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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Castleturvin House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Castleturvin Home Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Athenry, Galway</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>15 September 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000327</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0030023</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Number of residents on the date of inspection:</th>
<th>34</th>
</tr>
</thead>
</table>
How we inspect

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

As part of our inspection, where possible, we:

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

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

1. **Capacity and capability of the service:**

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

2. **Quality and safety of the service:**

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

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 15 September 2020</td>
<td>10:00hrs to 18:00hrs</td>
<td>Catherine Sweeney</td>
<td>Lead</td>
</tr>
<tr>
<td>Tuesday 15 September 2020</td>
<td>10:00hrs to 18:00hrs</td>
<td>Leanne Crowe</td>
<td>Support</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

This inspection took place during the period when COVID-19 pandemic restrictions were in place. Residents spoken with on the day of inspection stated that they felt safe in the centre and were well looked after. Residents stated that they did not feel restricted by the interventions that had been put in place to protect them from COVID-19. Family visits continued to be facilitated in line with the Health Protection Surveillance Centre (HPSC) Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities.

Inspectors observed staff interaction with residents to be kind and respectful. Residents were facilitated with activities in a person-centred and individual manner. Staff spoken with demonstrated a knowledge of each resident’s preference in relation to social engagement and how they liked to spend their day.

Residents told inspectors that they enjoyed meal times in the centre and reported that the food offered was of a good quality. Residents were offered a choice at mealtimes. Inspectors observed residents enjoying meals in the dining room and in their bedrooms, if desired.

Residents were observed mobilising independently around the centre, with some residents spending time outside in the internal courtyard. There were multiple communal areas around the centre for residents to spend time alone or with other residents.

The residents' bedrooms were observed to be decorated in a person-centred and individual way. Many residents had personal items such as furniture and family photos decorating their bedrooms.

The centre has a dementia specific unit with access to an internal courtyard. Residents with complex care needs were observed to receive high quality social care and support.

Capacity and capability

This was an unannounced inspection by the Office of the Chief Inspector to follow up on actions from a previous inspection in January 2020. The inspectors also followed up on information received by the Chief Inspector. This information was found to be unsubstantiated.

Significant improvement was found in all of the regulations reviewed by the
inspectors on the day of inspection. Improved governance, supervision and communication was evidenced through a review of governance systems, documentation, observation and speaking with staff and residents.

There was a clearly defined management structure in the centre. Since the last inspection, an assistant director of nursing had been recruited and had commenced their post. This change to the management structure had strengthened the supervision and support for all staff. The centre had recently introduced a social model of care, which was supported by the recruitment of a second activity coordinator and three social care practitioners. Two nurses have also been recently recruited to support the team. There was a nurse on duty in the centre at all times. The revised staffing model was welcomed by both residents and staff. Staff reported that while working during the COVID-19 pandemic was challenging, the new staffing structure made them feel supported in their roles. Resident told inspectors that staff were readily available to spend time with them and assist them, when needed.

An up-to-date training record for all staff was available for review. All mandatory training including safeguarding, manual handling, fire safety and infection control had been completed by all staff. There was a schedule of training in place and staff were facilitated to attend in person or on-line.

The provider had put a new suite of management systems in place since the last inspection. A new electronic system was in place to facilitate the management of audits, risk, training records and complaints. The system was appropriate to ensure that the service provided was safe, appropriate, consistent and effectively monitored. Inspectors reviewed a number of clinical and environmental audits, each of which had an associated action plan and had been discussed at subsequent staff meetings.

Regular staff meetings were scheduled. All staff were facilitated to attend in person or by teleconferencing. The agenda of these meetings were appropriate to the needs of the residents and reflected the issues highlighted by the monitoring systems in place such as audits, complaint reviews and incidents and accidents logs. Issues raised at the resident forum meeting were also discussed. Well documented meetings with nurses, catering staff and the management team were also reviewed.

Significant improvement was found in the management of complaints in the centre. A new electronic system of complaints management was in use. The documentation of complaints was resident-centred and outcomes were used to develop residents' care plans and improve their quality of life. Complaint documentation was detailed and contained all the information required under regulation 34.

**Regulation 15: Staffing**

The registered provider had adequate staffing in place to meet the needs of the residents and for the size and layout of the centre. The provider had completed a review of staffing requirements in the centre based on the number of residents,
their dependency level and the size and layout of the centre. An on-going recruitment drive is in place to ensure staffing levels remain appropriate.

A review of the rosters found that the skill-mix of staff was appropriate for the needs of the residents. The introduction of the social care model facilitated the social, psychological and physical needs of the residents being met in a person-centred and evidence based manner.

All actions from the previous inspection have been completed.

**Judgment:** Compliant

### Regulation 16: Training and staff development

All nursing staff had completed training in cardio-pulmonary resuscitation (CPR) and all staff had received updated first aid training. This was a completed action from the last inspection.

All staff had received training in infection control, hand hygiene and training in the use of personal protective equipment (PPE). Staff demonstrated a good awareness of infection control procedures in relation to COVID-19 and confirmed that training and regular updates had been communicated to them from the management team in relation to COVID-19 guidance and updates.

**Judgment:** Compliant

### Regulation 21: Records

A review of the staff files found that files contained all the information required under Schedule 2 of the regulations. This action from the last inspection had been fully addressed.

**Judgment:** Compliant

### Regulation 23: Governance and management

The organisation structure of the centre had changed since the last inspection. The recruitment of an assistant director of nursing to support the person in charge has had a positive impact on the staff in the centre. Significant improvements were noted to;
- staffing resources
- staff training, supervision and communication
- record keeping including staff files
- complaints management
- risk management
- auditing systems

Judgment: Compliant

**Regulation 34: Complaints procedure**

All complaints were managed in line with the requirements under regulation 34. All actions from the previous inspection have been completed.

Judgment: Compliant

**Quality and safety**

Overall, inspectors found that the centre was providing a high standard of care and quality of life for residents. Improvements were found in the management of risk and in the provision of social engagement and activities for residents. While improvement and progress was noted in relation to fire precautions, further action was required to ensure compliance with regulation 28.

The person in charge ensured that all operational risks were documented in the centres risk register. Risks identified in the risk register where further discussed at management and staff meetings and actions taken to address the risk were appropriate. Risks documented included staffing, fire safety and infection control.

The centre had an infection control policy in place that had been updated to include precautions in relation to COVID-19. A robust contingency plan was also in place to facilitate the prevention, identification, control and management of the risk of COVID-19. All staff spoken with demonstrated a good awareness of the protocols and confirmed that regular infection control training, hand hygiene, PPE and COVID-19 management training had been completed and was on-going.

The provider had taken immediate action in relation to fire precautions following the inspection in January 2020. A full fire risk assessment had been completed by a suitably qualified person. While some of the actions from this assessment have been completed, some further actions had been delayed due to a requirement to submit the plans to the local fire authority and the delays caused by the COVID-19 restrictions. The outstanding actions have been risk assessed and the provider gave
a commitment to forward a revised schedule of work with time lines appropriate to the associated risk assessment. The provider was also requested to submit an action plan to address any risk to residents during this period of delay.

Significant improvement was noted to the provision of activities and opportunity for social engagement for the residents. The introduction of the social care model, the recruitment of a second activity coordinator and three social care practitioners was found to have enhanced the quality of life of the residents in the centre. Inspectors observed staff spending time with residents. Staff had been allocated to the day rooms to provide supervision and support to residents. Staff reported having more time to spend with residents and that this improved the person-centred culture throughout the centre.

Regulation 11: Visits

The centre was facilitating visitors in line with the HPSC guidelines. A private area had been made available so that residents and their friends and families could spend time together in a safe manner. Residents spoken with stated that they enjoyed their visits.

Judgment: Compliant

Regulation 26: Risk management

The centre had introduced a new system of risk management. A review of the risk register found that appropriate risks had been identified and controls had been put in place to mitigate against the hazards identified.

The centre had systems in place to manage the risks associated with restrictive proactive. The centre had limited use of bed rails. All residents using bed rails had been appropriately assessed.

Judgment: Compliant

Regulation 27: Infection control

The centre was clean and clutter-free on the day of inspection. A designated isolation area was identified and used appropriately and in line with national guidelines. PPE was freely available throughout the centre. Staff were observed to be using PPE appropriately. Contingency plans were discussed at management, staff
and residents meetings.

Judgment: Compliant

**Regulation 28: Fire precautions**

Significant progress had been made to address the non-compliances from the last inspection, including

- the completion of a risk assessment of the centre, including all fire doors, by a suitably qualified person.
- additional emergency lighting had been installed
- the conservatory area had been connected to the fire safety system in the centre
- gas installation certification had been completed
- emergency signage had been upgraded

There were a number of outstanding issues identified in the fire risk assessment relating to structural fire safety issues in the centre. The provider had engaged with an engineer to design a plan to address these issues. This plan had been sent to the local fire authority for approval. The provider has given assurance that all fire safety works will be completed in line with building and regulatory requirements.

The provider was asked to submit a revised action plan, a time specific schedule of works and a risk assessment in relation to the safety of residents in the centre following the inspection.

Judgment: Not compliant

**Regulation 9: Residents' rights**

Residents rights were observed to be upheld. Inspectors found that residents could exercise choice about how they spent their day. Residents had access to telephone and video calls to contact their families.

A review of residents' meeting notes found that residents were consulted in relation to the visiting restrictions in place due to the COVID-19 pandemic, contingency plans in place including isolation, activities, food, facilities and the use of closed circuit television (CCTV) in the communal areas. Meeting notes had been reviewed by the person in charge and an action plan was in place to address resident's issues. Residents were observed to be actively engaged in group and individual activities throughout the day of inspection.

A survey regarding the service's response to the COVID-19 pandemic had recently
been completed with residents, their relatives and the centre's staff. The survey included topics such as staffing, care, communication and transparency. The responses were largely positive, with respondents stating that they were "communicated with and reassured" during the pandemic. Another felt that "it was very well handled", with "appropriate precautions, good communication, clear and careful planning" in place.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents’ rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
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. Specific to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time** 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The provider has engaged a fire consultant, structural/civil engineer, a mechanical and ventilation contractor and a building contractor to complete through stages of assessing, planning, designing and completing works required in consultation with the local fire department. A time specific schedule has been submitted and a risk assessment conducted in which an additional staff member who is a trained fire warden is rostered for night duty to minimize the risk associated with delay to works.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 28(2)(i)</td>
<td>The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>20/04/2021</td>
</tr>
</tbody>
</table>