



**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:	Castleross
Name of provider:	Castleross Nursing Home Ltd
Address of centre:	Carrickmacross, Monaghan
Type of inspection:	Announced
Date of inspection:	22 May 2024
Centre ID:	OSV-0000124
Fieldwork ID:	MON-0038603

About the designated centre

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

Castleross nursing home is a purpose-built premises which can accommodate up to 125 residents. The centre has 91 single and 17 twin bedrooms some of which have ensuite bathrooms. Residents are accommodated in four individual houses (Lisdoonan, Broomfield, Creevy and Killanny). In addition, there are two civic centres; the village centre and Kavanagh community centre for communal activities. The philosophy of the designated centre is to preserve the dignity, individuality and privacy of the residents who live in Castleross in a manner that is sensitive to their ever changing needs. To this end management have adopted the 'household model' of care which primarily is based on the principles of home life. Each household is individually staffed and includes a homemaker whose responsibility is to create a homely environment through normal daily kitchen activities and provide a warm welcome to all who pass through.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	112
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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
Wednesday 22 May 2024	09:15hrs to 16:15hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The inspector observed that staff worked towards improving the quality of life and promote the rights and choices of residents in the centre.

The inspector met with many residents during the inspection, and spoke with approximately 10 per cent of residents and three visitors in more detail to gain insight into their experience of living in Castleross.

Overall, residents reported that the service was good and that they were happy living in the centre. All of the residents and visitors who were spoken with were complimentary of the staff. One resident informed the inspector that 'they were very well looked after', while a visitor said 'you couldn't get better care anywhere'.

Throughout the morning of the inspection there was a busy but calm atmosphere in the centre. The inspector observed that many residents were up and dressed participating in the routines of daily living. Staff were observed attending to some residents' requests for assistance in an unrushed, kind and patient manner. It was clear that staff were familiar with residents' care needs and that residents felt safe and secure in their presence.

The premises was designed and laid out to meet the needs of the residents and was pleasantly decorated. It had sufficient private and communal space for residents to relax in. It had spacious corridors with hand rails on either side which facilitated residents to mobilise independently.

Residents' private spaces were found to be well-maintained. They were observed to have items of personal significance on display such as photographs, soft furnishings and ornaments which gave the room a homely atmosphere. Residents said they were happy with the size, layout and décor of their bedroom accommodation. They assured the inspector that their bedroom was cleaned each day.

The inspector observed that the provider was proactive in maintaining and improving the facilities and was working through fire works identified on a fire risk assessment completed in April 2023. Some areas of the physical infrastructure in the centre showed signs of wear and tear, however the inspector was informed that there was ongoing maintenance and renovations planned.

Residents and their visitors had access a visitors room allowing them privacy. Residents had access to the secure landscaped courtyards which residents were observed enjoying during this inspection.

The inspector observed the lunchtime experience and found that the meals provided appeared appetising. Residents were complimentary about the food served and confirmed that they were always afforded choice. The menu was displayed and the tables were laid out with cutlery and condiments for the residents to access easily.

The inspector observed adequate numbers of staff offering encouragement and assistance to residents.

The inspector observed that residents were supported to enjoy a good quality life in the centre. Activity staff were on site to organize and encourage resident participation in events. Residents had access to television, radio, newspapers, and telephones to ensure they were informed regarding current affairs and connected to their community.

The inspector saw that there was a varied schedule of activities displayed on each unit such as Mass, exercise classes, live music and games. The centre's hairdresser was in attendance on the day of inspection. The hairdressing room was well-equipped and residents were seen enjoying this as a social occasion. On the day of inspection, the inspector observed a visit from a singer entertainer. It proved very popular with residents living with dementia as the entertainer appeared very enthusiastic and encouraged resident participation. Another group of residents and staff were observed participating in what appeared to be a very enjoyable yet active exercise class, while a large number of residents attended Mass in the morning.

Residents told the inspector they went out on the bus usually once a week. The bus went out three afternoons taking different residents from each unit to different places of interest each day. Residents said they, or the bus driver, would choose the destination. They could go over to the coastline or just drive around the local town lands and stop for a drink or an ice cream, or sometimes fish and chips.

Laundry facilities were provided on site and residents informed the inspector that they got their clothes back clean and fresh. Clothing was labelled with residents' names to ensure it was returned to the residents.

The inspector observed visitors coming to and from the centre throughout the day. They visited residents in their bedrooms, in the day rooms and at the coffee dock. Visitors confirmed they were welcome to the home at any time. Visitors informed the inspector that they were pleased with the level of care their loved one received and any concerns were dealt with promptly and satisfactorily. When the mobile ice cream van arrived in the afternoon both residents and their visitors were observed enjoying the freshly whipped ice cream. One visitor said 'it was just great' as the resident they were visiting was non-verbal and they 'loved ice-cream'. This was clearly evident from the sheer expression on the resident's face as they indulged in a second ice-cream cone.

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 a well-governed centre. The inspector found that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support.

The centre continues to have a good history of compliance with the regulations and was found to be compliant or substantially compliant under the regulations reviewed on this inspection. The inspector found that the provider had addressed all the areas for improvement identified on the last inspection and observed that some further improvements were required in relation to the premises, infection prevention and control and medication management.

Castleross Nursing Home Ltd is the registered provider of Castleross and part of the wider group structure Grace Health Care. The senior management structure provided operational and management oversight and leadership in the designated centre and the persons participating in management, supported the person in charge from a group perspective, including human resources, health and finance management supports. At operational level, within the centre there were also clinical and administrative supports to the person in charge including two care managers and a general manager.

The senior management team was kept informed about the performance of the service with key quality indicators and other relevant safety aspects reviewed on a weekly and monthly basis. The inspector found that the centre was appropriately resourced for the effective delivery of care and that there were good governance and management arrangements in place to ensure the service was consistent and appropriate.

There were appropriate staffing numbers in place to meet the needs of the residents.

Residents' complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to.

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

Regulation 14: Persons in charge

The person in charge met the criteria. They demonstrated a good, clear understanding of their role and responsibilities.

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 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.

There were clear systems in place for the oversight and monitoring of care and services provided for residents. The issues found at the last inspection had, on the whole, had been addressed by the provider.

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

Judgment: Compliant

Regulation 30: Volunteers

There was a volunteers policy in place. There were no volunteers working in the centre at the time of inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaints procedure was on display. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process, in line with legislative requirements.

Contact details for advocacy services were also on display in the centre. The residents spoken with had no complaints and the inspector saw there were no open complaints on file.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies outlined in Schedule 5 were all available for review and all those reviewed had been updated within the past three years.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents received a good standard of service. Residents told the inspector that they felt safe living in the home. Some improvements were required in relation to the premises, infection control practices and medication management.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected, including receiving visitors in private. Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff.

There were adequate facilities available to deliver activities to residents. These facilities included a number of large open plan living rooms, an oratory and a large communal hall. Residents were seen having adequate opportunities to participate in meaningful activities throughout the day of inspection.

Some improvements had been made to fire procedures and policies to enhance the safety of residents. The fire drills completed provided assurance that residents could be safely evacuated from the largest fire compartment within a reasonable time frame. The personal emergency evacuation plans (PEEPS) were located at the back of each residents' bedroom door. Fire hazard signage for oxygen cylinders and oxygen concentrators were in place on doors of the rooms in which they were stored. The provider had a fire risk assessment carried out in the centre in April 2023. They were continuing to address the risks reflected in the report, having

addressed all the high risk issues and working their way through to the low risk issues identified. All the work was due for completion by end of quarter three 2024.

The premises was homely and facilitated freedom of movement to outside. Some areas showed signs of wear and tear more than others and these are described under Regulation 17: Premises.

Although infection control practices were overall good, the facilities for hand hygiene required improvement.

Medications were administered to residents in line with the centre's policy. Medication management was as per policy. However, the nurse medication signature administration chart required review to ensure the time of administration was recorded on the administration chart.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were observed meeting visitors in private and in the communal spaces throughout the centre.

Judgment: Compliant

Regulation 17: Premises

Further action was required to ensure the centre was well-maintained internally as required by Schedule 6.

There was wear and tear identified on the wood work throughout each of the four units, for example on bedroom doors and door frames. In addition, some walls in communal areas were heavily scuffed and required repair.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider was required to make improvements to ensure that infection prevention and control procedures were consistent with the *National Standards for*

Infection Prevention and Control in community settings published by HIQA. This was evidenced by;

- Hand hygiene facilities were not in line with best practice and national guidelines in all areas of the centre. Dispensers or individual bottles of alcohol hand gel were not readily available at point of care. Although there was a limited number of dedicated hand wash sinks in the centre these sinks did not meet the required standard for hand wash sinks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire exit doors were clearly sign posted and were free from obstruction. Fire doors were tested on a weekly basis. Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly and annual basis by an external company.

Clear and detailed records of each monthly fire drill practiced with staff were available for review. The records showed that staff had a clear knowledge of how to evacuate residents in the event of a fire. They had practiced evacuating residents from the largest compartment which contained 14 beds. Management had reduced the risk associated with evacuating residents from this compartment in a timely manner by reducing the occupancy of the compartment to 11 residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The following issue was identified in respect of the system for nurse signing and accounting for the medicine administration times, which was not in line with best-evidence.

Nurse medication administration charts reviewed did not reflect the times each medication was administered at. This did not ensure that all medicinal products were administered in line with the directions of the prescriber and in accordance with best practice guidelines.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The rights of residents were upheld. There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were viewed participating in activities as outlined in the activity programme displayed in each unit. Residents with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities.

Residents were registered to vote and their religious needs were met.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Castleross OSV-0000124

Inspection ID: MON-0038603

Date of inspection: 22/05/2024

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: In April 2024 Castleross engaged an external painter to assist with ongoing maintenance and upgrade works, some upgrade works were completed in April and May 2024, including a number of bedrooms and resident’s courtyard area. A phased plan of works is in place to complete all areas that have wear and tear identified on the wood work throughout each of the four units, for example on bedroom doors and door frames. Upgrade works will remain an ongoing process.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: A phased plan of works is in place to replace all current handwash basins to meet the required standard. The first phase will include clinical and sluice rooms. The first phase will be completed by 31/12/2024, the second phase will include the replacement of the existing handwash sinks. All works will be completed by 31/12/2025.</p> <p>All staff have been provided with individual hand gels and toggles. Additional hand gel dispensers will be installed throughout the facility, supplier aware and has agreed to provide additional hand gel dispenser units, to be completed by 30/09/2024.</p>	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Nurse medication administration charts have been reviewed and updated to include the times each medication was administered at. This was completed on the 23/05/2024 immediately following the inspection.</p>	

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	01/07/2024
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.	Substantially Compliant	Yellow	31/12/2025
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with	Substantially Compliant	Yellow	23/05/2024

	the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
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