

**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):	Geraldine Jolley
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	71
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 27 January 2016 09:15 To: 27 January 2016 17:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Non Compliant - Moderate	Substantially Compliant
Outcome 02: Safeguarding and Safety	Non Compliant - Moderate	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing	Non Compliant - Moderate	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Non Compliant - Moderate	Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection focused on six specific outcomes relevant to dementia care.

Prior to this inspection the provider had submitted a completed self- assessment document to the Authority along with relevant policies. The inspectors reviewed these documents prior to the inspection.

Inspectors met with residents, relatives, staff members, the person in charge and the provider. Inspectors tracked the journey of residents with dementia. They observed care practices and interactions between staff and residents. They used a formal recording tool for this. They also reviewed documentation such as care plans, medical records and staff files.

As outlined in the Statement of Purpose the centre provides care for residents requiring long term admission, convalescent or a respite service which includes residents with dementia in each category.

The centre was fully occupied at the time of inspection with 71 residents being accommodated. Thirty percent of the residents were over 90 years of age and 35% over 80 years old. Forty three of the residents were identified with a dementia related condition as their primary diagnosis. Seventeen residents had a dementia condition identified as their secondary or underlying condition.

The centre provided a good quality service for residents living with dementia. The care needs of residents with dementia were met in an inclusive manner. The person in charge was proactive in the creation of an environment which enabled residents with dementia to live life well. There was a good standard of nursing care being delivered to residents.

Bedrooms are suitable in size to meet the needs of residents. All bedroom accommodation is single ensuite with the exception of one twin bedroom. There is a dementia unit located on the ground floor. This can accommodate a maximum of 13 residents who require a higher level of supervision. The design of the unit allows for continuous circular movement, giving freedom to residents who like to actively walk around. Residents had access to safe enclosed outdoor spaces.

In all parts of the building there was good use of pictorial signage to identify bedrooms and bathrooms. Each bedroom was provided with a clock where residents could see the time when lying in bed.

A total of six Outcomes were inspected. The inspector judged two Outcomes as compliant. The remaining four were judged as substantially in compliance with the Regulations.

The Action Plan at the end of this report identifies a small number of areas where improvements are required to comply 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. These include improvements to premises and care planning process.

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: Health and Social Care Needs

Theme:

Safe care and support

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

Findings:

Residents' healthcare needs were well met. Doctors visited regularly. When needed, residents were transferred to hospital. Residents were facilitated to attend specialist medical appointments. There was a policy in place that stated how residents' needs would be assessed prior to or on admission, and then reviewed at least four monthly.

Assessed needs were set out in individual electronic care plans. A review of the written and the electronic records showed that an assessment was carried out within 48 hours of admission and reviewed at least four monthly thereafter. The electronic system was updated by the nurses and care assistants responsible for the records.

Nursing staff had work to improve in developing the care plans for residents with dementia or cognitive impairment since the last inspection. Some of the care plans reviewed described very well residents' level of independence, what they could do for themselves who they still recognised and the activities they could participate in. It was clear where the resident was on their dementia journey. Residents' life stories were captured in these plans. However, further work is required to ensure the same standard of care planning is implemented for all residents in this area.

Where residents had religious or spiritual needs these were recorded in the care plans, and it was set out how they would continue with them in the centre; for example, attending the services provided in the centre, or receiving sacrament of the sick from the visiting priest. There was evidence to show that residents and families were involved in developing the plans.

Pre admission assessments were generally conducted by the nurse management team who looked at both the health and social needs of the potential resident. Transfer of information within and between the centre and other healthcare providers was found to be well maintained. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were retained in files.

There were systems in place to ensure residents' nutritional needs were met. Residents'

weights were checked on a monthly basis. Nutritional care plans were in place that outlined the recommendations of dieticians and speech and language therapists. Nutritional intake records were in place, and completed where required. Information was available to all staff including catering staff outlining residents who were on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids.

Staff provided end of life care to residents with the support of their general practitioner and the palliative care team if required. Each resident had their end of life preferences recorded and an end of life care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end of life care.

Records showed that where medical treatment was needed it was provided. Residents had timely access to GP services, and referrals had been made to other services as required, for example, dietician, the speech and language therapist, psychiatry, or optician.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Findings:

There were procedures in place for the prevention, detection and response to abuse. Residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia.

Staff demonstrated a good knowledge of adult protection issues. There was an ongoing program of refresher training in protection of vulnerable adults in place. The person in charge is a qualified trainer for adult protection and promoting a restraint free environment.

In relation to residents with dementia, the provider and staff spoke of the importance of interacting appropriately with people and listening to what people were saying to them. This was evidenced to occur throughout the inspection.

The use of psychotropic and night sedative medication was audited. There were regular reviews by general practitioners (GP) at least three monthly of all medications. The person in charge and nursing team were clear on the considerations they would give with regards to whether or not psychotropic medication was needed in consultation with the medical team.

Nursing staff spoke of monitoring for infections, constipation, and changes in vital signs in order to establish the cause of behaviours that challenge. Staff were competent at managing behaviours that challenge. When issues arose there was evidence of multidisciplinary review.

There was evidence in care plans of links with the mental health services. Behaviours logs were being completed to identify triggers and to inform further planned reviews by the psychiatry team. Psychotropic medications were closely monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values.

Residents with whom the inspectors were able to communicate verbally said they felt safe and secure in the centre, and felt the staff were supportive. A relative spoken with felt their relative was being supported by caring staff and receiving good care.

There were arrangements in place to review accidents and incidents within the centre. The centre's clinical management team has participated in a falls reduction project titled, 'Forever Autumn'. This has improved staff awareness and has achieved the aim of the project, to develop a multi disciplinary approach to falls prevention and management. Falls risk assessments were completed and care plans were in place to minimise risk.

There was a policy in place for behaviour that is challenging, and staff had received training on understanding and managing behaviours that challenge. Staff spoken to by the inspectors were knowledgeable regarding interventions that were effective in managing such behaviours including redirection and engaging with the residents. However, further training is required for newly recruited staff taking account of staff turnover.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place at three different times for intervals of 30 minutes in sitting room of the dementia unit and main sitting on the first floor, both in the morning and afternoon.

In the first observation, inspectors found 65% of the observation period (total observation period of 30 minutes) the quality of interaction score was +2 (positive connective care). The observation took place in the sitting room where a group of residents had gathered for an activity. Staff provided kind personable care, with lots of friendly and personable interactions. One staff member facilitated activities that were carried out to a sing along, with good use of proverbs and reminiscence about concerts attended the previous Summer. Prior to the activity finishing care staff came and started to take residents to the dining room for lunch while the activity remained ongoing. This represents protective and controlling care and scores of -1 were allocated for the remainder of the 30 minute observation period.

The second observation period was undertaken in the sitting room of the dementia unit. A maximum of eight residents entered and exited the sitting room during the 30 minute observation period. Residents sat in small groups around three circular tables. Residents in engaged in a variety of individual activities from completing a jigsaw, to reading the newspaper and sorting a rummage box. Staff engaged with residents based on their individual preferences and personalities. Staff spoke to residents evidencing they knew them well as individuals about their background and families. One resident assisted to set the table for lunch. Staff informed the inspector her previous occupation was as a waitress. During the second observation inspectors found that for the total time of the observation period the quality of the interaction score was +2 (positive connective care).

The third observation period was undertaken in the sitting room in the afternoon. Up to forty residents were accommodated in the sitting room. There was a live music session for residents. Care staff supported the activity person to facilitate the session observed. Care staff encouraged residents to participate. Some residents from the dementia unit on the ground floor attended. Staff danced with some residents and individual residents sang songs. However, the music session was loud and one resident did not participate and actively tried to read a newspaper throughout the observation interval. Two other residents were observed sleeping for the first part of the observation period. Two other residents were engaged in a different activity with a care staff member, having their nails done. The inspectors concluded at the end of the 30 minute observation period the majority of residents experienced positive connective care, scores of +2. However, for six residents, the observation period identified scores of minus 2, controlling care, fitting into the established routine.

Residents with dementia had access to advocacy services. Two retired members attended the centre voluntarily for 14 hours each week and provided both an advocacy and pastoral service to residents.

Residents were treated with dignity and respect. Residents with dementia spoken with confirmed this to inspectors. Also, inspectors observed that staff including, nurses, care assistants, catering and household staff communicated and treated residents with the respect. Staff appeared to know the residents well. They took time to communicate with residents and did so in a kindly manner.

Residents privacy was respected. They received personal care in their own ensuite

bedroom. Bedrooms and bathrooms had privacy locks in place. There were no restrictions on visitors and residents could receive visitors in private. Residents capacity to make decisions and give consent is described in care plans.

A monthly magazine was published and provided interesting age appropriate articles. Residents' meeting took place. Annually families of residents are invited to the centre for a party. There is both a collective and individual forum for residents and their next of kin to raise any concerns they have to the management team.

Residents with good cognitive ability choose what they liked to wear and inspectors saw residents looking well dressed. A key worker system was in place. Each resident had a life story completed. This contained details of their childhood and adolescent years and adult life. It contained details of their families names and memories from their youth in addition to their hobbies, likes and dislikes.

Residents had freedom to plan their own day within a communal setting. They could chose the times they wanted to get up in the morning, where to have breakfast and partake in activities. Their meal preferences were facilitated.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
The centre maintained a complaints policy that met the requirements of the Regulations. It was available in an appropriate format in the residents' guide. The complaints procedure was displayed on a notice board in the foyer.

The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise.

A review of complaints recorded to date showed that they were all dealt with promptly by the designated complaints officer. The outcome of the complaint and the level of satisfaction of the complainant were all recorded. All complaints both written and verbal were documented. There was an appeals process included in the complaints procedures.

Judgment:
Compliant

Outcome 05: Suitable Staffing

<p>Theme: Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s):</p>
<p>Findings: There were appropriate staff numbers and skill mix to meet the assessed needs of residents for the size and layout of the centre. However, the staff resources and level in the dementia unit requires ongoing review to maintain consistency of care. On the day of inspection two care staff were rostered to cover unplanned leave and while familiar with most of the residents neither staff member had work in the dementia unit for a number of months. Additionally the only staff member in the day sitting room in the dementia unit at intervals was a student on placement as part of their course work.</p> <p>Training records were reviewed and evidenced that all staff had been provided with required mandatory training such as fire safety, moving and handling and adult protection. Professional development training in nutrition and dysphasia in residents with dementia was completed by six staff in 2015.</p> <p>The deputy to the person in charge is completing training in the management of behavioural problems in dementia. On completing the course eight staff are being identified to become dementia champions and will complete training in this area. However, further work is required to ensure all staff have a knowledge and understanding of caring for residents with dementia to include newly recruited staff.</p> <p>A selection of volunteers files reviewed showed they had their roles and responsibilities outlined and were vetted in accordance with the Regulations.</p>
<p>Judgment: Substantially Compliant</p>

Outcome 06: Safe and Suitable Premises

<p>Theme: Effective care and support</p>
<p>Outstanding requirement(s) from previous inspection(s):</p>
<p>Findings: The location, design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.</p> <p>The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming. It is laid out over two separate floors. There was a high</p>

standard of décor throughout and good levels of personalisation evident in residents' bedrooms. Residents spoken with confirmed that they felt comfortable in the centre.

Bedroom accommodation consists of 69 single and one twin bedroom, all with ensuite toilet and shower facilities. Bedrooms are suitable in size to meet the needs of residents. The centre is divided into four units. Each unit has its own day sitting room. There is a large recreational room on the first floor, a multi-sensory room, visitors room, hair salon and an oratory. A number of auxiliary rooms for storage, laundry and a main kitchen are included in the design. All parts of the building were comfortably warm, well lit and ventilated. Access to the centre, stairwells and service areas are secured in the interest of safety to residents and visitors. Bedrooms windows were at a low level and residents had good visible views of the gardens on the ground floor.

The dementia unit is located on the ground floor. The unit is built around an enclosed courtyard which is well planted and contains a rabbit hutch. The design of the unit has a circuitous aspect allowing for continuous circular movement. This gives freedom to residents particularly those with confusion or dementia who like to actively walk around without having to turn back. All parts of the corridor were painted with murals. These provided key visual cues for residents and supported staff to redirect residents. The murals provided reminiscence prompts for residents with a dementia. The scenes reflected country and farming life and included a post office, church and a bus stop murals. Tactile materials were provided to create areas of interest along the corridor.

Handrails were highly visible from the wall and wall/floor junctions differentiated by a highly visible line in a contrasting colour throughout the building. There was good use of pictorial signage to identify bedrooms and bathrooms. Each bedroom was provided with a clock located in a position on the wall where residents could see the time when lying in bed.

Judgment:
Compliant

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:	27/01/2016
Date of response:	05/04/2016

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: Health and Social Care Needs

Theme:

Safe care and support

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

Further work is required to ensure the same standard of care planning is implemented for all residents with dementia. There was a variation between the standard of care planning in different units accommodating residents.

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the

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

assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

All residents with a diagnosis of Dementia have a person centred care plan provided which were being updated at the time of the inspection to ensure they are accurate and reflective of the residents current abilities. This work is ongoing and will be completed in all sections within 2 months. Nurses have been allocated specific residents to ensure this work is continued and completed to the standard required. The allocation of residents to specific nurses is rotated 4 monthly so that they can learn from each other and ensure that best practice is consistent for all residents care plans.

Proposed Timescale: 31/05/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Further training in the management of behaviours that challenge is required for newly recruited staff taking account of staff turnover.

2. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

All new employees are provided with a comprehensive induction process whereby they are provided with practical skills, on the job learning and education. All new employees are provided with onsite education and mandatory training which includes Responding to Behaviours that may Challenge. This training is scheduled for April to facilitate all recent new employees. This training is provided throughout the year for groups of new employees and is also part of our annual mandatory training for all current staff

Proposed Timescale: 22/04/2016

Outcome 03: 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:

For six residents the observation period identified scores of minus 2, controlling care,

fitting into the established routine. A review of residents preference to attend activities and review the use of the smaller sitting rooms for smaller group activities in the afternoon is needed.

3. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

There is an activity programme in place specifically for residents who are non verbal which takes place in a separate sitting room during the week but not on Thursdays. The live music session on Thursday afternoons is for all the residents, including non verbal and residents who have dementia. Staff have provided feedback from their communication with the inspectors on the day regarding residents who were observed sleeping. They explained that residents often close their eyes and listen to the music and they know that these residents particularly enjoyed music in the past, that is why they were brought to the live music. Some residents do like to participate in other activities while the music is ongoing and they were facilitated to do so and were able to enjoy both on the day. Where residents are observed to be unsettled and find the environment too noisy or over stimulating, they are removed from the situation according to their need.

We are currently reviewing our Activity Programme, trying to recruit more volunteers to enable 2 separate groups on Thursday afternoons and actively seeking more family participation.

Proposed Timescale: 30/06/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

The staff resources and levels in the dementia unit requires ongoing review to maintain consistency of care. On the day of inspection two care staff were rostered to cover unplanned leave and while familiar with most of the residents neither staff member had work in the dementia unit for a number of months. Additionally the only staff member in the day sitting room in the dementia unit at intervals was a student on placement as part of their course work.

4. 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:

The Dementia Specific unit is governed by a Qualified Nurse 24 hours a day. The nurse

on duty in the unit is responsible for the delivery of person centred care of all residents. It is custom and practice that the care staff who are deployed on a daily basis are familiar with the unit and residents. However, On the day of the inspection and as indicated in the report, two staff were off duty due to unforeseen circumstances. The staff who were deployed to the area were able to provide for the residents needs under the direction of the Nurse on duty. These staff were the only staff off duty who were able to facilitate the nursing home at short notice to cover those absent. This does not happen on a regular basis and given that at this time of year, illness can impact on resources.

The deployment of suitable staff to the unit is ongoing with rotation from different areas to ensure that the staff are able to work in all units when such situations like this arise.

Proposed Timescale: 15/02/2016