<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Castleross</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000124</td>
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<tr>
<td>Centre address:</td>
<td>Carrickmacross, Monaghan.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>042 969 2630</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@castleross.ie">info@castleross.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>KM Healthcare Enterprises Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Paul McCoy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Catherine Rose Connolly Gargan</td>
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<tr>
<td>Support inspector(s):</td>
<td>N/A</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>98</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>25</td>
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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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 18 August 2015 10:30  To: 18 August 2015 19:00

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

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<tr>
<th>Outcome 01: Statement of Purpose</th>
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<td>Outcome 03: Information for residents</td>
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<td>Outcome 10: Notification of Incidents</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents' clothing and personal property and possessions</td>
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Summary of findings from this inspection
This was an announced inspection completed in response to an application made by the provider to vary the centre's conditions of registration due to construction of a new 27 bed extension to the existing centre premises increasing maximum resident occupancy from 98 to 123 residents. The additional 27 beds in the new extension are intended to meet the needs of residents with a confirmed diagnosis of dementia. An updated Statement of Purpose document, Residents' Guide, a proposed staffing roster for the new extension and a resident admission schedule was provided to support the application and reviewed on inspection. Killanney House is the proposed name of the new extension.

The inspector found that the Person in Charge demonstrated good leadership and
was committed to providing a quality service for residents. All members of the team were clear about their areas of responsibility and reporting structures and the management structure allowed for sufficient monitoring of, and accountability for, practice. The provider and Person in Charge’s knowledge of the regulations and standards and their statutory responsibilities was evident. On the day of inspection, the inspector spoke with residents and staff members and reviewed documentation including policies, risk management, audits and staff training records. Progress with completion of the action plan developed from findings of the last inspection of the centre by the Authority in February 2014 was also reviewed on this inspection and found to be satisfactorily completed with the exception of two areas. These areas included inconsistent maintenance of complaint investigation records including satisfaction of complainants with the outcomes of investigation and lack of a risk assessment in relation to locks on bedroom doors in the new build as detailed in outcome 8.

A further area of non-compliance with the regulations found on this inspection was inadequate arrangements in place for residents to secure their bedroom doors safely if they wished and location of CCTV (closed circuit television) cameras in the communal area for residents in the new Killanny House.

The inspector found that residents were consulted about the operation of the centre and the new extension. The collective feedback from residents and review of documentation supported satisfactory care and service provision.

Killanny House was found to provide an attractive indoor communal space and a pleasant outdoor space in the form of an internal secure garden. Its design was informed by dementia care principles. Overall the inspector found that there was a substantial level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of 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
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:**
A copy of the centre's statement of purpose and function dated August 2015 was forwarded to the Authority as part of the application to vary the conditions of registration documentation. This document was reviewed and the inspector found that the statement of purpose contained all of the information as required by schedule 1 of the Regulations and was revised to include the new 27 bed household extension which will be named Killanny House. The statement of purpose and function accurately described the range of needs that the designated centre meets and the services provided.

**Judgment:**
Compliant

**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:**
There was a clearly defined management structure in place that identified the lines of accountability and authority in addition to evidence that the provider worked with the person in charge on a consistent day to day basis in the governance and management of the centre. The clinical management structure was supported by two clinical nurse managers who work to support staff front-line on a supernumerary basis. The provider put arrangements in place to facilitate their supernumerary status to strengthen supervisory and practice support for staff with the increase in resident occupancy in the centre.

The provider is also a registered nurse with eighteen years nursing experience of which nine years was in intellectual disability and child psychiatry and twelve years in older persons’ care, a period of which he worked in the role of person in charge and provider.

The inspector observed that meetings were held at multiple staff levels which were minuted. The person in charge provided information to the Board of Directors on key performance indicators on an annual or as required basis. Each household had a household co-ordinator in post who meets with the person in charge once per week. The household co-ordinators are facilitated to have two additional two hours each week to ensure their attendance at this meeting and to complete any actions from same.

The inspector found that there were sufficient resources to meet the needs of an additional twenty seven residents in terms of facilities, additional staffing resources, staff training and professional development and equipment to ensure effective delivery of care in accordance with the centre’s statement of purpose on the day of inspection. Service records were reviewed and found to be up to date. Newly installed equipment such as a new bedpan washer, dishwasher, cooking hob and laundry equipment were commissioned in readiness in the newly built household for resident accommodation. There was evidence that staff could obtain necessary additional equipment if required for residents to meet their needs. A new hoist was in place for the use of residents in the new household.

A quarterly governance and management meeting was convened between the provider and person in charge and minutes referenced risk management as a standing agenda item. The inspector found that there was evidence of action taken in response to an action plan from the last inspection in respect of monitoring of quality and safety of care and quality of life of residents in the centre with review of key areas of care and subsequent comprehensive analysis of findings. An annual quality of life questionnaire was completed by residents to support the feedback from weekly community circles convened in each household and quarterly household forums also attended by some residents’ relatives. There was evidence of meaningful actions implemented in response to resident feedback and informed by the assessed needs and capacity of the resident population to improve the quality of the service and the quality of life experiences for residents residing in the centre.

A quality report for 2014 was available for review and was available to residents.

**Judgment:**
Compliant
**Outcome 03: Information for residents**

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
Contracts of care were the subject of an action plan from the last inspection of the centre in February 2014 in relation to clarity of information on additional charges outside of those covered by the fee. In response the provider revised the contract to include an amendment detailing cost of carer escort and taxis if required. The inspector observed that this action was satisfactorily completed on a sample contract reviewed.

A resident’s guide was made available to each resident which included the new Killanny household advising residents of the services provided. The provider demonstrated use of notice boards located in communal areas advising residents on useful information that may be of interest to them in other households which would also be available in new Killanny House. Some other examples of information provided for residents included prices of refreshments displayed on each table outside the coffee shop and menu boards advised on the choice of food available at mealtimes.

**Judgment:**
Compliant

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**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 inspector found that the person in charge had authority and accountability for the service provided and was adequately involved in the governance, operational management and administration of the centre. She is a registered nurse. She has worked in caring for dependant people with respite, palliative, physical disability, and
dementia and acquired brain injury care needs for the past sixteen years, ten of which have been in a management role as the person in charge of the residential care facility. The training records confirmed that the person in charge had kept her professional knowledge and development updated by attendance at various courses and training sessions. She had attended a training course on Environmental Design for Dementia Settings and had a tutor qualification among others related to her area of work. She worked on a full time basis in the centre.

Residents spoken with knew who the person in charge was.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were maintained and available for review. There was evidence of adequate insurance against accidents or injury to residents, staff and visitors.

All of the written operational policies as required by Schedule 5 of the Regulations were available and up to date. The admissions discharge and transfer policy dated 01 July 2014 was available and reviewed by the inspector and reflected practice in the centre.

The directory of residents was maintained in an accessible format.

Records to be maintained in respect of each resident as described by the regulations were secure and in place, some of which was stored on a computerised storage system protected by password.

All resident assessment and care plan documentation was stored on a computerised data management system. This was supported by a policy on the creation of, access to, retention of and destruction of records. The person in charge confirmed that all staff
had completed training on the computerised resident documentation system.

**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:**
There were suitable deputising arrangements in place should the person in charge be absent and the Provider was aware of his responsibility to notify the Chief Inspector of the absence. To date the person in charge had not been absent for a period of more than 28 days.

**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:**
Measures were in place to protect residents from being harmed or suffering abuse. There was a policy in place which provided guidance for staff in preventing, recognising and managing incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse and review of same confirmed that all staff had
attended same and arrangements were in place to facilitate attendance by newly appointed staff. The inspector found staff spoken with to be adequately informed regarding reporting mechanisms within the centre and the actions to take in the event of a disclosure about actual, alleged, or suspected abuse. Staff interactions were observed to be satisfactory by the inspector on the day of inspection. The inspector found that all staff interactions were perceptive, healthy and responsive to residents' needs, including residents with challenging behaviour and dementia on the day of inspection. Vetting procedures were completed for all staff employed in the centre including volunteers.

While all financial transactions involving residents were transparent and correct, supporting documentation required some improvement on the last inspection of the centre in February 2014. The inspector found that a financial controller in post completed fee transactions. Policy documentation was available to advise on management and safekeeping procedures for residents' finances and personal possessions. A lockable space was available to each resident in the newly built Killanny House.

A resident expense account system was in operation where small sums of monies were maintained by the centre on behalf of the residents. The person in charge advised that this facility would be available to residents in the new Killanny House. The arrangement provided a separate account for each resident with signatory evidence by two staff providing transparency of transactions. Arrangements were in place where receipts were provided to residents or relatives when any money was deposited in resident accounts.

There was a visitors’ record located by the reception area and inside the ‘front door’ of each of the households to monitor the movement of persons in and out of the building to ensure the safety and security of residents. The inspectors saw that these were signed by visitors entering and leaving the building. The centre was further protected by closed circuit television cameras in corridors and at entrance and exit points. Front doors to households where residents were at increased risk were secured by electronic locks controlled by staff for visitor access.

A policy document was in place to inform management of behaviour that challenges exhibited by residents and promotion of a positive approach to managing same whilst supporting the resident concerned. The person in charge informed the inspector that some of the residents currently residing in the centre exhibited intermittent behaviour that challenged which was proactively managed with positive outcomes for residents. All staff had attended training on ‘managing actual and potential aggression’.

A resident restraint register was maintained in the centre. Bedrail use by residents was subject to continuous assessment. There was evidence of a proactive approach to minimising bedrail use with adequate monitoring and review in place. Small enablers were available and fitted to beds where residents wished to have an anchor point to assist their mobility whilst resting in bed. 17% of total residents used bedrails. Where bed rails were used, a risk assessment supported necessity and in some instances the residents themselves wished to have bed rails in place at night time to promote their feeling of safety.

There was no chemical restraint used by residents on a PRN (as required) basis.
and procedural documentation on restraint use was in place to inform practice.

**Judgment:**
Compliant

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**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 centre’s safety statement was updated for 2015. Risk management policies, procedures and systems were in place as required by the regulations. The inspector found that all risks were identified and assessed with controls in place to mitigate level of risk found for the centre including the newly constructed Killanny House with the exception of one potential area of risk. The inspector observed that residents could not lock their bedrooms without the use of a key which may pose a risk of delay in access to residents in an emergency if the key was left in the lock by them. This risk was not assessed in the absence of controls to mitigate same. Unidentified risks found on the last inspection in February 2015 were found to be addressed on this inspection to a level where they no longer posed a risk to resident safety.

There was evidence of learning from adverse incidents with revised practice procedures and associated updating of the risk register identifying the hazard and controls in place to prevent re-occurrence and to minimise associated risks identified. For example, risks identified with having the main laundry located within the centre were mitigated with construction of a new laundry facility independent of the main centre building.

A risk management committee was established in the centre. A member of staff was nominated as the health and safety representative and meetings were convened on a four-monthly basis with minutes recorded. The minutes from the last meeting in July 2015 were reviewed on this inspection and referenced arrangements to ensure staff fire safety training was updated to include procedures for the new Killanny House. The centre premises was found to be well maintained throughout and was clutter free, an emergency call bell system was in operation and readily available to newly admitted residents by bedsides and in the toilet and bathroom/shower areas. The car park was identified as a high risk area to residents and visitors due to traffic passing in close proximity to the household access doors. Wide footpaths were in place around the access areas to the newly built Killanny House. Controls were also in place following assessment to include directional signage with associated traffic control and speeding restriction notices.

Procedures for fire detection and prevention were in place in Killanny House. The
inspector reviewed service records which showed that the fire alarm system was serviced by an external contractor and was integrated as part of the emergency fire warning system. The inspector reviewed fire drill training records and found adequate documentary evidence of completion of simulated scenarios to reflect testing under daytime and night-time conditions. Commentary records were enhanced since the last inspection to include details of the simulated location of fire, details of the drill undertaken including timescales, staff who participated and their response to identify if further training was required in any area. The inspectors were told that in the event of an evacuation being required, residents would be evacuated from one fire zone to another which reflected the emergency procedure documentation. Since the last inspection in February 2014, documented evacuation risk assessments were completed for each resident referencing mode of evacuation, equipment needs and numbers of personnel required in each case. Emergency lighting and fire equipment were in place. Fire exits or pathways to final fire exit doors were free of obstruction. Internal doors between the households were electronically key-code locked and disengaged on activation of the fire alarm system. Fire exit doors to the outside of the building were locked with a key which was available in an adjacent break-glass unit in the event of an emergency. Training records provided and reviewed confirmed that all staff had attended training on fire prevention and had participated in an evacuation drill. Fire procedures were displayed at various locations in the new building.

The Person in Charge confirmed that all staff had completed mandatory training in this procedure which was confirmed by staff training records. An emergency plan was in place to guide staff in responding to untoward events. The plan outlined the procedure to follow in the event of fire, flooding and other adverse events. Practical and safe contingency arrangements were in place should it be deemed necessary to evacuate the building. A place of safety for relocation of residents was identified.

A missing person policy was in place to guide and inform staff should a resident be reported as missing. Photographic identification was available for each resident if required to assist the emergency services with their timely location.

There were measures in place to control the spread of infection. There was hand hygiene stations and sinks located at numerous points in the new building. The newly built household was presented for inspection in a clean state and household staff were in place to ensure all cleaning requirements were met. Infection control measures included supplies of personal protective equipment and policies and procedural guidelines relating to infection control and arrangements for the segregation and disposal of waste and linen.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
Overall, the inspector found residents were protected by the centre’s policies for medication management and practices were adequate. Maximum dose to be administered over a twenty four period for PRN (as required) medications was adequately prescribed in the centre. Transcription of residents’ medication prescriptions was not undertaken by staff in the centre. Faxed prescriptions were used only in the event of an emergency and were transferred into the medication prescription kardex and signed by the general practitioner within three working days.

A dedicated secure clinical room was available in the new extension which included work-top space for medication preparation and hand hygiene facilities. A medication fridge was available for storage of medications that require temperature controlled storage. Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations 1984. A register of controlled drugs was available if required.

A sample of residents’ medical records confirmed evidence of regular medication reviews by the general practitioner. Arrangements were in place to facilitate the pharmacist to complete their obligations including auditing procedures. All registered nurses completed medication management training annually as part of their professional development in the centre.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspector found that incidents occurring in the centre had been recorded and management systems were in place to notify the Authority of notifiable incidents within required timeframes. Quarterly reports had also been submitted as required.

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):
No actions were required from the previous inspection.

Findings:
Suitable and sufficient care to maintain resident’s welfare and well-being was found during this inspection. Systems were in place for residents’ assessment pre and post admission supported by an admission policy document. All residents had a care plan to assist them in meeting their needs. Care plans reviewed were informative and interventions documented adequately addressed all aspects of residents’ care needs as identified. At the time of this inspection there were ninety eight residents living in the centre. Fifty eight (59%) of residents in the centre had a primary diagnosis of Alzheimer’s disease or/and dementia. Arrangements were in place to ensure residents in designated dementia care households had a confirmed diagnosis of dementia. Forty six residents had maximum dependency needs, sixteen had high dependency needs, twenty three had medium dependency needs and thirteen had low dependency needs. The new extension, Killanny House will accommodate twenty seven residents, of which twenty will be newly admitted residents with dementia care needs providing a total of fifty nine beds in three dementia care specific households designated for residents with a confirmed diagnosis of dementia.

Residents’ care plan documentation was maintained by means of an electronic data management system. From an examination of a sample of residents' care plans, discussions with residents and staff, the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions and treatment plans implemented on the day of inspection. Risk assessments were completed for each resident and included, moving and handling, falls, use of bed rails, nutrition, continence and the risk of pressure sores among others. Assessments of need informed care plans and progress notes were linked to care plans and were informative in advising the psychosocial and physical well-being of the residents.

There was evidence of adequate access to medical and allied health professional care for example, referrals to the dietician, occupational and specialist tissue viability to ensure best practices in wound care. One resident had a grade three pressure related skin wound which was present on admission to the centre. Wound care and pressure damaged skin-care procedures and equipment was in place. Community Physiotherapy services were available to residents privately at a cost to them or alternatively on a
prolonged waiting list. The person in charge told inspectors that she requests review of residents in hospital by the physiotherapy services and development of a documented rehabilitation plan to accompany them on admission to the centre which is suitable for staff to carry out until reviewed on the waiting list so residents’ mobility needs are addressed. The treatment plans formed part of the residents care plan. Transfer documentation was maintained and records were available referencing results of resident treatments and investigations. There were systems in place and a policy available to manage temporary absence and discharge of residents.

All residents had pre-assessments completed prior to admission to the centre to ensure their needs could be met. Policy documentation was available to advise on admission and discharge procedures including emergency admission procedures.

Residents had timely access to general practitioners (GP) with additional access available to other services including speech and language therapy and occupational therapy services. A dietician attended the centre and assessed residents with or at risk of unintentional weight loss and set out recommendations to supplement their intake as appropriate. This area of care is discussed in Outcome 15.

**Judgment:**
Compliant

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**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The newly constructed extension consists of thirteen single and seven twin bedrooms. Each with en-suite shower, toilet and hand-basin facilities. As part of this inspection the inspector also reviewed the new extension as part of the overall centre premises. On the day of inspection, the new extension had been set up to accommodate 27 residents. It has been named Killanny House and together with the existing four houses will provide accommodation for 123 residents. Killanny House generally reflects the design and style of the other four houses and is built with the residents’ accommodation naturally feeding into a large communal living kitchen/dining and sitting area. Killanny House, as the other four houses, is designed to function as an independent unit for the purposes of implementing a 'household' model of living while also integrated within the overall
centre community. The layout and floor space in each bedroom meets the recommendations of the National Standards in terms of newly built extensions and generally reflects dementia care principles in its design.

The newly built Killanny House has its own storage rooms, clinical room, sluice, laundry room for care of residents' personal clothing and a communal bathroom and toilets. The large central communal living area provides 184 m² floor space and consists of a fully equipped open kitchenette surrounded by a counter. The kitchenette is fitted with a refrigerator/freezer unit, a dishwasher, oven, an electric hob, sink and kitchen storage units. Dining tables and chairs are arranged within close proximity of the kitchenette with a variety of tables seating from two to eight residents to promote choice to residents in relation to whom they dine with. Arrangements for food preparation and dining are discussed in outcome 15 of this report. Seating layout includes a number of small cluster-style sitting areas fitted with comfortable raised seating within various themed locations. For example, a sitting-room layout around a central feature fireplace, an area with a television, an area where residents can relax quietly and other areas where residents can quietly meet with their visitors.

As this new extension was built outside the existing structure, no part of the existing centre needed to be closed during construction works with the exception of a twin room which will become part of Killanny House. The central communal area opens out into an internal secure courtyard and lawned area which was awaiting location of furniture and further shrubbery planting. The provider advised that he was delaying completion of these areas to facilitate new residents to have an input into the design as a sensory area with additional pathways to reflect dementia principles.

The glass in windows overlooking the garden, some of which were located in residents' bedrooms were fitted with specialised glass to ensure these residents' privacy needs were met without compromising their view out or entry of natural light. Environmental temperatures and temperatures in residents' bedrooms could be monitored. The maintenance staff completed a monthly inspection of each room in the centre. The inspector viewed completed inspections by maintenance staff and observed where remedial repairs and surface paintwork was completed in response to findings.

The new premises were brightly decorated, with natural light entering all resident areas. Handrails were located on all corridors and in showers and toilets to assist residents' mobility. Bedrooms in the new extension were each equipped with a locker, chest of drawers, a double wardrobe, a chair, a television and a bed with low-low features for each resident. Bedroom windows overlooking the front of the centre had specialised glass fitted that obscured view inwards to ensure residents' privacy was respected. Twin bedrooms were fitted with privacy screens.

The new Killanny House provides access internally and externally to centre's hair salon, large oratory, clinical room and an area dedicated to male and female staff changing room and staff canteen facilities. There is a main kitchen where residents' food is cooked and decanted to the household kitchenettes for serving to residents.

All five households including the new Killanny House can be accessed separately from
the outside and have a distinctive and different coloured front door, similar to that of a domestic dwelling. Each household has a door bell and had key code security access. Centrally located within the centre, adjoining the main entrance is an area referred to as the village which is decorated with architrave and murals finished to resemble shop fronts of a typical village street that include a post office, a shop and hairdresser’s salon. This area also includes a stocked vending machine with snacks. Tables and chairs are in place in this area. All households have access to the Kavanagh community centre and the village area for social and recreational purposes. The Kavanagh community centre holds regular weekly activities such as music/dance sessions or a midweek movie shown on a large cinema-like projector screen. These are in addition to activities ongoing in individual households.

**Judgment:**
Compliant

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**Outcome 13: Complaints procedures**
*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**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:**
A complaints register was maintained for each household. There was a written operational policy and procedure updated on 01 May 2015 relating to the receiving handling and investigation of complaints including guidance in the policy to advise staff on the process to be followed in local resolution procedures. The procedure identified the nominated person to investigate a complaint and the appeals process was outlined.

There were no active complaints under investigation on the days of inspection. The inspector reviewed the complaints log and observed that there were three complaints documented for 2015 which were completed. While there was evidence of comprehensive investigation and responses to the complainants, all documentation in relation to the complaint was not filed for two complaints. The person in charge advised the inspector that although not documented in one instance, the complainant’s satisfaction with the outcome of investigation of a complaint was obtained. This finding was an action requiring improvement on the last inspection and has been restated in the action plan on this inspection. The complaints policy was displayed in the centre and documented in the residents' guide booklet.

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

**Findings:**
Two residents in the centre were resident receiving end-of-life care on the day of this inspection. There was an end of life policy in place to inform practice which appropriately addressed the care which should be implemented for an individual at the end of their life. Residents in receipt of end of life care had a corresponding care plan developed to meet their needs. There was evidence to support that residents' end of life wishes were discussed with them and their family as appropriate. The details of those wishes were clearly outlined in the sample care plan reviewed.

There was evidence of review by community palliative care services who attended residents on referral. The community palliative care service assisted staff with supporting and monitoring the residents’ end of life comfort needs in addition to pain management for other residents.

The inspectors were told that residents' relatives and visitors were always accommodated and facilitated to stay in the centre as long as they wished when residents were ill or in receipt of end of life care. Residents in receipt of end of life care were accommodated in a single occupancy room to ensure their privacy and dignity could be protected. Spiritual care was provided according to their wishes and visits from their relevant clergy.

A spacious oratory was available to residents and their families in the centre who expressed a wish to use this facility for end of life religious services and was accessible from the new Killanny House. The oratory was located in the reception area avoiding the need for attendees at end of life religious services to access other resident areas.

The training records evidenced that many staff had completed end of life care training to date.

**Judgment:**
Compliant

**Outcome 15: Food and Nutrition**
*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a*
discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Policies documentation was in place to inform management of the nutritional and hydration needs of residents. An accredited nutritional risk assessment tool was used to assess residents' nutritional needs. There were procedures in place for monitoring and managing nutritional intake of residents at risk nutritionally. Appropriate systems were in place for monitoring and managing resident who had unintentional weight loss including referral to the dietician and food fortification and supplementation procedures. Residents’ weights were regularly assessed and documented. Some residents were on weight increasing and others were on weight reducing diets. Staff had attended training on food hygiene, nutrition and dementia and dysphagia and dementia. A dietician attended the centre each month or as required. Residents with swallowing difficulties were referred and assessed by the speech and language therapy (SALT) service as appropriate.

Residents were provided with food and drink at times and in quantities to meet their needs and preferences. The inspector observed the evening time meal in one household. Meals were cooked in the main kitchen and plated to meet residents’ needs at household level. A homemaker was appointed in each household with responsibility for creating a homely environment by carrying out 'normal daily kitchen activities' including plating residents' food. Homemaker staff grades had sole responsible for preparation of snacks at household level for residents and for plating and serving their food at mealtimes. Homemaker staff grades had all received basic food hygiene training in addition to a number of care staff who deputised in their absence.

Mealtimes were closely supervised by each household homemaker and staff. Menus placed on each table advised choice of a variety of choices of hot and cold meals. Staff offered assistance to residents in a discreet and sensitive manner. Visitors could avail of a hot drink and snack which were available on a self service basis while visiting their relative.
Residents spoken with told inspectors how they enjoyed their meals. Foods and fluid refreshments were available in the household kitchenette on a twenty four hour basis for residents.

There was adequate space to accommodate sixteen residents at the dining tables at one time in the newly constructed Killanny House. The person in charge advised the inspector that mealtimes were arranged in two or more sittings to afford flexibility, choice and time to residents in line with dementia care principles. Dining tables were covered with traditional style tablecloths.

Judgment:
Compliant
Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents were encouraged and supported to participate in the planning and running of the household they resided in. The inspector viewed some of the other households, the décor and organisation of which was influenced by the preferences and wishes of the residents who lived there. While Killanny house was decorated to a good standard in a traditional style in terms of paintwork colours and wallpapers used, the provider expressed his wish to be guided in relation to placing any additional decorative fittings and features by residents who will reside in the centre. He advised the inspector that he had adopted this approach to the other households and found that it gave residents a sense of ownership and comfort. Daily community circles were convened and facilitated by household co-ordinators to gain feedback on the service provided and to promote resident involvement in planning the week in the household. This forum was also used to inform residents of news and events of interest. A wheelchair accessible bus was available and used to transport residents on outings.

From observation of residents in the centre and review of residents’ documentation, the inspector saw that there were opportunities for residents to participate in meaningful activities, appropriate to their interests and preferences. Staff in the dementia specific household had training in effective evidence based therapeutic sensory based activity for people who have significant communication difficulties, primarily as a result of dementia. Staff had a good knowledge of residents past interests which were also documented and reflected in the schedule of activities that were available to each resident. For example, gardening. The household in which this resident resided in reflected this interest and staff encouraged discussion about various gardening activities. Some of the activities residents could enjoy included bingo, live music and singing, drama, storytelling, skittles, exercises, crafts, outings and themed events. The provider and the person in charge discussed how they promoted the household model of care ethos by stimulating residents’ sense of familiarity and comfort in their environment and memory and communication through facilitating their engagement in meaningful household activities. Residents who were able were encouraged to participate in household activities. The kitchenettes were open plan and accessible to residents who were observed to be appropriately supervised by staff.
Twin bedrooms in the new Killanny House were fitted with privacy screening and windows over-viewed by the car-park, parts of the surrounding roadway and the internal courtyard were fitted with specialised glass that interrupted view inwards. The inspector observed that residents could not secure their bedrooms without the use of a key which may pose a risk of delay in access to residents in an emergency if the key was left in the lock by them. This risk was not assessed in the absence of controls to mitigate same. This finding is discussed in outcome 8. Closed circuit television cameras (CCTV) were located in the communal area where residents would rest and eat their meals. The provider stated these would be removed with immediate effect.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
There were arrangements in place for regular laundering of linen and residents' personal clothing and the safe return of clothes to each resident. There was adequate space in each resident's wardrobe provided in the new Killanny House for hanging and storing folded clothing in drawers. Arrangements were in place for labelling to ensure correct identification of owners for each item of clothing and to prevent loss of any items. Each household including the new Killanny House had a washing machine and dryer located in a utility room where residents clothing was washed. This was part of the role of the care staff but residents were also facilitated to participate in this activity if they wished as part of the activities of a household ethos. Records of residents clothing and personal possessions were maintained in the centre.

The inspector observed that residents could maintain control over their personal possessions and clothing. Residents had sufficient space in the new bedroom accommodation to store their personal belongings and they had access to a lockable space to store valuables.

**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):**

No actions were required from the previous inspection.

**Findings:**

A policy for the recruitment, selection and vetting of staff including a system to obtain documents outlined in Schedule 2 of the Regulations was in place. A staff induction programme was in place for new staff. The person in charge advised the inspector that new staff selection processes was complete. A number of new staff had commenced induction in preparation for opening the newly built Killanny House.

The inspector reviewed a staffing roster with the proposed staffing outlined to meet the projected needs of residents in Killanny. The person in charge advised that the proposed staffing compliment would consist of experienced existing staff in addition to some newly appointed staff members. A schedule of admissions was also included with resident admissions over a three week period. Seven current residents are scheduled to transfer from other parts of the centre in addition to seven new admissions in the first week with a further seven new admissions in the second week and a final six residents on the third week to Killanny House to a maximum occupancy of 27 residents. Arrangements were in place to complete pre-assessments to ensure the centre can meet the needs of residents including staffing support needs.

Proposed staffing arrangements provided nine staff from 08:00hrs to 14:00hrs, reducing to eight staff from 14:00hrs to 16:00hrs, to five staff from 18:00hrs to 20:00hrs, to three staff from 20:00hrs to 21:30hrs down to two staff overnight. A supernumerary clinical nurse manager was scheduled on the proposed staffing roster to support staff in the new Killanny House. It is proposed that eight further staff working in the other households in the centre would be available to support night staff in the Killanny House if required. This proposed staffing compliment will provide for five staff nurses and five care staff on night-duty to care for 123 residents.

There is 9.3 WTE (whole-time equivalent) staff employed with responsibility for cleaning the centre.

The inspector was satisfied that the projected staffing levels were satisfactory pending ongoing review in response to changing resident dependency needs. The person in
charge and provider stated that ongoing review of staffing levels and skill mix to meet residents' needs would continue. Staff received an annual appraisal. Staffing supervision was enhanced by the recent appointment of a second clinical nurse manager grade and facilitating both clinical nurse managers to resume a supernumerary working arrangement in the centre to support the person in charge with staff supervision and practice development.

The inspector observed good interactions between staff and residents who chatted with each other in a relaxed manner. Staff spoken with were knowledgeable of residents’ individual needs. Review of the staff duty rota evidenced all staff working in the centre were documented in addition to the hours they worked.

A programme of mandatory and training to support practice was ongoing and records were maintained by the person in charge. All mandatory training was up to date for all staff working in the centre. Staff working with residents with cognitive impairment received ongoing training and development, specific to caring for those with dementia. All staff currently working in the dementia specific households which are Lisdoonan and Woodlands have completed PMAV (Professional Management of Aggression and Violence) and Dementia Training. The Killanny House staff team will be staff transferring from the current dementia specific households and a small number of new staff. New staff were scheduled for PMAV & Dementia training on the 14th & 15th Oct and a further session has been scheduled for 17th & 18th November 2015. In the interim all staff were receiving Person First Training which is also Dementia Specific Training. A staff handover was held at the beginning of each work shift.

**Judgment:**
Compliant

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**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:**

Catherine Rose Connolly Gargan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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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 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents could not lock their bedrooms without the use of a key which may pose a risk of delay in access to residents in an emergency if the key was left in the lock by them. This risk was not assessed in the risk documentation and there was an absence of suitable controls to mitigate same.

Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
The risk of delay in accessing a resident in an emergency is mitigated as all the bedroom locks in Killanny House are Euro Cylinder Barrel locks which means the master key can push the internal key out of the lock and unlock the door.

This is the control for this risk and a risk assessment has been documented and added to our risk register.

Proposed Timescale: 03/09/2015

Outcome 13: Complaints procedures
Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A record was not maintained in complaint documentation regarding some complaints, investigations, responses and outcomes including satisfaction with the outcome of complaint investigation by complainants.

Action Required:
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
Any complaints, responses and outcomes received verbally either in person or by phone are now fully documented and stored with the investigation in one log.

Proposed Timescale: 03/09/2015

Outcome 16: Residents' Rights, Dignity and Consultation
Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Closed circuit television cameras (CCTV) was located in the communal area where residents would rest and eat their meals.

Residents could not secure their bedroom doors safely.
Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
CCTV Cameras were installed in the living area by the technician in error; these were removed on the 20th Sept 2015.

Bedroom Doors can be secured safely using the Euro Cylinder Barrell Lock which allows the Master Key to push an internal key out to unlock the door.

Proposed Timescale: 03/09/2015