staff were seen attending to residents who wanted to go to bed and the nurses were doing the night time medication round.

The inspector spent some time on each unit and observed staff interacting with those residents who were still up and sitting in the lounges. In one lounge a member of staff was chatting with a group of residents whilst other residents were watching a television programme which they appeared to be enjoying. Another resident was using their mobile phone to speak with family before she retired for the night. Staff reported that this was the resident's preferred nightly routine and that speaking with her family helped her to settle more easily. One resident was mobilising around the unit with her walking aid. Staff reported this was her preferred routine before she settled to go to bed. All of the residents appeared well groomed and comfortable and were clearly relaxed and enjoying the friendly banter with staff. Call bells were answered promptly but one visitor who was sitting with a

resident told the inspector that this was the second time they had used the call bell as care staff who had answered the first bell had not returned to attend to the resident. The inspector noted that there were two nurses and two care staff working on the first floor across two units and one nurse and three carers working on the ground floor across two units. Whilst the nurses were doing the medications this left one carer to supervise residents in the two lounges on the first floor whilst the second carer was helping those residents who were in their bedrooms to get ready for bed. The two lounges are located at a distance form each other and there were residents using both lounges at the time of the inspection. In addition there were no staff available to supervise those residents who were mobilising along the corridors or using the communal toilets.

The following morning the inspectors held a brief introductory meeting before commencing a walk around the centre. During the tour of the designated centre, the inspectors met and spoke with several residents and visitors. The inspectors observed residents comfortably gathered in the communal rooms on the units and some residents sitting in the large entrance lobby that provided a clear view of the centre's main entrance. This space allowed residents to enjoy watching visitors arrive and depart, promoting a sense of connection with the outside world.

Additionally, the other communal areas located within the centre contained ample seating, ensuring that residents had various options for relaxation and socialisation. There is a spacious sitting room on the first floor with a large picture window overlooking the grounds and nearby houses. The room is nicely furnished and provided comfortable seating for residents. However, the seats were largely arranged around the perimeter of the room which created an institutional feel and did not encourage residents to interact with one another. It also meant that residents who wanted to watch the television were seated a long way from the television set although residents told the inspector they could easily see the large screen.

Staff were readily available to offer assistance, ensuring that residents felt supported while they engaged in activities or relaxed in these communal areas. The atmosphere in these communal spaces was warm and inviting. The space was well used in the afternoon of day two of the inspection for a music session which many of the residents participated in and were clearly enjoying. Residents told the inspectors that this was a weekly entertainment session which they always looked forward to.

Staff were also observed attending residents who chose to remain in their own rooms and were observed providing one-to-one support to these residents ensuring that their needs were being met.

The residents' accommodation consists of 73 single en-suite facilities and one twin en suite bedroom on the first floor. Resident's bedrooms were spacious with plenty of storage room for their clothes and personal possessions. A number of residents' rooms were individualised with personal items of significance, such as photographs and cherished memorabilia, creating a warm and familiar environment. En suite facilities were well laid out making them accessible for residents to use safely either

independently or with the support of staff. A number of residents told the inspectors how happy they were with their personal accommodation and the privacy afforded by having their own en-suite facilities.

The inspectors observed the lunch time meal on the second day of the inspection. Residents had a choice of attending the dining rooms on each floor at meal times or taking their meals in their bedrooms. The dining rooms were bright and spacious and tables were nicely set with utensils napkins and condiments. The daily menu was set out on each table for residents to read and make choices about what they wanted to eat.

Residents who needed support at meal times were offered discreet assistance and were supported in a dignified manner. The inspectors observed staff on the specialist dementia unit gently promoting residents to eat independently. Staff were clear about the residents' nutritional needs and the residents' records showed that diet and fluid intake was recorded for each resident at meal times.

The next two sections of this report present the findings of the inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a well managed centre, with residents' needs and preferences central to the daily routines and the organisation of the centre. This was a significant improvement from the previous two inspections in May and November 2023 and reflected the hard works of managers and staff over the previous twelve months. However further improvements were still required to ensure that the clinical nurse managers had sufficient protected time to effectively support and supervise staff in their work across a large centre laid out over four separate units.

This was an unannounced inspection to monitor the registered provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on actions the provider had implemented following the previous inspection in 2023. The inspectors also reviewed the information the provider had submitted in their application to renew the registration of the designated centre which was due for renewal in May 2025.

The provider of the designated centre is Costern Unlimited Company. There is a clearly defined management structure in place in the centre. The person in charge is a registered nurse with the required management qualifications and experience for the role. The person in charge was on planned leave at the time of the inspection and the assistant director of nursing (ADON) facilitated the inspection. There were also four clinical nurse managers (CNM) however these senior staff worked as staff nurses on each shift and did not have protected supernumerary hours to carry out

additional management tasks such as staff supervision, training or clinical audits/reviews. The CNM's did work weekends and night duty which meant that there was a a senior nurse on duty out of hours.The company's clinical operations manager provided management oversight for this centre and the other five centres in the group. Prior to April 2024 there had been two operations managers in post to cover the twelve centres and inspectors were informed that the provider was appointing a second senior manager in the coming weeks.

This inspection found that there were not enough staff on duty on the days of the inspection to meet the needs of the current residents. The provider had systems in place to review staffing levels in line with the needs of residents and where residents needed additional support staff were sourced and added to the rosters. A review of the rosters showed that additional staff were provided five days per week for a resident who needed support to access their community services. In addition one to one staff had been provided for one resident who needed supervision by staff when they were up and about during the day. However, a review of the falls in the centre showed that there had been 44 falls up to June 2024 and a significant number of these had occurred in the evenings and at night time. After 20.00 hours there was one nurse and three care staff to provide care and support for 29 residents on two units on the ground floor. This included the dementia unit where residents required a high level of supervision. On the first floor there were two nurses and two care staff to provide care and support for 46 residents accommodated on the two units after 20.00hours.

Although the provider had reviewed their falls information there was no evidence that staffing levels during the evening and at night when most falls happened had been included in these reviews. Furthermore, although call bell audits were regularly carried out the audits were completed during day time hours and did not reflect call bell times when the number of falls were at their highest. As a result inspectors were not assured that the provider had adequately reviewed their staffing levels taking into account the size and layout of the designated centre and the number of falls that occurred in the evenings and at night time.

Following the previous inspections in 2023 the provider had sourced additional staff to provide daily activities for residents and the inspectors saw significant improvements in this area of provision. This was validated by residents who said that there were plenty of activities and that they were kept busy. Inspectors also found that the range of activities helped to ensure that there was a warm and lively atmosphere for residents to enjoy which was an improvement on previous inspections. Rosters showed that there were two activities staff on three days each week and one activities staff on the other two days. An additional member of care staff was rostered at weekends to provide activities for residents. On the day of the inspection there was one member of staff available to provide activities for 67 residents accommodated in the centre. As a result a number of those residents who remained in their bedrooms did not have an activity provided for them. Managers and staff were actively recruiting for a third activity staff member to complete the team and ensure provision to all residents with various needs and capacities across seven days however this was not in place at the time of the inspection.

Records confirmed that there was a high degree of training provided in this centre which was delivered either through on-line or by face to face training. Staff records confirmed that staff were adequately trained in all mandatory training which included fire safety, safeguarding of vulnerable adults and manual handling. Staff had completed training in human rights and advocacy services which provided staff with additional knowledge and skills to provide care in a person centred way that ensured resident's were supported to make decisions about their care and supports.

There were a range of quality assurances systems in place including an audit schedule and quarterly resident surveys. There were regular governance and management meetings and heads of department meetings with the person in charge. Information was shared appropriately with staff and staff were made aware of any areas identified for improvement. Meeting records included improvement actions and the responsible person. The person in charge submitted regular management reports to the provider. Inspectors found that the further improvements were required to ensure that information collected through the quality monitoring processes was being used to drive quality improvements in key areas such as falls prevention, infection prevention and control, reducing transfers to hospital and anti-microbial stewardship.

The annual review for 2024 was being prepared at the time of the inspection. The inspectors reviewed the quarterly resident surveys and the quality improvement plan for 2024. One of the quality initiatives for 2024 was to improve the dining experience for residents. This initiative had included the redecoration of the dining rooms, new dining room furniture the provision of menus at the tables and sourcing alternatives to clothes protectors for those residents who wanted to use protectors at meal times. The inspectors found that adequate resources had been provided to ensure the quality initiative was completed and that improvements had been made to the dining experience with positive outcomes for the residents.

There was an active complaints process in place. Residents and their families were made aware of the complaints process on admission and through the resident's guide. The complaints process was also available in a pictorial format which was available in the resident's guide and on display on the resident's information board. Independent advocacy services were accessible for residents and information was available about these services on the resident notice board and in the resident's guide.

Registration Regulation 4: Application for registration or renewal of registration

The provider had applied to renew the registration of the designated centre and this application included full and satisfactory information as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

Due to the high number of unwitnessed falls that had occurred in the evening and at night time since the previous inspection in November 2023 the inspectors were not assured that there were sufficient numbers of staff available at all times having regard to the needs of the residents and the size and layout of the designated centre.

There was only one member of staff available to provide meaningful activities for up to 75 residents on four of the days each week. These staffing levels did not ensure that all residents had equal access to meaningful activities in line with their preferences and capacities

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspectors were not assured that staff were appropriately supervised as the clinical nurse managers worked all their shifts as the only nurse or the second nurse on duty on the units. This arrangement did not afford them adequate time to supervise staff in their work. As a result the inspectors observed some staff were not aware and did not follow the appropriate procedures in line with the provider's own policies in relation to infection prevention and control and recording of daily care progress notes.

Judgment: Substantially compliant

Regulation 21: Records

A review of the records in the centre found that the management of records was not in line with the regulatory requirements:

- Staff personnel files did not contain all the necessary information required by Schedule 2 of the regulations. For example, one staff file did not contain information regarding gaps of employment. Another staff file did not contain a valid photographic identification.

- Nursing records were not completed in line with the requirements of Schedule 3(4)(c). For example, a review of residents' nursing records found that nursing notes were duplicated from previous entries over a seven day period. This meant that the record was not person-centred, and did not provide assurance that the daily care needs of the residents had been met or that

staff were aware of changes in the residents condition.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place to monitor some areas of care provision were not sufficiently robust to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example;

The oversight of falls prevention, infection prevention and control, transfers to hospital and antimicrobial stewardship was not effective as it did not ensure that the information collected in relation to these areas was analysed and used to identify potential actions for improvement. As a result the overall number of falls incidents and transfers to hospital had not reduced and there was no clear action plan in place to reduce either. Furthermore, there was no action plan in relation to improving antimicrobial stewardship in the centre although information in relation to the number of infections and antibiotic usage was collected monthly.

The provider had failed to ensure that reported faults to the external emergency lights were repaired in a timely manner. The required written assurances that these faults had been addressed following the inspection were not received in the requested time frames.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of residents' contracts of care. Although each contract reviewed included the terms on which the resident was residing in the centre, including a record of the room number and occupancy some contracts did not accurately reflect the current weekly service charge fee in place.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had a Statement of Purpose in place which had been updated in October 2024. Overall the document contained the information required under

Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an accessible complaints procedure in place which included a review process. The complaints procedure was made available for residents and their families/representatives on admission and was displayed on resident information boards and in the resident's guide.

The complaints procedure information included contact details for both the complaints manager and the review officer and set out the required time frames for complaints investigations and reviews. Information about advocacy services to support residents through the complaints process was also provided.

There had been three complaints received since the last inspection one of which had been retracted. The records of the complaint investigation showed that the complaints had been followed up appropriately and any learning from the complaint had been communicated to the relevant staff. The records showed that the complainants were satisfied with how their complaints had been managed.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge (PIC) is an experienced registered nurse who has the required management qualifications and experience for the role. They work full time in the designated centre. Staff and residents/families reported that the person in charge was approachable and was well known to them.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents' nursing and social care needs were met to a good standard on this inspection. Residents' care and supports were person-centred and residents' needs and preferences were key to how the service was organised and managed. Residents' quality of life was optimised with unrestricted access to all areas of the centre including the outdoors as they wished. Residents

were supported to access and participate in social activities which enabled them to continue to pursue their interests, explore new hobbies and engage in positive risk taking to live their own lives in line within their individual capacities.

Residents' rights were protected and promoted and individual choices and preferences were seen to be respected and promoted.

The design and layout of the premises was suitable for its stated purpose and met the residents' needs. Corridors were wide and contained rails fixed to the walls to assist residents with their mobility. Residents' accommodation was individually personalised with residents' own belongings. Residents had adequate storage space in their bedrooms and bathrooms. The inspectors observed visitors coming and going on the day of the inspection and there were no restrictions on visiting.

There was a scheduled programme of individualised and group activities available in the centre and most residents who occupied communal areas were observed to take part in some form of activity on the second day of the inspection. There were a number of activities taking place in the centre including music on the television, relaxation, ball exercises, mass, nail painting and a live music session in the afternoon. Activities were consistently recorded and these records were available for review, which indicated residents' levels of engagement or participation, which meant that this aspect of the residents' care could be adequately reviewed. This was an improved finding from the last inspection. However, inspectors were not assured that on the days where there was only one person providing activities for all residents that those residents who spent their days in their bedroom had equal access to meaningful activities in line with their interests and capacities to engage.

Each resident had a comprehensive assessment of their health and social care needs prior to admission to ensure the centre could provide the appropriate level of care and support. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident, which reflected their assessed needs. The inspector found that, overall, care plans that were in place were holistic and contained person-centred information. However, daily progress notes were repetitive and lacked specific details such as a change in condition or signs and symptoms of infection.

A review of residents' records found that residents had timely access to a general practitioner (GP) as requested or required. The recommendations of health and social care professionals was observed to be implemented. For example, advice received from a tissue viability specialist on the management of a wound was implemented which resulted in healing of the wound.

Residents told the inspectors that they enjoyed their meals and that there was plenty of choice. The inspector observed the lunch time meal and found that there were sufficient staff to support the residents accommodated in the centre. Staff offered discreet support and assistance to those residents who required assistance at lunch time.

Inspector's observed significant improvements in staff and resident interactions

since the last inspection and found that where residents presented with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) that these situations were well managed by staff present on the day. Residents with responsive behaviours had person-centred care plans in place. Staff spoken with on the day outlined to the inspectors their knowledge of appropriate interventions to support residents with responsive behaviour. Interactions between staff and residents were observed to be person-centred and non-restrictive.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. Documentation reviewed showed that any allegations of abuse were reported and investigated promptly.

Residents had access to local television, radio and newspapers. The inspector reviewed minutes of residents' meetings, which sought feedback on areas such as activities and the quality of food being served. Although the records of these residents meetings appeared to be copied and pasted from previous meeting records and did not clearly record the content of each meeting the residents' suggestions appeared to be communicated to staff and managers and an action plan put in place in the unit.

Staff were observed coming and going from individual residents' bedrooms. Inspectors observed that all staff knocked on resident bedrooms and waited for permission prior to entering the room.

Residents' privacy and dignity were upheld in the layout of resident's bedroom and en-suite accommodation which helped to ensure residents could carry out personal activities in private.

Staff were aware of their responsibility to maintain confidentiality when discussing resident information with the inspectors.

Residents had access to advocacy services. Information was available about these services on the resident notice boards and in the resident's guide.

Records reviewed found that fire safety systems and all fire fighting equipment had been listed, serviced and maintained. However, multiple faults had been identified with the emergency lighting system in place and had not been repaired in a timely manner. Inspectors requested the provider to submit confirmation to the Office of the Chief Inspector following inspection that these repairs had been completed. These assurances were not received. Furthermore, one fire evacuation plan on display in Lough Oughter required updating to include all fire exits in place in the unit. All staff in the centre had completed fire evacuation drills. The fire evacuation drills were well documented with timings and any learning identified.

The provider had been proactive in carrying out an internal review of all fire doors in

the centre and was in the process of upgrading or replacing any doors that did not meet the required standards. These works were ongoing on the day of the inspection.

Regulation 12: Personal possessions

Each resident had access to and retained control over his or her personal property and finances. Residents' had appropriate storage facilities in their bed rooms and en suite bathrooms. Residents clothes were laundered daily and returned to each resident promptly.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had not ensured that procedures consistent with the National standards for Infection Prevention and Control in Community Services (2018) published by the Authority, were implemented by staff. Although the centre was visibly clean throughout, the inspector did not observe good infection prevention and control practices in use by staff. For example,

- Three of five staff spoken with could not tell the inspector what the infection prevention and control stickers in use on some residents doors indicated and inspectors observed that hand hygiene was not performed consistently in between resident care. This increased the risk of cross contamination of infection between residents with and without infections.
- Residents personal incontinence wear was stored in a communal toilet which was open and at risk of cross contamination.
- The inspector observed two urinals in a communal toilet which were placed on top of the cistern.
- The inspector observed that residents clothes were mixed in the washing machine and were being washed with sheets and towels.

Judgment: Not compliant

Regulation 28: Fire precautions

The inspectors identified that bedroom doors throughout the units had domestic style keyholes and door handles in place which required review to provide assurances that they met the standards required of a bedroom fire door.

A number of fire doors in the centre required replacing or repair in line with the provider's own Fire Door Risk report. This work was ongoing in the designated centre but there was no date for completion.

Records showed that there were a number of faults with the external emergency lighting. These had been first identified in April 2024 and had not been repaired at the time of the inspection. Managers and staff could not provide a date for when these works would be completed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident care plans found they provided sufficient information to guide appropriate care for the residents. Care plans were person-centred and based on the assessed needs of the residents.

A comprehensive, person-centred assessment was completed for each resident which identified their physical, social, psychological and emotional needs. This assessment informed the development of the residents care plan which addressed the assessed needs of the resident with particular focus on individual preferences. There was evidence that care plans were developed with the residents and their representatives.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner (G.P) of their choice. G.P's visited residents regularly. Allied health professionals such as dietitian, physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, where required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors reviewed the management of residents with behavioural and psychological symptoms associated with their diagnosed conditions. A review of the care plans found that responsive behaviours were management in line with best practice guidelines. Behaviour triggers had been identified and appropriate care

interventions had been developed in all care plans reviewed.

The use of restrictive practice was reviewed regularly. Following the previous inspection the provider had opened the Lough Oughter dementia care unit to the rest of the ground floor. This change was working well and had improved the atmosphere and quality of life for residents living in this unit. This was verified by staff who said that the removal of the the restrictions on residents accessing the communal spaces on the ground floor had improved resident's wellbeing and reduced the incidents of responsive behaviours.

The provider also had accessed additional personal assistance care and support hours for a resident to facilitate outings and one to one care.

Judgment: Compliant

Regulation 8: Protection

The inspectors spoke with a number of staff in relation to their knowledge about safeguarding policies and procedures. Staff were able to describe what constituted abuse and how to report any concerns or incidents they might become aware of. Staff said that they felt able to report such incidents to a senior person.

The residents and families that resident spoke with said that they felt safe in the centre and that if they had any concerns they could talk with a member of staff.

Judgment: Compliant

Regulation 9: Residents' rights

One bed in the twin bedroom on the first floor did not have any privacy screening around the bed. The bedroom was vacant at the time of the inspection. This layout did not ensure that any future residents accommodated in this bed would be able to carry out personal activities in private.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Castlemanor Nursing Home OSV-0004913

Inspection ID: MON-0042501

Date of inspection: 14/11/2024

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and 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
Outline how you are going to come into compliance with Regulation 15: Staffing: Please refer to feedback form Activities 60 Hrs activities are provided in the centre. Additional external activities are held on 3- 4 occasions, per week, this allows the activity co-ordinator to carry out one to ones with residents who wish to remain in their rooms. There centre is actively recruiting an additional activity co-ordinator. Additionally, the service engaged in an external activity consultant who has delivered training to all staff, highlighting the importance of involvement of all staff in enhancing the daily life of our residents.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • There is a training matrix in place at Trinity Care that clearly outlines mandatory and non mandatory training. • Staff on induction are informed of the procedures to follow regarding infection control within the centre. Face to face training is carried out within the home by an external trainer and refresher training is carried out within the home. • A Designated staff member is in place to oversee IPC measures and ensure compliance with regulation 27. • IPC is included as a standing agenda in management meetings	

• Regular risk assessments are completed to identify potential sources of infection
• Hand hygiene audits already carried out by day will be completed at night to capture all staff to increase compliance.
• Continued training to all staff on infection prevention, including hand hygiene, PPE use
• Continue to conduct training onboarding and at least annually with refresher toll box talks.
• Increase surveillance of staff compliance with IPC PROTOCOLS through audits and direct observation.
• There are Alcohol – based hand rub dispensers accessible in all areas.
• Staff updates and reminders regarding IPC at handover, during safety huddles.
• Incontinence wear that was stored in a communal toilet was removed 15/11/2024
• Staff reminded re segregation processes for bed linen and resident clothing.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
• All staff files have been reviewed to ensure no gaps of employment present to include an up-to-date photo identification.
• Meetings held and recorded with CNM/ Nurses to discuss the findings in this report re duplicated entries over seven days. CNM'S /Nurses advised that all entries on epiccare must be person centered to reflect the resident's day and night health status.
• Staff using the Stop and Watch tool to identify and record changes in residents' health status.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Please refer to feedback form and attachments re falls and transfers to hospital

Infection prevention and Control
• One on site infection prevention and control link person is already in place, with appropriate training to manage key areas of infection prevention and control and antimicrobial stewardship. The PIC will arrange to upskill a further staff member for IPC compliance.
• Updated guidance documents are provided for staff and new or revised infection prevention and control and antimicrobial stewardship, safety alerts and national updates are available in each unit and on EPIC

• Documentation of monthly review of antibiotic usage has been enhanced to include indication, correct dosing and adherence to current national guidance.
• A personal rapid cycle analysis audit tool to review has been implemented with the appropriate actions required to improve antibiotic use and resistance.
• Staff and residents are educated, re recognising signs of infection, non – antibiotic management of conditions like viral infections.
• Engage residents and families to explain AMS and its benefits through information sessions at resident meetings and information made available to families.
• Continue to track and analyse infection rates and trends monthly.
• Hand hygiene audits already carried out by day will be completed at night to capture all staff to increase compliance IPC included as a standing agenda in management meetings
• Regular risk assessments to identify potential sources of infection
• Continued training to all staff on infection prevention, including hand hygiene, PPE use with emphasis in the event of any outbreak in the home
• Conduct training onboarding and at least annually with refresher toll box talks.
• Increase surveillance of staff compliance with IPC protocols through audits and direct observation.
• There are Alcohol – based hand rub dispensers accessible in all areas.
• Staff updates and reminders regarding IPC at handover, during safety huddles.
• Incontinence wear that was stored in a communal toilet was removed 15/11/2024
• Staff reminded re segregation processes for bed line and resident clothing

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
• Letters are sent to all residents re current weekly service charge, copy of letter kept in residents' file.
• Contracts have been amended to accurately reflect the current weekly service charge fee that is in place. 20/12/2024
• Addendum to contract includes weekly service charge, signed by resident or nominated representative.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• A Designated staff member is in place to oversee IPC measures and ensure compliance

with regulation 27.
• IPC included as a standing agenda in management meetings
• Regular risk assessments to identify potential sources of infection
• Hand hygiene audits already carried out by day will be completed at night to capture all staff to increase compliance IPC included as a standing agenda in management meetings
• Continued training to all staff on infection prevention, including hand hygiene, PPE use
• Conduct training onboarding and at least annually with refresher toll box talks.
• Increase surveillance of staff compliance with IPC protocols through audits and direct observation.
• There are Alcohol – based hand rub dispensers accessible in all areas.
• Staff updates and reminders regarding IPC at handover, during safety huddles.
• Incontinence wear that was stored in a communal toilet was removed 15/11/2024
• Staff reminded of the correct procedures re segregation processes for bed linen and resident clothing,

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A review carried out by the group fire consultants on 04/06/2024, confirms that all doors are in line with fire regulations

A number of fire doors in the centre required replacing or repair in line with the provider's own Fire Door Risk report. This work is ongoing due for completion January 2025. Following completion a fire safety officer, competent engineer will sign off the completed works, completed to the required standard .

All external emergency lighting was completed on 16/12/2024 and certification has been forwarded to the regulator on 19/12/24

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Privacy screening around the bed in the twin bedroom has been ordered and is due for completion.
This room will be occupied by one resident until after completion.

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	30/06/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/03/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/01/2025
Regulation 23(c)	The registered provider shall	Not Compliant	Orange	31/03/2025

	ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	20/12/2024
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	31/03/2025
Regulation 28(1)(a)	The registered provider shall take	Substantially Compliant	Yellow	30/01/2025

	adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	17/12/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	28/02/2025