



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

Issued by the Chief Inspector

Name of designated centre:	Castleturvin House Nursing Home
Name of provider:	Castleturvin Home Limited
Address of centre:	Athenry, Galway
Type of inspection:	Unannounced
Date of inspection:	26 August 2021
Centre ID:	OSV-0000327
Fieldwork ID:	MON-0033847

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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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 26 August 2021	08:55hrs to 17:00hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

From what the inspector observed there was evidence that the residents were supported to enjoy a good quality of life by staff who were very kind and caring. The feedback from the residents who spoke with the inspector was that they were very well cared for by the staff who knew them well. Residents told the inspectors that they were happy with their life in the centre and that they could choose how to spend their days. The staff were observed to deliver care and support to the residents which was person-centred and respectful. There was a very relaxed and welcoming atmosphere throughout the centre. Overall, the centre was well managed but a number of improvements were outstanding from the last inspection in relation to the fire safety.

This unannounced inspection was carried out over one day. There were 35 residents accommodated in the centre on the day of the inspection and seven vacancies.

Castleturvin House Nursing Home was operated by Castleturvin Home Ltd. The centre was a purpose built facility situated in the countryside outside Athenry, County Galway. The facility was a two storey premises and provided accommodation for 42 residents which comprised of single and twin bedrooms. There was access from the ground floor rooms directly into the gardens whilst the rooms on the upper floor had access to balconies from which they had pleasant views of the outdoors. There was a passenger lift between both floors for ease of access. There were a variety of communal areas for residents to use depending on their choice and preference including sitting rooms, a dining room, a library, and a conservatory. Many of the bedrooms and communal areas had beautiful views of the gardens and surrounding countryside. There were also lovely outdoor spaces for residents to access.

The inspector was welcomed to the centre on arrival and guided through the infection prevention and control measures in place. These included temperature check, hand hygiene and face covering before entering the centre.

The inspector completed a walk about of the centre with the person in charge. A number of residents were observed chatting happily with each other and staff in the day room whilst the living room in the dementia unit provided a quieter environment for residents living with responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There were a number of residents who chose to spend time in their own bedrooms watching TV or listening to the radio whilst others were observed enjoying the good weather in the garden areas. All residents were well groomed and nicely dressed.

The inspector met with multiple residents during the inspection and spoke in more detail to nine residents. As there were a number of residents living with dementia in the centre there were some limitations to the conversations between the inspector

and these residents. Those residents who were unable to communicate verbally were observed by the inspector to be content. 'Everything is good', 'great place', 'very happy' and 'lunch second to none' were some of the positive comments made to the inspector. One resident told the inspector that they were happy enough with life in the centre. They loved their room which had direct access to the garden area. They said they loved a cup of tea and had been very pleased with the management who had provided them with a kettle so that they could have a cup at their leisure. Another resident told the inspector that they got whatever they asked for from the staff who they described as fantastic. They were delighted to show the inspector their bedroom which they took great pride in as they had decorated it to suit their personal taste with the help of the staff. They said they were especially grateful to the maintenance staff for all their help. One other resident told the inspector that they were very content, had no complaints and that the staff were just lovely and always 'falling over backwards' to help them. They told the inspector they would not hesitate to tell the staff if they were not happy with their care.

The inspector met with one visitor who informed them that the staff were always courteous and they could not praise them enough. They said that anything their relative requested was provided.

The premises was laid out to meet the needs of the residents and to encourage and aid independence. The entrance of the centre opened on to a reception area which was bright, welcoming and decorated to a high standard. The building was warm and well ventilated. All areas were bright and airy with plenty of natural light throughout. The corridors were wide with grab rails available to assist residents to mobilise independently. The walls were decorated with interesting pictures, artwork and inspiring quotes. Many residents were observed moving freely around the centre interacting with each other and staff. Call bells were available throughout the centre.

The management and staff had made great efforts to provide an environment that was relaxed and homely with tasteful décor. Communal areas were comfortably styled and had a friendly, social atmosphere. The Waldron unit was designed to meet the needs of residents living with dementia. The unit had features such as doors that resembled traditional front doors, artwork, sensory wall hangings and photographs. The living room was a relaxing space with access to the garden which had a very positive impact on residents with responsive behaviours. The inspector observed an unlocked cupboard containing arts and craft materials including paints. This was attended to immediately by the maintenance man and the cupboard was made secure.

The single and twin occupancy bedrooms in the centre had sufficient space for residents to live comfortably including adequate space to store personal belongings. The rooms were nicely decorated with many residents personalising them with pictures and other mementoes. A number of residents told the inspector that they were happy with their bedrooms. However, the inspector observed that the position of the privacy curtains in a number of twin occupancy rooms had an impact on the privacy and dignity of the residents who occupied these rooms. This will be

discussed further under Regulation 17 Premises.

The residents had access to a number of safe, accessible, garden areas which were nicely landscaped and decorated with seasonal plants, garden furniture, bird feeders and statues. The person in charge informed the inspector that a number of residents had helped with the decorating of these areas. There was also a conservatory available for the residents to use. The person in charge informed the inspectors that residents had unrestricted access to all these areas.

Overall, the centre was clean and tidy. Cleaning schedules were in place and equipment was cleaned and labelled with an 'I am clean' sticker after each use. Housekeeping staff who spoke with the inspector were knowledgeable about the cleaning process required in the centre. The inspector observed an open bin bag attached to the house keeping trolley on the day of the inspection and this was removed immediately by housekeeping staff. There was a cleaning room available which contained a janitorial sink and was used to store the housekeeping trolleys. However, the inspector was not assured that this room contained all the requirements. This will be discussed further under Regulation 17.

The laundry facility was a large well-ventilated area which was clean, tidy and organised. The area had a clear one way system to maintain segregation of clean and dirty linen.

Although store rooms were available which housed a variety of equipment and supplies, there were inadequate storage facilities available on the day of the inspection. This will be discussed further under Regulation 17.

There was good signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions. Residents who spoke with the inspectors were aware of the pandemic and the resulting restrictions.

The centre employed two Activity Co-ordinators which ensured that there were scheduled activities for the residents seven days a week. The inspector observed an schedule which offered a range of interesting activities such as board games, interactive music, exercise, reminiscence and aromatherapy. The person in charge informed the inspector that there was also music provided in the courtyard area on a regular basis. Resident surveys commented positively on events such as Ladies Day, a barbeque and a tea party.

On the day of the inspection, the inspector observed staff engaging in kind and positive interactions with the residents. Communal areas were supervised at all times and call bells were observed to be attended to in a timely manner. One staff member was providing a pampering session to a small number of residents. Staff were also seen accompanying residents outdoors in the garden areas. Staff who spoke with inspector were knowledgeable about the residents and their needs. Residents choosing to remain in their bedrooms were checked regularly and many of those who spoke with the inspector confirmed this.

Residents who exhibited responsive behaviours were observed to be assisted and supported competently and sensitively by the staff. The staff were observed to be very knowledgeable about the residents' individual behaviour patterns and residents had timely access to psychiatry of later life. Care plans were in place to guide staff and ensure interventions were effective.

On the day of the inspection the lunchtime period was observed by the inspector. Food was freshly prepared in the centre's own kitchen and served hot in the dining room or wherever the residents chose to take their meals. The inspector saw that the meals served were well presented and there was a good choice of nutritious meals available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. The atmosphere was calm and relaxing and residents were complimentary about the food in the centre. A choice of refreshments was available to the residents throughout the day. Staff members and residents were observed to chat happily together throughout the lunchtime meal and all interactions were respectful.

Residents had unlimited access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. There were arrangements in place to support residents to maintain contact with their loved ones. Visiting was facilitated in line with current guidance (*Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities*).

In summary, this was a good centre with a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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 on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the management team were committed to ongoing quality improvement for the benefit of the residents who lived in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability which were understood by the staff. Overall, there had been sustained compliance with the regulations since the last inspection in September 2020. Whilst significant progress had been made in relation to fire safety, there remained outstanding actions which will be discussed further under Regulation 28 Fire Safety.

This unannounced risk inspection had been triggered in response to unsolicited information received by the Chief Inspector. The information raised concerns regarding the care of residents, poor governance and management and poor infection prevention and control measures. The inspector followed up on the information received and did not find evidence to support the concerns.

The person in charge facilitated the inspection and the registered provider representative attended the feedback meeting at the end of the inspection.

The person in charge demonstrated a clear understanding of their role and responsibility and was a visible presence in the centre. They were supported in the role by an assistant director of nursing and a full complement of staff including nursing and care staff, activities coordinators, housekeeping staff, catering staff, administrative staff and a maintenance team. There were deputising arrangements in place for when the person in charge was absent. The person in charge was also provided with support from the registered provider. There was an on call out-of-hours system in place that provided management advice if required.

On the day of the inspection the centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way. The person in charge and assistant director of nursing provided clinical supervision and support to all the staff.

Staff had the required skills, competencies and experience to fulfil their roles. Staffing and skill mix were appropriate to meet the needs of the residents on the day of the inspection. There was an induction programme in place which all new staff were required to complete. Staff had access to education and training appropriate to their role. The person in charge had introduced an online training system which had been very successful. Staff with whom the inspectors spoke with were knowledgeable regarding fire safety, complaints management, safeguarding the residents from harm, infection prevention and control and manual handling.

Policies and procedures were available which provided staff with guidance about how to deliver safe care to the residents. Inspectors reviewed the policies required by the regulations and found that all policies were reviewed and up-to-date.

A sample of four staff personnel files were reviewed by the inspector and found not to have all the information required under Schedule 2 of the regulations. This will be discussed further under Regulation 21.

Records of staff meetings showed good evidence of consultation with all staff. Minutes of meetings reviewed by the inspector showed that a range of issues were discussed in detail including COVID-19, staff planning, fire safety, staff wellness and resilience. Staff were also provide with feedback from audits and actions required. Zoom meetings were facilitated to enable staff to participate in meetings and thereby reduce the number of people in face to face meetings.

There was good evidence of effective collection of information within the centre through a variety of audits and resident feedback surveys. Inspectors observed that this information was used to ensure a sustainable and continuous quality improvement programme in the centre.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern. Complaints management was reviewed on a monthly basis.

Regulation 15: Staffing

There was an appropriate number and skill mix of staff to meet the needs of residents and having regard to the size and layout of the centre. There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that staff had access to mandatory training and staff had completed all necessary training. The person in charge had oversight of staff training and there was a comprehensive training matrix in place which highlighted when training was next due.

Staff were supervised in their work and received supervision and appraisal in a timely manner.

Judgment: Compliant

Regulation 21: Records

All staff files reviewed contained vetting by An Garda Siochana.

However, two files contained gaps in the employment history available for the staff members and two files contained only one written reference.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of high quality care and support to residents. There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach.

There was a robust quality assurance programme in place that effectively monitored the quality and safety of the service. Feedback from audits and surveys was used to identify areas for improvement and the findings were communicated to the relevant staff so that any changes could be implemented in a timely manner.

However, the inspector found that the actions in relation to fire safety remained outstanding since the last inspection.

There was an annual review prepared for 2020 which was available to residents and staff on the day of the inspection. This document was prepared in consultation with the residents and included a quality improvement plan for the year ahead.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory requirements and the complaints procedure was displayed prominently in the reception area.

There were good records maintained with evidence that all complaints, formal and informal, were investigated in a timely manner and there was evidence that complainants were satisfied with the outcome, and actions were undertaken in the centre to prevent reoccurrence of issues.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by Schedule 5 of the regulations were in place and updated on a three yearly basis in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found the care and support provided to the residents of this centre to be of a very good standard. Care was person-centred, and residents' rights and choices were upheld and their independence was promoted. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. Staff were respectful and courteous with the residents. Residents were observed to be happy and content on the day of the inspection.

Residents were well cared for and their healthcare needs were assessed using validated tools which informed care planning. Each resident had care plan in place which reflected each resident's needs. The inspectors reviewed a sample of resident files and found evidence that residents had a comprehensive assessment of their needs prior to admission to ensure the service could meet the assessed needs of the residents. Care plans were informed and developed by these assessments and were initiated within 48 hours of admission to the centre in line with regulatory requirements.

Residents had access to medical care with the residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals in line with their assessed need.

There were opportunities for residents to consult with management and staff on how the centre was run. The centre had a residents forum which met regularly where a wide a wide range of topics were discussed including COVID 19, visiting and activities. Residents were also provided with opportunities to provide feedback through resident surveys and resident comments and suggestions were acted upon. Results from the most recent survey were seen by the inspector and showed high levels of satisfaction amongst the residents.

Residents had access to an independent advocacy service and advocacy was available at the residents forum.

The inspector found that there were opportunities for residents to participate in

meaningful social engagement, appropriate to their interests and abilities. There were staff available to support residents in their recreation of choice. There was evidence that staff were very familiar with the residents and their preferences.

The provider promoted a restraint-free environment in the centre in line with local and national policy.

Closed circuit television cameras (CCTV) were used in the centre including some of the corridors and communal areas. There was an up to date policy in place to guide staff and appropriate signage was in place. Residents were aware the presence of cameras and were provided with information in the resident information book.

Infection Prevention and Control (IPC) measures were in place in line with centre's IPC policy. The centre had a comprehensive COVID-19 contingency plan in place which included guidance from Health Protection and Surveillance Centre (*Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Long Term Residential Care Facilities*). Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment. Staff and resident temperatures were checked twice a day in line with HPSC guidance. Alcohol based hand gel was readily available in all areas. However, the storage of the gel dispensers was not in line with best practice and will be further discussed under Regulation 17 Premises. The person in charge had identified the need for clinical handwash basins and there was a plan to install these in the future.

Regulation 11: Visits

Visits were facilitated in line with the current guidance. (*Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities*). The inspectors observed visitors in the centre on both days of the inspection. Residents who spoke with the inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

Overall, the design and layout of the centre was suitable for the number and needs

of the residents accommodated there. However, a number of areas required review to ensure regulatory compliance and support appropriate infection prevention and control practice.

- There was a lack of appropriate bins in a number of areas.
- There was a lack of appropriate storage in resident bathrooms, for example, residents' personal items were stored on open shelving in a number of shared ensuite facilities and residents' basins were stored on floors.
- There was a lack of appropriate storage to provide safe access to supplies of personal protective equipment, for example, plastic aprons and open boxes of gloves were stored on window sills, open shelves and handrails along corridors.
- There was only one sluice room for the centre.
- The housekeeping room did not contain lockable safe storage for cleaning chemicals.
- Mop handles were stored in the dining room on the days of the inspection.
- There was a lack of wall mounted fittings to provide safe access to alcohol based hand gel dispensers.
- Maintenance records for the bed pan washer were not available on the day of the inspection.
- The space and layout in a number of twin bedrooms did not ensure that both residents accommodated in these rooms could carry out personal activities in private. Due to the position of the privacy curtain the resident who occupied the bed furthest away from the ensuite facility had to pass through the bed space of the other resident in order to access the bathroom.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the required elements as set out in Regulation 26 (1). An up to date safety statement was also available.

There was a risk register maintained which identified risks in the centre including COVID-19 and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

There was an up to date emergency plan in place.

Judgment: Compliant

Regulation 27: Infection control

The centre was clean and well presented. There was good oversight of Infection Prevention and Control (IPC) practices in the centre with a high emphasis on the prevention of infection in particular COVID-19 virus. COVID-19 and IPC were discussed at staff and resident meetings. As a result, staff were aware of their responsibility to keep residents safe through good infection prevention and control policies. The inspector was assured that the centre was compliant with national guidelines.

The assistant director of nursing was the identified infection control lead for the centre.

The provider had completed a risk assessment for Legionella and this included controls such as weekly flushing schedules.

Judgment: Compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre. All staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Regular fire evacuation drills were undertaken including night time drills. Personal evacuation plans were in place for each resident and updated on a regular basis. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Fire safety management checking procedures were in place.

However, on the day of the inspection there remained outstanding actions from the previous inspection. The inspector also observed two exit stairwells that were covered with a timber roof. The provider had engaged a fire consultant to carry out a fire risk assessment of the centre. The inspector was informed that this was under review and outstanding work would then be completed based on the findings of the assessment. The outstanding work included upgrading fire doors that contained gaps and addressing the open stairwell. The person in charge informed the inspector that no decision was made regarding the exit stairwells.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of resident care plans on the day of the inspection. Each resident had a detailed care plan in place which was developed following a comprehensive assessment of their needs. Residents were assessed prior to admission to the centre to ensure the service could meet their needs. Following admission a range of validated assessment tools were used to develop individual plans. These plans were person centred and contained the required information to guide care delivery to ensure the residents' current needs and preferences were met. Care plans were reviewed and updated every four months or as changes occurred. The daily nursing records were comprehensive and demonstrated good monitoring of the residents needs and their response to any interventions such as falls management, antibiotic therapy and behaviour management.

Judgment: Compliant

Regulation 6: Health care

The inspectors were satisfied that residents received high standards of evidence based nursing care.

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required. Residents also had access to a range of allied healthcare professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, gerontology and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were a number of residents who required the use of bedrails. Resident records contained evidence of multidisciplinary discussions and appropriate risk assessments being carried out prior to use. Alternative options that were considered were documented. A record of all bed rails in use was maintained and risk assessments were reviewed on a regular basis to ensure usage remained

appropriate.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that the provider had taken all reasonable measures to protect residents from abuse. There was an updated policy on the prevention, detection and response to allegations of abuse in the centre. Staff had access to and were provided with training in safeguarding vulnerable adults. Staff were knowledgeable about what constituted abuse and were clear about their responsibility to report any concerns. Residents who spoke with the inspectors said they felt safe in the centre. Garda vetting was in place for all staff employed in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that, overall, the residents' privacy and dignity was respected. Residents told the inspector they were well looked after and that they had a choice about how they spent their day.

The provider ensured there were opportunities for recreation for the residents which took account of their abilities and preferences.

Residents had opportunities to participate in meetings where they were able to share their views of the centre.

The centre had access to an advocacy service and this was publicized throughout the building.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially 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 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not 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	Compliant

Compliance Plan for Castleturvin House Nursing Home OSV-0000327

Inspection ID: MON-0033847

Date of inspection: 26/08/2021

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: An audit of all staff files was carried out post inspection and all required records including 2 references and full employment history are in place in all files.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider is committed to ensuring fire precautions are in line with regulations and have engaged a fire consultant and civil & structural engineer to provide expert guidance and are awaiting approval from the local fire authority as to what actions are warranted.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All resident bedroom and bathroom bins and communal area have lids on them to ensure a safe disposal system. Safe storage areas for PPE have been allocated at prominent areas throughout the building</p>	

Additional hand sanitizer dispensers have been installed outside bedrooms to reduce the number of pump hand sanitizers required
 Lockable storage has been provided for chemicals in the household room
 A locked storage area for mop handles for the dining room has been provided
 Privacy curtains have been refitted to ensure appropriate privacy and dignity to residents in shared rooms. Two closed storage areas have been provided in the shared bathrooms to ensure adequate storage.
 A risk assessment has been carried out in relation to the one sluice room in the centre and control measures are in place to minimize any risks associated with this

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 An application for a regularization fire safety certificate was made in November 2020 to the local authority. As part of that process, a fire risk assessment was carried out on 21st May 2021 by a suitably qualified fire consultant. The risk assessment identifies some structural changes that may be required and can only be undertaken when approval is received from the local authority.

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	30/08/2021
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	28/08/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Substantially Compliant	Yellow	31/10/2021

	effectively monitored.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2021