



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

Issued by the Chief Inspector

Name of designated centre:	Castlemanor Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Castlemanor Retirement Village, Billil, Drumalee, Cavan
Type of inspection:	Unannounced
Date of inspection:	22 November 2023
Centre ID:	OSV-0004913
Fieldwork ID:	MON-0040335

About the designated centre

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

Castlemanor Nursing Home provides 24 hour nursing care to 75 residents, male and female who require long-term and short-term care (convalescence and respite). The centre is a two storied building containing four distinct areas, Lough Inchin, Lough Rann, Lough Oughter and Lough Sheelin. There are 73 single and one twin bedroom all of which have full en suite facilities. The dementia specific unit is located on the ground floor and accommodates 13 residents. The provider states the aim of the centre is for residents to experience a high standard of care that is respectful and dignified and which promotes well being.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	73
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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 November 2023	09:00hrs to 17:00hrs	Lorraine Wall	Lead
Wednesday 22 November 2023	09:00hrs to 17:00hrs	Celine Neary	Support

What residents told us and what inspectors observed

The overall feedback from residents was that the centre was a nice place to live in and that staff were kind and considerate. On the day of the inspection, the inspectors spoke with a number of residents, visitors and staff. The residents were complimentary about the care and support they received from staff in the centre. Residents told inspectors that they were comfortable, that "staff were kind" and that they felt safe living in the centre. However, a number of actions were required to bring the centre into compliance with the regulations, in order to ensure the quality and safety of resident care.

This was an unannounced inspection carried out over one day. Following an introductory meeting with the person in charge and a member of the senior management team, the inspectors completed a walkabout of the centre with the person in charge. This gave the inspectors the opportunity to observe residents day to day life in the centre and the care being provided.

The centre was warm, tastefully decorated and homely. The centre is bright and spacious and there are many comfortable communal areas for residents to enjoy. The centre was clean and well maintained for the most part. The centre is registered to accommodate 75 residents in single and twin en suite bedrooms. The centre is a two storey building which provides long term care and respite care for both male and female residents. The centre is arranged across two floors into four units. Lough Oughter and Lough Sheelin are located on the ground floor and Lough Rinn and Lough Inchin are located on the first floor. There is a stairwell and a lift to provide access between both floors. The Lough Oughter unit is a secure dementia specific unit which is restricted by keypad access. This unit contains a snoozelen sensory room with a range of sensory equipment to enable residents to receive appropriate levels of stimulation in line with their assessed needs. The walls of the corridors are decorated with murals of shop fronts in order to stimulate memory and promote interactions and conversations which would enhance the lives of residents with dementia. There were 12 residents living in Lough Oughter unit on the day of the inspection. Many bedrooms had been furnished and decorated with residents own personal memorabilia and were warm and homely.

During the morning of the inspection, there was one member of staff providing activities to 73 residents across two floors. A second activity coordinator provided a music session in the afternoon in the communal room on the first floor. While the large majority of residents living in the centre took part in this afternoon activity, the inspectors observed that there were limited opportunities available to the residents on the ground floor of the centre to take part in meaningful activities, particularly residents in the Lough Oughter unit. Similarly, inspectors were not assured that residents who spent time in their bedrooms were given the opportunity to participate in meaningful activities.

The inspectors observed a number of staff and resident interactions during the inspection. For the most part, residents were seen to be relaxed and comfortable in the company of staff. Staff were observed assisting residents with their care needs and overall staff provided this support in a gentle manner. However, while the inspectors were walking through the centre they witnessed an incident where a resident became distressed and displayed high levels of responsive behaviours. Inspectors observed that the manner in which staff interacted with the resident did not alleviate the resident's anxiety or agitation. The inspectors observed that this interaction appeared to further heighten the resident's agitation.

Inspectors observed that there were insufficient numbers of staff on the Lough Oughter unit on the day of the inspection to provide care which met the needs of the residents living in this unit. For example, there were a number of residents on this unit who required high levels of supervision due to being assessed as being at high risk of falls. Inspectors observed that staff were unable to provide the necessary level of supervision during busy times or during staff breaks or change of shifts. This meant that residents in this unit were restricted to using the communal day room as there were not enough staff available to supervise the residents if they left this area to mobilise around the unit.

The inspectors observed that one resident who was assessed as being at high risk of falls and who wished to wander purposefully around the unit was being restricted from doing so due to there only being one member of staff on the unit. This resident was redirected back towards the communal day room and was not offered any form of meaningful activity to encourage them to stay in the room. Inspectors observed a member of staff standing in the doorway of the communal room in order to deter the residents from leaving.

Additionally, inspectors observed that there was one nurse on the day shift covering the Lough Oughter and the Lough Sheelin unit. This meant that there was a lack of supervision on both units. Additionally, some call bells throughout the centre were not answered promptly.

The centre was clean and inspectors observed good infection prevention practices by staff. There were ample supply of wall mounted hand sanitizers and hand wash basins throughout the home. Staff were knowledgeable in relation to the cleaning procedures in the home and also in the event of an outbreak of infection. There was sufficient space in the en suite bedrooms provided, however; storage for toiletries was limited and a number of residents items were stored on their bathroom windowsills. Many bedrooms had been furnished and decorated with residents own personal memorabilia and were warm and homely.

Inspectors observed that some residents attended the dining room for mealtimes and appeared to enjoy the social interaction. Other residents had requested to have their meals in their rooms and this was accommodated. There was easy access to refreshments and residents were offered soup, tea, coffee and water throughout the day. The inspectors observed that catering staff were friendly and approachable and took into account the residents likes and dislikes. During lunchtime, food was served from a carvery in the dining room, it appeared appetizing and the residents could

view the food on display with a choice of three meal options. Residents told the inspectors that " the food is good" and were observed enjoying lunch in the dining room. However, the inspectors observed that the menus on display were for the previous day.

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

Capacity and capability

This inspection found that significant focus was now required by the provider to ensure that the management and oversight systems in place in the centre were effective in bringing the designated centre into compliance with the Health Act 2007 (Care and Welfare of resident in Designated centers for Older People) Regulations 2013 and to ensure that residents received a safe and appropriate service.

Costern Unlimited Company is the registered provider of Castlemanor Nursing Home. The company has three directors. The person in charge is supported by a clinical operations manager and an assistant director of nursing who deputises for the person in charge when necessary. A team of nursing staff, including clinical nurse managers, health care assistants, activity co-ordinators, household, catering and maintenance staff make up the full complement of the staff team.

This inspection found that the provider had not ensured there were sufficient staff on duty with the appropriate skills to meet the needs of all residents, particularly in relation to healthcare staff on the Lough Oughter Unit and the provision of one nurse who was required to supervise the Lough Oughter and Lough Sheelin units. This is discussed under Regulation 15: Staffing.

The person in charge was well known to the residents and was involved in the daily running of the centre. They were knowledgeable of their regulatory responsibilities and committed to providing good care to the residents.

While there were management systems in place to oversee the service and the quality of care provided, these systems were not sufficiently robust in order to ensure that all deficits in the service were identified and addressed. A review of audits found that they were not effective in identifying key issues found on inspection.

Inspectors observed that some staff were not implementing appropriate supervision of residents in line with their care plans. This had not been identified by senior management through the staff supervision processes.

Additionally, records and observations on inspection reflected that there were a number of training deficits within the centre including the management of responsive behaviours and safeguarding of vulnerable adults.

A review of staff files found that they contained all the information required under the regulations which included a current Garda vetting disclosure, proof of identity and previous work history.

Complaints were managed effectively within the centre and met the requirements of Regulation 34.

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

Regulation 15: Staffing

A review of the rosters and observations carried out during the inspection confirmed that there was an insufficient number of staff with appropriate skills to meet the needs of all residents. This was evidenced by:

- There was one nurse responsible for the care of residents on the ground floor on the day of the inspection, with responsibility for supervising clinical care provided and dispensing medications for both units which are located on opposite sides of the building. This meant that the nurse could not observe or supervise either unit appropriately.
- There were not enough staff on duty to ensure that all residents received care and support in line with their care plans. For example, the inspectors observed that one resident with known responsive behaviours did not receive supervision and support from staff in line with the supervision needs as detailed in their care plan. This was a repeated finding from the last inspection.
- The deployment of staff required review. Inspectors observed that at one point on the dementia specific care unit there was only 1 staff member providing care to residents. This staff member was responsible for the provision of care for high dependency residents, supervision of the communal room, supervision of two residents who are at high risk of falls, and 15 minute checks of one resident. This resulted in an overly restrictive practice being used in order to ensure that all residents remained in the communal day room.
- There was one activity coordinator on duty on the day of the inspection which was not sufficient to ensure that all 73 residents accommodated in the centre over 2 floors and that they had access to meaningful occupation in line with their preferences and capacity to participate.

There was an insufficient number of staff available to facilitate residents in the sensory room of the dementia specific care unit and scheduled activities were not provided for residents on this unit.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspectors reviewed the records of staff training held in the centre and found that eight staff had not completed training in the safeguarding of vulnerable adults. Five of these staff had last completed their training in 2020.

While all staff had completed their fire safety training, one member of staff was unaware of the procedure in the event of a fire in the centre.

A review of staff practices and training records identified the need for staff training in dementia care and the management of responsive behaviours in order to bring about improved outcomes for residents as discussed under Regulation 7 and Regulation 9.

Staff were not appropriately supervised to carry out their duties to protect and promote the care and welfare of all residents. This was evidenced by:

- The CNM on the day of inspection was providing direct care to residents in the unit upstairs which meant there was less time available to them to be involved in the supervision of staff.
- There was inadequate supervision of care in the two units downstairs which meant that some behavioural support and safeguarding care plans were not being implemented, which posed a risk to residents' health and well-being. Inspectors found this was in part due to lack of appropriate knowledge in providing dementia care and in how to appropriately care for residents displaying responsive behaviours. This had not been identified and addressed by senior staff.
- The use of overly restrictive practice as a falls prevention strategy infringed upon the rights of a resident in the Lough Oughter unit and had not been identified and addressed by senior staff.

Judgment: Not compliant

Regulation 23: Governance and management

The management and oversight systems in place to ensure compliance with the Health Act 2007 (Care and Welfare of resident in Designated centers for Older People) Regulations 2013 required improvements in the following areas:

- The registered provider of the designated centre did not allocate sufficient staff resources to ensure the effective delivery of care. For example, there was one activity co-ordinator on duty for 73 residents residing over two floors.
- There was one nurse allocated to two units downstairs with a number of high dependency residents. These units were left unattended by a member of nursing staff during medication rounds. Each of these units are at opposite sides of the building on the ground floor and this impacted on the nurses ability to oversee and supervise care provided to residents.
- The processes in place to oversee staff training were not robust and did not ensure that when staff were due training updates that this was identified promptly so that staff could be scheduled for upcoming training sessions and where staff did not attend required training that this was followed up and addressed by the provider.
- Although an induction checklist was in place for new staff, there was lack of oversight to ensure that the induction training had been completed and that new staff had the required knowledge to commence in their roles following their induction.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The registered provider had prepared and regularly reviewed the centres written policies and procedures in line with the regulations. They were readily available to staff.

Judgment: Compliant

Regulation 34: Complaints procedure

An effective complaints procedure was in place and it was displayed in a prominent place within the centre for residents and families to see. There was a nominated person to record and investigate complaints and there was information available to support residents access to independent advocacy services if required. There was a nominated review officer in place and staff had attended complaints management training.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the required notifications and quarterly written reports were submitted to the Chief Inspector.

Judgment: Compliant

Quality and safety

The findings of this inspection was that the provider was failing to ensure that the rights of all residents were upheld, that residents' supervision needs were met and that responsive behaviours were appropriately managed.

Care plans were detailed for the most part and guided care interventions for nursing and care staff. However, inspectors observed that some residents care plans were not being implemented. For example, a safeguarding care plan with specific care interventions in place were not being implemented by staff on the day of the inspection. Furthermore, two residents that were assessed with having responsive behaviours did not include the care interventions required to guide staff in supporting these residents. In addition, inspectors observed a resident who exhibited responsive behaviour not receiving the appropriate intervention to reduce their distress.

Residents' health care needs were met through regular assessment and review by their general practitioner (GP). The inspectors reviewed a sample of residents' records and found that residents received timely and unrestricted access to their GP. Residents were also referred to health and social care professionals such as dietician services, occupational therapy, physiotherapy and speech and language therapy as needed. Where changes to treatment were recommended following a review by the GP or health and social care professional, these changes were appropriately updated within the resident's care plan.

Measures were in place to safeguard residents from abuse, however further actions to ensure that safeguarding care plans were fully implemented and that residents were kept safe. This is a repeated finding from the last inspection and is discussed further under Regulation 8.

Residents were observed meeting with their visitors and there were no restrictions on visiting in the centre. Residents had access to religious services and were

supported to practice their religious faiths in the centre. Residents had access to television, radio, internet and newspapers.

Inspectors were not assured that all residents were offered opportunities to participate in activities in line with their interests. In particular, the inspectors found that residents in the Lough Oughter unit did not have their social activity needs met, in line with their assessed needs. Residents in this unit spent most of their day in the communal room listening to music on the television. There was very little meaningful interaction and inspectors observed that staff were overly reliant on the use of television in an effort to provide activities for these residents. Furthermore, in other units, interaction with residents who spent a lot of time in their bedrooms was predominantly focused on care tasks and interventions and there was little to no meaningful interaction with these residents.

While there was an activity schedule in place for the centre, this was only displayed on the first floor of the centre and was not visible to all residents. While an activities board was available in the Lough Sheelin unit, this board was blank and did not contain any information about the activities taking place for the week. The activities schedule in the Lough Oughter unit did not correspond with activities taking place on the day.

Inspectors found that the current care practices did not ensure that staff provided appropriate support and care for residents who may display responsive behaviours. For example, during the inspection, the inspectors observed that one resident who exhibited responsive behaviours did not receive appropriate intervention in order to deescalate the residents' agitation. Additionally, inspectors observed a restrictive practice being used as a falls prevention strategy due to the lack of sufficient staff available to provide supervision on the Lough Oughter unit. This is discussed in detail under Regulation 9: Residents Rights.

Inspectors observed residents enjoying lunch and socialising with the other residents in the dining room at lunchtime. Although the menus on display on the day of the inspection were from the previous day, residents had appropriate choice of meals. Residents were observed being assisted by staff in a kind and respectful manner.

The centre had effective infection prevention and control measures in place and cleaning staff were knowledgeable on the cleaning methods required in the event of an outbreak. The centre was exceptionally clean and without any odour. Cleaning schedules were completed and kept up to date.

Although the premises was clean and comfortable for the most part and the provider had made some improvements to the centre following the last inspection, further improvements were required to bring the centre into compliance with Regulation 17. For example, some areas of the centre required repainting and residents' bathroom storage required review.

Regulation 12: Personal possessions

Residents did not have adequate storage units in their en-suite bathrooms to store possessions tidily and the inspectors observed personal toiletries being stored on window sills in several en-suites through out the building.

Judgment: Substantially compliant

Regulation 17: Premises

A review was required in the following areas to ensure that the premises was in line with Schedule 6 of the regulations:

- There were holes in wall surfaces of one store room which were in need of repair in order to ensure fire stopping.
- The wall surfaces in some areas of the centre required repainting.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were offered three choices at lunchtime and had adequate quantities of food and drink which was wholesome and nutritious. The food served to residents met their dietary needs and was in line with their nutritional assessments. There was an adequate number of staff available to assist residents at the mealtime observed on the day.

Judgment: Compliant

Regulation 27: Infection control

The centre was observed to be very clean and infection prevention and control standards met the requirements of Regulation 27.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents care plans were reviewed and updated in a timely manner. However, inspectors observed two residents who were a high falls risk on the day of the inspection and this was not identified in their care plan.

One care plan indicated that 15 minute safety observation checks of one resident be carried out and this was not being completed in line with their safeguarding care plan.

One resident identified on assessment as requiring supervision while mobilising with their walking aid was observed walking alone in the hallway and when the inspectors questioned this with staff they were unaware that the resident was mobilising independently.

A resident that displayed responsive behaviours did not have detailed care interventions documented in their care plan to guide person centred care. This was a repeat finding from the previous inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were in receipt of a high level of medical care in the centre. Regular reviews by general practitioners (GP's), and other health and social care professionals, in conjunction with direct evidence-based nursing care, promoted best outcomes for residents.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that measures were in place to safeguard residents from abuse. However, a review of care plans found that the provider had not ensured that the measures put in place as part of one residents safeguarding care plan were being fully and consistently implemented. The residents plan of care detailed that the resident needed frequent staff supervision to mitigate the risks associated with their responsive behaviours. However, on the day of the inspection those interventions were not being implemented.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider had not ensured that all residents were provided with opportunities to participate in meaningful activities and opportunities for recreation and entertainment in line with their interests, abilities and capacities. This was evidenced by;

- Residents who spent their day in their bedrooms were observed to have little to no interaction with staff aside from task oriented care. The records of attendance by these residents was not made available to inspectors on the day.
- While there was an activity coordinator on duty on the day of the inspection, they were based on the first floor of the centre and were not observed to assist residents on the ground floor. Although some residents accommodated on the ground floor were facilitated to attend a music session upstairs in the afternoon, inspectors observed that, for the most part of the day, residents accommodated on the two downstairs units spent long periods of time without meaningful activities or social interactions. The records of attendance by residents to activities was not made available to the inspectors when requested on the day. This is a repeat finding from the previous inspection.
- Although there was an activity schedule on display in the Lough Oughter Unit, this schedule was not adhered to on the day of the inspection.

The provider had not ensured that residents on the Lough Oughter Unit could carry out personal activities in private. This was evidenced by:

- Inspectors were not assured that residents on the Lough Oughter unit had their right to privacy assured due to a concern regarding a resident with responsive behaviours entering other residents bedrooms uninvited. This is a repeat finding from the previous inspection.

Residents were not supported to exercise choice in their daily routines. This was evidenced by:

- The two exit doors to the courtyard on the Lough Oughter unit were locked on the day of the inspection which meant that residents could not use this area if they so wished. This was a repeat finding from the previous inspection.

Judgment: Not 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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Castlemanor Nursing Home OSV-0004913

Inspection ID: MON-0040335

Date of inspection: 23/11/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.</p> <ul style="list-style-type: none"> • The nurse on the ground floor manages the care of twenty-nine residents in their own home supported by six healthcare assistants. During the medication administration round the nurse observes all residents for any clinical issues that may require further intervention. Healthcare assistants are trained to report any issues or concerns to the nurse. It is to planned to operate the two units of the ground floor as one unit with the above staffing levels during the day. The person in charge has completed a risk assessment prior to implementing the plan to operate the two units as one. The opening up of the ground floor will take place on a phased basis due to be completed 31-3-24. • The care plan of the resident identified by the inspectors was reviewed, risk assessed and updated. A new care plan was implemented by the person in charge identifying current problems and realistic goals that promote positive risk taking, residents rights and independence. Castlemanor nursing home audits care plans monthly and the person in charge has conducted a full review of responsive behavior care plans at the facility. • It was noted on the day of the inspection staff breaks were not staggered and organized to ensure optimum supervision of the residents on Lough Oughter Uint. The person in charge addressed this issue through meetings with staff and management and a full review of staff allocation of breaktimes. An allocation of staff breaks is outlined at the beginning of each shift. • The person in charge has implemented an external training program with all staff to ensure engagement with residents is meaningful, monitored and documented. The recording of activities is under review with our database company to assist with the documentation of activities. • A full review was undertaken by the person in charge of the schedule of activities that 	

is in place for residents at Castlemanor Nursing Home. Residents with dementia dependent on presentation are not always able to engage in group activities. There is a focus to ensure all staff capture one to one activities.

- The person in charge has reviewed the activities program with the residents and has completed an audit on 28-2-24 of the new program of activities with the residents at the Centre.

Regulation 16: Training and staff development	Not Compliant
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Outline how you are going to come into compliance with Regulation 16: Training and staff development:

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.

- All staff are trained in fire procedures. The centre carries out simulated fire drills and evacuations on a monthly basis and reports findings and actions any issues from these simulations. Trinitycare engages with a competent fire engineer to ensure fire safety training is delivered to staff by an expert. The person identified as not being familiar with fire procedures was in her early stages of probation at the time of the inspection and has ceased employment since the inspection.
- The person in charge will ensure a toolbox talk will be given to all new staff in relation to dementia and responsive behaviours on commencement of employment whilst awaiting the external face to face training course.
- The role of the CNM would involve active participation in the day to day operations at the center which includes direct care and supervision.
- Staff are supervised at Castlemanor nursing home. There are 3 registered nurses on day and 3 registered nurses on by night. Healthcare assistants have a background in nursing or are fetac trained. The person in charge and the assistant Director of Nursing are in full time supernumerary positions to supervise staff.
- A review of the groundfloor units of Castlemanor has taken place. The person in charge has opened up the two small units into one unit on the ground floor to facilitate staff supervision and ensure the residents have full access with the least restriction throughout the centre. The person in charge has completed a full review of the care plans in relation to safeguarding and falls. The person in charge will educate staff in promoting a positive risk taking approach to care to ensure the rights of the residents are not infringed upon by overly restrictive measures in their home.
- All residents at Castlemanor are assessed for risk of falls and have a mobility care plan in place. There is a robust evidence based programme of falls prevention at the centre.

All falls care plans were reviewed by the person in charge to ensure overly restrictive measures or language is not used in the care plan for each resident. The person in charge will complete further training and education staff on positive risk taking in relation to falls with all staff to ensure overly restrictive practices are not used with residents to be completed by 31-3-24.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.

- The registered provider has staff allocated in accordance with the residents care needs and in line with the statement of purpose and function. A review of the downstairs units of Castlemanor was undertaken. The person in charge has risk assessed opening the two small units into one unit on the ground floor to facilitate staff supervision, skill mix and ensure the residents have full access with the least restriction throughout the ground floor.
- There was a total of 72 falls in the year 2023. All residents at Castlemanor are assessed for risk of falls and have a care plan in place. There is a robust evidence based programme of falls prevention at the centre. Falling leaves are on all residents room doors and the falls safety stick is in place as part of the quality improvement programme which was noted by the inspector on the day of the inspection. The nursing home is part of the integrated hub with the acute hospitals and have had specialist training in 2023 on falls management. Each resident who sustains a fall has a full report which includes an individual action plan to reduce risk of falls. Each resident that falls is reviewed by the doctor and has a post falls assessment completed. The person in charge complete audits at an organization level every month and trends and actions where required to ensure risks are managed in so far as reasonably practicable. The person in charge reports weekly to senior management daily on falls and incidents and completes reports weekly on governing key performance indicators for the centre. The senior management team are onsite at the nursing home on a fortnightly basis and review practices and falls within the centre. The person in charge completes a full centre review quarterly audit which identifies any areas that require addressing and action plans implemented. Castlemanor Nursing home has demonstrated in their audits a significant reduction in the rate of falls over the past three years of over 20% to 72 in 2023. The person in charge will educate staff on positive risk taking in relation to falls with all staff to ensure overly restrictive practices are not used with residents.
- The training matrix did note when staff were due training. The old matrix was in the process of been transferred during the time of the inspection. This matrix was developed

by the human resources department for the Trinitycare group and is now fully operational and complete.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

The Person in charge has implemented storage baskets for toiletries for residents to store their toiletries within their cupboards.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- Holes were filled in the storeroom.
- Castlemanor has completed paintworks since the inspection. A maintenance programme and paintworks are scheduled on areas identified as requiring updates.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

- All residents have a fall risk assessment and care plan. All care plans are reviewed regularly and audited by the person in charge. The person in charge has completed a whole service review of falls care plans.
- The care plan and the needs of the individual resident requiring supervision checks was reviewed by the person in charge and the care plan was updated to reflect the current needs of the resident .
- The person in charge has reviewed all falls care plans to ensure appropriate interventions are documented for each resident to ensure the falls prevention programme and positive risk taking are managed to ensure the residents needs are managed in so far as reasonably practicable.
- The person in charge has completed a full review of care plans of the residents who

present with responsive behaviours to ensure appropriate interventions are implemented and guide staff effectively.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.

- All staff are trained in safeguarding and are garda vetted. All allegations, suspicions and confirmed cases of abuse are notified to the chief inspector as per the regulation requirements.
- The resident did not present with a risk to others. There were no safeguarding concerns raised by residents, families or staff in relation to this resident. The resident has lived at the Centre for over a decade and a care plan update was updated to reflect the current needs of the resident.
- The care plan and the needs of the individual resident requiring supervision checks was reviewed by the person in charge and the care plan was updated to reflect the current needs of the resident.

Regulation 9: Residents' rights

Not Compliant

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

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.

The provider has ensured all staff are trained on meaningful engagement and meaningful activities with residents. The person in charge ensures staff are trained in documenting meaningful activities and how to capture one to one activities. The person in charge has undertaken a full review of the activities program at Castle manor. The person in charge will continue to seek feedback from the residents through audit. A full audit was completed on 28-2-24 of the new program of activities at the Centre.

- The provider has conducted a review with the database company to provide improvements on how activities are captured.
- The person will ensure there is a weekly schedule of activities available on all units for

residents to review.

- Each resident has a lock to their room door and bathroom door to carry out activities in private. Residents do enter each others spaces on occasion as they would do in their own home. Residents have the ability to lock their room to avoid unwanted visits.
- The keypad was risk assessed to be required at night to protect the residents from going outside unsupervised from Lough Oughter at night. The person in charge will advise all residents of the keycode for this door to avoid any over restrictive measures been implemented at the centre.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/03/2024
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/03/2024

Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/02/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	28/02/2024
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	28/04/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	28/02/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	16/02/2024
Regulation 5(1)	The registered provider shall, in so far as is	Substantially Compliant	Orange	31/03/2024

	reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	16/02/2024
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Not Compliant	Orange	16/02/2024
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	16/02/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	16/02/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with	Not Compliant	Orange	16/02/2024

	the rights of other residents.			
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