



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

Issued by the Chief Inspector

Name of designated centre:	Castle Gardens Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Drumgoold, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	07 November 2024
Centre ID:	OSV-0000696
Fieldwork ID:	MON-0042025

About the designated centre

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

Castle Gardens Nursing Home is a purpose-built single-storey facility that first opened in 2008. The centre is situated on the outskirts of Enniscorthy town. The premises can accommodate 64 residents. Bedroom accommodation consists of 54 single and five twin bedrooms and all bedrooms have full en-suite facilities. There is a large kitchen adjacent to the main dining room. There is a large central day room and several other seating areas. The centre has designed a memory care unit which has 19 of the 64 beds. Appropriate communal areas are provided within this unit as well. Other facilities include an oratory, hair salon and laundry room. All are adequate in size, decorated in a domestic manner and easily identifiable for residents to find. The centre offers nursing care for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs with low, medium, high and maximum dependency. The stated objective of the centre is to ensure that the needs and wishes of residents will be fully taken into account through their involvement in making service decisions. The centre offers 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff. Two well maintained enclosed garden areas were available to residents and were freely accessible from a number of locations throughout the centre. Adequate parking is available at the front of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	63
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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
Thursday 7 November 2024	10:30hrs to 17:30hrs	Catherine Furey	Lead
Thursday 7 November 2024	10:30hrs to 17:30hrs	Aoife Byrne	Support

What residents told us and what inspectors observed

Castle Gardens Nursing Home is a well-established centre, where residents were supported to enjoy a good quality of life. It was evident that there was a very high level of satisfaction with the care and the services provided. Inspectors greeted many residents, and spoke in more detail with nine residents and five visitors, to establish their experiences of life and care in the centre. The overall feedback gathered was extremely positive. Residents and visitors alike said that the management and staff of the centre were kind and caring, and they felt happy and lucky to live in the centre.

On arrival mid-morning, the majority of residents were observed to be up and were seated or mobilising around in the various communal areas or their rooms. Most residents had finished their breakfast. Inspectors observed that residents were relaxed and comfortable. Care was observed to be delivered according to the residents' preferences, for example, one resident who wished to stay in bed late was facilitated to do so and had the timing of their medications adjusted to fit in with their preferred schedule.

The centre is a single-storey, purpose built centre on the outskirts of Enniscorthy, Co. Wexford. The premises are warm and inviting, with a large entrance hall leading to the communal and bedrooms areas. Large corridor windows bring light and fresh air into many corridors and there are seating areas for residents to relax and look outside. The overall décor of the centre was inviting and stylish. There was a range of nice furniture and fittings throughout. The corridor walls displayed photographs of residents engaging in various different activities and parties in the centre. There were smaller communal rooms which residents could access and use for meeting families in private or to relax themselves. The environment was exceptionally clean.

Residents' bedrooms were homely and many were nicely personalised. Residents were encouraged to bring in their personal furniture, pictures and memorabilia. Access to the main garden area was via the large dining room which residents could access independently. In the smaller memory care unit; a 19-bed dementia-specific area within the centre, there was access to an enclosed courtyard from the sitting room. Both outdoor areas were well-maintained and contained seating and clear paths for walking and wheelchair access.

During the inspection, all residents were observed being cared for in an attentive manner, for example, staff ensured that residents wore their preferred style of clothing and were assisted to maintain good levels of personal hygiene and appearance. Communal rooms within the centre were well supervised at all times and residents were responded to promptly when they called for assistance.

All of the residents who spoke to the inspector were highly complimentary of the service provided. Residents described staff using terms such as "brilliant, kind, and exceptional" with one resident saying "they go above and beyond, we have

everything we need" The inspectors observed positive and supportive resident and staff interactions throughout the day. Staff were observed to be attentive yet relaxed in their approach to residents and were seen to encourage independence where possible, for example when assisting residents with food and drinks. The atmosphere in the centre was unhurried and cheerful. Visitors came and went during the day, and some of these visitors told inspectors that they loved coming to visit, as "the place had done wonders" for their loved one. Visitors commended the positive and timely communication from the staff and management should there be any changes or issues arises with their family member. One visitor commented that they felt sure leaving that their loved one was in good hands.

Residents were offered frequent drinks and snacks throughout the day and staff were observed offering discreet assistance to residents where required. Mealtimes were observed to be a social occasion. Inspectors saw that mealtimes started early, at approximately 12.30pm, however evidence in resident's questionnaires and meetings showed that residents were satisfied with this timing. Evidence in staff meetings identified that management reminded staff not to start any meals prior to this time.

Residents were very complimentary of the food offered, with one resident stating "the food is beautiful, we can have anything we want". A menu board described the daily options for starter, main course and dessert. Residents had plenty of choice and their individual likes and dislikes were catered for. For example, one resident requested and received a "spice bag" a few nights a week. There was a good system in place to ensure residents' preferences, allergies, swallowing requirements and any other pertinent information was recorded and communicated to the catering team.

Residents said that the activities in the centre were good, and that they enjoyed the variety on offer. One resident said she never felt forced to attend. Information on the day's events and activities was displayed on a large picture board in the main reception. Activities on offer included letter writing, current affairs, Sky sports afternoon and spa days. There are staff members dedicated to the role of activity coordinator and the activity schedule is provided seven days a week. On the day of inspection, there was one activity staff on duty, who attended to the memory care unit firstly and the main house after this. Many residents also came from the memory care unit to the main sitting room for the music session. Inspectors saw that activity provision was incorporated into the role of healthcare and nursing staff, who spent time with residents chatting, playing games and reading newspapers. During the morning the local priest said Mass which was well-attended. In the afternoon, an external musician provided lively entertainment and residents were observed to enjoy this, singing, clapping and dancing along with the well-known music. Residents actively participated and were encouraged to do so by staff. Residents told the inspector that they had attended a "Birds of Prey" show in the centre that week which had been very enjoyable.

The next two sections of the report present the findings of this 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

This was an unannounced inspection undertaken to monitor ongoing compliance with the regulations. Overall, the findings of this inspection evidenced that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support. However, some areas for improvement were identified as further described in the report.

The centre was found to have a clearly defined and well-established management structure in place. The registered provider of Castle Gardens Nursing Home is Mowlam Healthcare Services Unlimited Company which has two company directors, one of whom is the Chief Executive Officer, and is also the named provider representative. From a clinical and operational perspective there was a person in charge in place who was supported by a regional manager. Both parties were present on inspection and both demonstrated a good understanding of their roles and responsibilities. They were responsive to updates required on the day of inspection and showed commitment to addressing areas for improvement.

The inspectors reviewed minutes of meetings such as clinical governance meetings and staff meetings. Information sessions are held every three months with residents. These sessions discuss different relevant topics for example; safeguarding, advocacy and falls. Residents feedback was gathered during these sessions. It was clear these meetings ensured effective communication across the service. The quality and safety of care was being monitored through a system of regular monitoring and auditing of the service, audits included clinical care, call bells, health and safety and incidents. Quality improvement plans were devised from the issues identified.

On the day of the inspection, inspectors reviewed the staffing rosters and found there was sufficient staffing resources available to meet residents' individual needs. There was two health care assistant vacancies and one catering staff vacancy, the provider is in the process of recruitment and using agency staff as required for sick leave to ensure staffing levels remained stable. Staff informed inspectors there are plenty of staff available and they don't feel short staffed.

Inspectors reviewed the record of staff training in the centre which indicated a training schedule was in place for staff. Fire training, infection control and safeguarding were booked for staff to complete in November. Additional training such as managing behaviours that challenge, medication management and moving and handling was completed.

All the requested documents were available for review and found to be overall compliant with legislative requirements.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application to renew the registration of the designated centre within the required time frame.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers of staff on duty with appropriate skill-mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Mandatory training such as fire safety, safeguarding and the management of behaviours that challenge was completed for staff.

Supplementary training modules were completed based on a staff member's role, for example food hygiene and medication management.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover against injury to residents and other risks, including damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication.

The annual review for 2023 was completed and included feedback which had been sought from the residents in relation to the quality of the service they received.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts of care. These were seen to be agreed on admission to the centre and detailed the services provided to each resident whether under the Nursing Home Support Scheme or privately. The type of accommodation was stated along with fees, including for services which the resident was not entitled to under any other health entitlement.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre and made available for review. It was found to contain all pertinent information as set out in Schedule 1 of the regulations and accurately described the facilities and the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all required incidents were notified to the Chief Inspector within the specified time frames, for example, incidents of serious injuries requiring urgent medical attention, and the incidents of restrictive practice use in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and up-to-date in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, inspectors found that the care and support of residents was delivered in a person-centred way. The management team promoted the ethos of a human rights-based approach to life and care in the centre. Residents told the inspectors that staff were kind and caring and ensured a warm and homely atmosphere in the centre. There was evidence of consultation with residents and their needs were being met through good access to health and social care.

The premises was designed and laid out to meet the individual and collective needs of the residents. There was a variety of communal and private areas for use by residents. The inspectors observed the communal areas of the centre to be spacious and comfortable. Directional signage was displayed throughout the centre to guide residents. The garden areas were easily accessible for residents to access and navigate. There was a schedule of progressive maintenance and decorative upgrades in place. There were five twin bedrooms in the centre and two of these required review to ensure that the room layout fully supported each residents' privacy. There was a comprehensive risk register in place which identified a range of clinical and environmental risks, and how they were appropriately managed in the centre.

Residents each had a detailed individualised care plan in place on admission to the centre. Validated risk assessment tools were used to inform care planning. Inspectors reviewed a sample of care records and saw that these were person-centred and updated, when residents' needs changed. Inspectors reviewed a sample of residents' transfer and discharge information and found that there were good documentation practices in place to ensure the receiving facility was informed of the residents' needs.

The inspectors reviewed end-of-life care assessments and care plans for a sample of residents. These included details of the residents' wishes and preferences at end of life. There was evidence of family involvement especially where the residents did not have capacity to make a decision themselves. Inspectors saw that residents communication needs were routinely assessed, and care plans developed based on

the residents' individual requirements, for example, residents with hearing or sight impairments, or communication difficulties related to dementia.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of different types of abuse. Residents who spoke with inspectors, reported that they felt safe living in the centre.

Resident's rights were promoted in the centre. Residents were supported to engage in group and one-to-one activities based on residents' individual needs, preferences and capacities. The inspectors found that there were opportunities for residents to participate in meaningful social engagement and activities. Dedicated activity staff implemented a varied and interesting schedule of activities that was available each day. Residents opinions were sought and respected through resident meetings and satisfaction surveys which were incorporated into the centre's annual report on the quality and safety of care delivered to residents.

Regulation 10: Communication difficulties

Residents who had communication difficulties related to their diagnosis or condition were enabled to communicate freely. Residents had an assessment of their communication needs made on admission to the centre and this was reflected in the individual plan of care for each resident.

Judgment: Compliant

Regulation 12: Personal possessions

Residents told inspectors that they were generally satisfied with the arrangements in place to launder and return their clothing. This was confirmed through the positive responses in satisfaction surveys and records of residents' meeting.

Resident's had sufficient space in their bedrooms to store and maintain their personal clothing and possessions, including a lockable facility for private or precious items.

Judgment: Compliant

Regulation 13: End of life

Residents approaching end-of-life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. Residents' religious preferences were respected. Residents' families were informed of their condition in accordance with the resident's wishes and were encouraged to be with the resident when they were at the end of their lives. The resident's preferred location for care and comfort at the end of life was facilitated.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was designed and laid out to meet the needs of residents. Inspectors observed the following issues in the premises which required attention to ensure compliance with the regulation:

- The privacy curtain placement in two twin occupancy rooms required review, as the placement did not maximise the available floor space, which is to include a bed, chair and personal storage space for each resident.
- The hairdressing room contained an array of items including past and current residents' clothing, maintenance and cleaning equipment which should be stored in an appropriate place
- In one bedroom, there was a badly damaged electrical socket, and the door handle was broken meaning it was difficult to exit the room. This was brought to the attention of staff and was repaired during the inspection.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a residents' guide which included all the required information, for example the arrangements for making a complaint and a summary of the services and facilities in the centre. The guide was in booklet form and it was available to residents.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed the discharge documentation for three residents and saw that each resident was transferred from the designated centre in a planned and safe manner, with all relevant information about the resident provided to the receiving hospital or service.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under Regulation 26. Risk reduction records including an emergency plan and an up-to-date risk register were in place. Risk assessments were seen to be completed and appropriate actions were taken to mitigate and control any risks identified.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Resident care plans were seen to be detailed and person-centred, and were informed by an assessment of clinical, personal and social needs using a range of validated assessment tools. Comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs.

Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes to the residents' care needs, reviews were completed to evidence the most up to date information.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. There was an up-to-date safeguarding policy and procedure in place which was well-known to staff. Staff demonstrated a good awareness in relation to their role in how to keep residents safe, and could clearly describe the reporting mechanisms should a potential safeguarding concern arise.

A review of records found that there was a transparent process in place to ensure that residents finances were safeguarded. Residents were provided with statements of their accounts.

Judgment: Compliant

Regulation 9: Residents' rights

A comprehensive schedule of activities was provided for residents on a daily basis. Inspectors reviewed the activity schedule on offer to the and noted that the activities reflected residents interests' and capabilities.

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents. Overall, residents' right to privacy and dignity was respected and positive respectful interactions were seen between staff and residents. Residents said that if they had any complaints or suggestions that these were listened to by staff. Independent advocacy services were available to residents and the contact details for these were on display.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Castle Gardens Nursing Home OSV-0000696

Inspection ID: MON-0042025

Date of inspection: 07/11/2024

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The privacy curtain placement in all five twin occupancy rooms will be reviewed, to maximise the available floor space, which is to include a bed, chair and personal storage space for each resident. • The hairdressing room has been cleared out and equipment is now stored in appropriate rooms. Residents personal items have been removed and either taken home by families or stored in a more appropriate location in the home. Completion date 10/12/2024. • We will ensure that the Maintenance Person attends to all minor repairs within in the centre in a timely manner. 	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2025