

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Castlemanor Nursing Home
Centre ID:	OSV-0004913
Centre address:	Billis, Drumalee, Cavan.
Telephone number:	049 432 7100
Email address:	info@castlemanor.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Gingerside Limited
Provider Nominee:	Francis Whelan
Lead inspector:	PJ Wynne
Support inspector(s):	Damien Woods;
Type of inspection	Announced
Number of residents on the date of inspection:	68
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 March 2015 09:45 To: 03 March 2015 16:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 04: Suitable Person in Charge
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 14: End of Life Care
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to register the designated centre by a new provider entity.

The inspector met with the provider nominee, person in charge and staff members. A number of questionnaires from residents and relatives were received prior to the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

The centre can accommodate a maximum of 71 residents who need long-term care, convalescent/respite, or have palliative care needs. The Statement of Purpose outlined the management organisational structure and the role of the provider nominee. The lines of authority and accountability were defined to ensure the effective governance of the service. The incoming provider nominee demonstrated a good knowledge of his role as a care provider and understanding of his legal responsibilities in terms of the Regulations. There is no change to the person in charge or key senior manager notified to the Authority.

The inspector found that residents were receiving responsive healthcare that met their assessed needs. The physical environment meets the needs of residents and they enjoy access to a safe enclosed garden. A range of activities were provided that people could choose to take part in.

The nurse management team and all staff interacted with residents in a respectful, warm and friendly manner. Staff demonstrated a thorough knowledge of residents' needs, likes, dislikes and preferences.

There were clear systems in place for health and safety and risk management. There were also policies in place to guide staff in how to undertake their role effectively.

The areas identified for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose submitted by the provider was dated 15 January 2015.

The statement of purpose required review to ensure more clarity in certain aspects. The areas requiring review are outlined below:

The statement of purpose was generic in parts. While the specific care needs were outlined, the services and details of the facilities to meet those care needs were not clearly specified. As an example, the statement of purpose did not reference the dementia specific unit. The statement of purpose did not confirm 24 hour general nursing care is provided.

The statement of purpose did not specify if any facilities are provided for day care or if any residents attend the centre for a day service provision.

While the statement of purpose specifies the provider has a policy for equal opportunities, the arrangements to respect the privacy and dignity of residents was not outlined.

While religious services were referenced there was a lack of detail to inform prospective residents.

The arrangements made for dealing with complaints were not included.

The range of activities available was listed. However, the role of the activity coordinators, the hours and days per week they are employed and their timetable/schedule was not well explained.

The number of people employed in different roles was detailed. However, the number of

whole time equivalents for each grade of staff was not identified.

Judgment:

Non Compliant - Moderate

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The Statement of Purpose outlined the management organisational structure and the role of the provider nominee. The lines of authority and accountability were defined to ensure the effective governance of the service. The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre.

The incoming provider nominee demonstrated a good knowledge of his role as a care provider and understanding of his legal responsibilities in terms of the Regulations. There is reporting system in place to demonstrate and communicate the service is effectively monitored and safe between the person in charge and the service provider.

There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge and a strategic review undertaken by the provider of all aspects of the service ranging from staffing levels to maintenance and environmental work relating to the building. Action plans were developed to respond to finding and timescales identified to progress work.

The findings from audits and quality improvement strategies during 2014 were collated into a quality and safety of care report. Copies made available to the residents or their representative for their information as required by the regulations. This was an area identified for improvement in the action plan of the last inspection report. The report detailed quality initiatives for 2015. These included completion of graphic art work in the dementia unit, the implementation of a falls risk reduction program and staff training and development.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge has not changed since the last inspection. She is a registered nurse and holds a full-time post and has the skills and experience necessary to manage the centre. She has in-depth knowledge of the residents, their backgrounds and their care needs.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

The person in charge is a qualified trainer for adult protection, promoting a restraint free environment and cardio pulmonary resuscitation. She had attended courses on end of life care and dementia care.

There is a key senior manager notified to the Authority to deputise in the absence of the person in charge. The arrangements and reporting systems were known to staff and outlined in the statement of purpose.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider is aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days. There is a clinical

nurse manager nominated to deputise while the person in charge is absent.

The person in charge confirmed to the inspector there are rostered opposite each other to cover holidays.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Residents spoken with stated that they felt safe in the centre. There was a visitors log in place and entrance and exit doors were monitored by CCTV. No notifiable incidents of adult protection which are required to be reported to the Authority occurred since the last inspection.

Staff to whom the inspector spoke with were able to confirm their understanding of the features of protection of vulnerable adults and to whom they would report a concern. There was an ongoing program of refresher training in protection of vulnerable adults in place.

There is a policy on the management of behaviour that is challenging and supportive strategies were in place. Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. In one care plan reviewed a referral was made to the consultant psychiatrist to review a resident recently admitted and presenting with behaviours that are very challenging. The resident was seen within a short time frame of the referral being made and medication was reviewed. A behaviour log was being commenced to identify triggers and to inform further planned reviews by the psychiatry team.

Staff spoken with were very familiar with resident's behaviours and could describe the particular interventions well to the inspector. On the last inspection it was identified not all staff had not received training in behaviours that challenge to ensure they have up to date knowledge and skills to respond appropriately. Thirty one staff were trained during October and 13 staff throughout November 2014 in behaviours that challenge. Eight new care staff have been recruited in the past five months. Arrangements were in place

and further training is planned for 2015 in behaviours that challenge.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The health and safety of residents, staff and visitors in the centre was promoted and protected. There was one action in the previous inspection under this Outcome related to the risk management of residents who smoke. In the selection of care plans reviewed the safeguards to minimise risk while smoking were outlined in plans of care. Cigarettes and lighters were held in safe keeping by staff. Fire retardant aprons were provided in the smoking room.

Service records showed that the fire alarm system and the emergency lighting and fire equipment was serviced. The inspector reviewed the records which showed that inspections of fire exits, the fire panel and fire fighting equipment was checked to ensure it was in place and intact. Evacuation sheets were fitted to the beds of all residents and the escape route plans were provided to indicate the direction to the nearest fire exit.

The inspector viewed evidence there was an ongoing program of planned fire safety evacuation and safe moving and handling training in place. There were procedures in place for the prevention and control of infection and hand gels were located around the building. The building was visually clean on the day of inspection.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There is a medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

The inspector reviewed a sample of drugs charts. Photographic identification was available on the drugs chart for each resident. The prescription sheets reviewed were legible and distinguished between regular, short term PRN (as required) and subcutaneous/palliative regime medication. A record of medical reviews by GP's was documented in the drug kardex folder.

Medication was being crushed for some residents prior to administration due to swallowing difficulty of the residents. Links were established with the pharmacist and where possible a liquid or dispersible form of the medication was obtained. On the last inspection drugs being crushed were not prescribed for crushing individually on the prescription sheet. This practice was reviewed. In the sample of prescriptions examined each drug being crushed was individually signed by the GP

Medicines were being stored safely and securely in the clinic room which was secured. The temperature ranges of the medicine refrigerator was being appropriately monitored and recorded.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector reviewed two resident's care plans in detail and certain aspects within other plans of care to include the files of residents with nutritional issues, forms of restraint in use, potential behaviour that challenges

In the sample of care plans reviewed there was evidence care plans were updated at the required intervals or in a timely manner in response to a change in a resident's health condition.

The inspector found a good standard of evidence-based care and appropriate medical and allied health care access. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and cognitive functioning.

On the last inspection it was identified care plans for residents with dementia or cognitive impairment required review to ensure they are more person centred. Work was in progress to complete this action. The documented risk assessment completed on admission described well residents level of independence and what they could do for themselves in relation to residents accommodated in the dementia specific unit. However, care plans for residents with dementia, behaviours that challenge or mental health problems were not all reviewed to ensure they are fully person centred.

Residents had care plans for nutrition and hydration in place. There was prompt access to the GP and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. Staff monitored the fluid intake of all residents. Fluid charts were totalled. A system was developed and implemented since the last visit to review records and ensure each resident's daily fluid goal is maintained. The menu was provided on the dining table in all dining rooms. Residents were offered a choice of food and individual preferences were readily accommodated. However, the practice of requiring all residents to confirm their menu choices for all meals in the morning time a day in advance of having their meals remains in place. This is not reflective of person centred care approach.

Residents had access to general practitioner (GP) services and there was evidence of medical reviews at least three monthly and more frequently when required. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. A review of residents' medical notes showed that GP's visited the centre regularly. The GP's reviewed and re-issued each resident's prescriptions every three months. This was evidenced on reviewing medical files and drug cards.

Judgment:
Substantially Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The areas identified for improvement under this Outcome from the last inspection were reviewed during the course of this visit.

Resident's end-of-life care preferences/wishes are identified and documented in their care plans. The policy of the centre is all residents are for resuscitation unless documented otherwise. A multi disciplinary approach is undertaken to include the resident where possible, their representative, the GP and the nursing team. A new form has been devised in consultation with the GP's to document a resident's do not resuscitate (DNR) status. However, there was not a clear system in place to ensure a resident's resuscitation status is regularly reviewed to uphold the validity of the clinical decision. This was an area identified for improvement on the last inspection.

Judgment:

Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

A staff member was assigned to the laundry each day of the week. On the last visit it was identified a clear system was not in place to ensure all clothes were identifiable to each resident. The provider has since implemented a system. A selection of clothing was examined in individual wardrobes in bedrooms around the centre. All clothing checked was labelled with the new button tag system. The system was discreet and allowed clothes to be identified in a respectful manner.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet

the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector viewed the staff duty rota for a two week period. The rota showed the staff complement on duty over each 24-hour period. The person in charge at all times was denoted on the rota. The staff roster detailed their position and full name. The inspector noted that the planned staff rota matched the staffing levels on duty.

The inspector judged there was an adequate complement of care staff with the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. The numbers and model of deployment of staff has been reviewed and resulted in improved outcomes for residents. Additional care hours have rostered since the last visit. An increase of 9.5 care hours per day has been allocated to meet the care needs of residents accommodated on the first floor. Additionally the number of activity coordinators has been increased from a whole time equivalent of 1.38 to 3.05. The increase in staffing has allowed improvement in choice and flexibility in resident's activities of daily living. There is a structured program in the morning and afternoon in all the units to ensure sensory/cognitive or physical stimulation for residents. Residents have a choice in the afternoon on the first floor to avail of an activity program in either the large or small day sitting. Residents have more options in the choice of communal rooms available for their use due to the increased staff levels.

However, the inspector found there was an insufficient number of nursing staff rostered from 14:00 hrs each day of the week to ensure safe delivery of clinical care. In the afternoon, the staff nurse levels decreased from three to two nurses to meet the needs of residents accommodated in three units over two separate floors. This included a maximum of 58 residents. While the person in charge was rostered and there was a nurse in the dementia specific unit who could be called on should an emergency occur, it was not adequate considering the number of maximum (38) and high dependency (15) residents requiring care.

There was a training matrix available which conveyed that staff had access to ongoing education and a range of training is provided. The inspector viewed the training program for planned training of staff during 2015. This took account of mandatory training required by the regulations and professional development up skilling.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Castlemanor Nursing Home
Centre ID:	OSV-0004913
Date of inspection:	03/03/2015
Date of response:	19/03/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose required review to ensure more clarity in certain aspects. The statement of purpose was generic in parts.

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:

A full review of the Statement of Purpose and Function has been carried out and has been submitted to the Authority.

Proposed Timescale: 17/03/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Care plans for residents with dementia, behaviours that challenge or mental health problems were not all reviewed to ensure they are fully person centred.

Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:

A full review of all care plans is taking place to ensure the plans of care meet the identified needs of the residents

Proposed Timescale: 17/08/2015

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The practice of requiring all residents to confirm their menu choices for all meals in the morning time a day in advance of having their meals remains in place.

Action Required:

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

Please state the actions you have taken or are planning to take:

While this practice takes place further opportunities to make informed choices on food preferences takes place at each meal. Menus are provided for the residents to choose from as they order their meals.

Proposed Timescale: 17/03/2015

Outcome 14: End of Life Care

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was not a clear system in place to ensure a resident's resuscitation status is regularly reviewed to uphold the validity of the clinical decision.

Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:

A new communication tool has been identified in the area Resuscitation Management. We are now in the process of working with our medical practitioners on the most appropriate method of introducing this new tool to our residents and their families.

Proposed Timescale: 17/08/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was an insufficient number of nursing staff rostered from 14:00 hrs each day of the week to ensure safe delivery of clinical care.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

We are currently reviewing our care hours at present. Our goal is to increase our nursing hours over the coming months as we recruit new members to our nursing staff.

Proposed Timescale: 17/06/2015

