

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |  |
|---|--|
| <b>Centre name:</b>                                       | Castle Gardens Nursing Home                              |
| <b>Centre ID:</b>   | OSV-0000696  |
| <b>Centre address:</b>                                    | Drumgoold,<br>Enniscorthy,<br>Wexford.                   |
| <b>Telephone number:</b>                                  | 053 923 5566   |
| <b>Email address:</b>                                     | manager@castlegardens.ie                                 |
| <b>Type of centre:</b>                                    | A Nursing Home as per Health (Nursing Homes)<br>Act 1990 |
| <b>Registered provider:</b>                               | Breezeglen Limited                                       |
| <b>Provider Nominee:</b>                                  | Pat Shanahan   |
| <b>Lead inspector:</b>                                    | Sonia McCague  |
| <b>Support inspector(s):</b>                              |  |
| <b>Type of inspection</b>                                 | Announced  |
| <b>Number of residents on the<br/>date of inspection:</b> | 62   |
| <b>Number of vacancies on the<br/>date of inspection:</b> | 2  |

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

|                    |                    |
|--------------------|--------------------|
| From:              | To:                |
| 07 June 2016 09:00 | 07 June 2016 18:00 |
| 08 June 2016 09:00 | 08 June 2016 14:30 |

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

| <b>Outcome</b>  | <b>Our Judgment</b>      |
|---|--------------------------|
| Outcome 01: Statement of Purpose                                      | Compliant                |
| Outcome 02: Governance and Management                                 | Compliant                |
| Outcome 03: Information for residents                                 | Non Compliant - Moderate |
| Outcome 04: Suitable Person in Charge                                 | Compliant                |
| Outcome 05: Documentation to be kept at a designated centre           | Compliant                |
| Outcome 06: Absence of the Person in charge                           | Compliant                |
| Outcome 07: Safeguarding and Safety                                   | Substantially Compliant  |
| Outcome 08: Health and Safety and Risk Management                     | Non Compliant - Moderate |
| Outcome 09: Medication Management                                     | Non Compliant - Moderate |
| Outcome 10: Notification of Incidents                                 | Substantially Compliant  |
| Outcome 11: Health and Social Care Needs                              | Non Compliant - Moderate |
| Outcome 12: Safe and Suitable Premises                                | Substantially Compliant  |
| Outcome 13: Complaints procedures                                     | Substantially Compliant  |
| Outcome 14: End of Life Care  | Compliant                |
| Outcome 15: Food and Nutrition  | Compliant                |
| Outcome 16: Residents' Rights, Dignity and Consultation               | Compliant                |
| Outcome 17: Residents' clothing and personal property and possessions | Compliant                |
| Outcome 18: Suitable Staffing   | Compliant                |

**Summary of findings from this inspection**

This was an announced inspection which took place over two days following a completed application to renew the registration of the centre.

As part of the inspection process, the inspector met with the person in charge, residents, visitors and staff members. The provider was represented at feedback by a

company director.

The inspector observed practices and reviewed documentation such as care plans, general and clinical records, incident and complaint records, policies and procedures, fire safety, risk management documentation and staff records.

The previous inspection of this centre by the Health Information and Quality Authority (HIQA), carried out 18 November 2014, focused on two outcomes – end of life and food and nutrition. Actions arising from the inspection related to the maintenance of records were addressed.

Notifications submitted to HIQA since the previous inspection were followed up and the findings are outlined within the body of the report.

Overall, the inspector found good governance and management arrangements in place, with adequate arrangements available to meet the health and social care needs of residents. The resident group and their relatives were in the main complimentary of the care and support provided and highlighted improvements made since the appointment of the person in charge.

The inspector found evidence of good practice in a range of areas. The premises, facilities, furnishings and décor were of a good standard. Staff interacted well with residents and in a respectful and responsive manner, however, improvement with regard to manual handling techniques used by staff was required. Staff demonstrated sufficient knowledge of residents' needs, likes, dislikes and preferences.

While substantial compliance was found across most outcomes, improvements were required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The findings on inspection and improvements required related to medication management, quarterly notifications, use of restraint, the assessment, care planning and review processes which are discussed within the body of this report and set out in the action plan at the end for response.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

***Outcome 01: Statement of Purpose***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose had been reviewed and a revised copy was made available to the inspector.

The statement of purpose detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations.

The provider understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that there was a clearly defined management structure that identifies the lines of authority and accountability, specifies roles and details responsibilities for the areas of care provision. This was outlined in the statement of purpose and staff were familiar with their duty to report to line management.

Plans to improve the governance and management structure were communicated to the inspector during this inspection. The provider had recruited a staff member to support the person in charge as an assistant director of nursing due to commence by 16 June 2016. Notification of this person to participate in the management of the centre is required within the specified time frame.

There were systems in place to capture statistical information in order to compile an annual review of the quality and safety of care delivered to residents. An annual review report was available for inspection that evaluated the care and service performance indicators of 2015 with recommendations for improvement in 2016.

There was evidence of consultation with residents and their representatives in a range of areas, for example, the assessed needs of residents, the care planning and review process and involvement in social and recreational activities.

Interviews of residents and relatives during the inspection were in the main positive in respect of the provision of services and care provided.

**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):**

No actions were required from the previous inspection.

**Findings:**

A Residents' Guide was available, and the inspector noted that it met the requirements of the Regulations.

The inspector reviewed a sample of the completed contracts of care. In the sample reviewed it was not clearly set out the services provided and the fees charged to each resident. While a signed copy of the agreement was completed on behalf or by residents, all those involved in completing the agreement was unclear. For example, the

initials of the name of the centre 'CGNH' was used in the signature sections of those acting on behalf of the provider and the registered provider was not named or identified on the agreements completed.

Since the inspection the contract and agreement has been reviewed. Sample documents sent to HIQA following the inspection should comply with the requirements of the regulations if implemented and all sections are completed accordingly.

**Judgment:**  
Non Compliant - Moderate

***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 centre was being managed by a suitably qualified and experienced nurse who has authority, and was accountable and responsible for the provision of the service.

She is a registered general nurse and has extensive experience of working with older persons. She has a qualification in nursing management and works full time. During the inspection she demonstrated that she had knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre. She is supported in her role by nursing, care, administration, maintenance, kitchen and housekeeping staff, who report directly to her and she in turn to the healthcare manager who reports to the registered provider.

The person in charge and the staff team had facilitated the inspection process by providing documents and had good knowledge of residents' care and conditions. Staff confirmed that good communications exist within the staff team.

Interviews of residents, relatives and staff during the inspection were positive in respect of the recent appointment of the person in charge and changes made to bring about improvements in the quality of care for residents.

**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):**

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

**Findings:**

The documentation to be kept at the designated centre was available for inspection and well maintained.

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were available and a sample of records was reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care, as well as the centre's statement of purpose.

A record of visitors and the directory of residents was recorded and maintained in the centre.

The centre's insurance was up to date and a certificate of insurance cover was available.

A sample of staff files were reviewed and found to be compliant with the regulations.

The inspector also reviewed operating policies and procedures for the centre, as required by Schedule 5 of the Regulations. Policies listed in Schedule 5 were in place, including those on health and safety of residents, staff and visitors, risk management, medication management, end of life care, management of complaints and the prevention, detection and response to abuse. Policies read had recently been reviewed by the person in charge.

**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.***

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| <p><b>Theme:</b><br/>Governance, Leadership and Management</p>   |
| <p><b>Outstanding requirement(s) from previous inspection(s):</b></p> <p><b>Findings:</b><br/>There were no planned absences by the person in charge. Notification of a change in the person in charge was completed since the previous inspection.</p> <p>The provider was aware that:</p> <ul style="list-style-type: none"> <li>• if the person in charge is expected to be absent for 28 days or more, the Authority is to be notified one month prior to the expected absence</li> <li>• in the case of an emergency absence, the Authority is to be notified within 3 days of its occurrence and within 3 days of person in charge's return and</li> <li>• suitable arrangements are required during any period of absence made and to notify HIQA accordingly.</li> </ul> <p>As outlined in outcome 2, the recruitment of a staff member to support the person in charge as an assistant director of nursing from 16 June 2016 was planned.</p> <p>Management arrangements were in place and described in the event of any unexpected absences.</p> |
| <p><b>Judgment:</b><br/>Compliant</p>  |

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|---|
| <p><b><i>Outcome 07: Safeguarding and Safety</i></b><br/><b><i>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.</i></b></p>   |
| <p><b>Theme:</b><br/>Safe care and support</p>  |
| <p><b>Outstanding requirement(s) from previous inspection(s):</b><br/>No actions were required from the previous inspection.</p> <p><b>Findings:</b><br/>Measures were in place to protect residents from being harmed or suffering abuse. There was a policy and supporting documents which provided guidance for staff to manage incidents of abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidents.</p> |

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Further training in relation to the national policy guidance was planned. Staff were fully knowledgeable regarding reporting the procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

The management team demonstrated their knowledge of the designated centre's policy and were aware of the necessary referrals to external agencies, including the HSE designated officer responsibility and the revised process in line with the national policy.

An allegation of abuse was under investigation by the person in charge and healthcare manager at the time of this inspection. This incident had been notified to HIQA in May 2016. The outcome and findings of the investigation are to be communicated to HIQA when completed. Measures taken by the person in charge at the time of inspection included communicating with staff on duty to obtain relevant information, informing the resident of actions and assessing the resident's needs and seeking medical input. An additional measure included changes in staff working arrangements to mitigate risk pending the outcome of the investigation.

Great emphasis was placed on residents' safety and the inspector saw that a number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. For example there was a keypad lock on the main entrance of the centre but internally all other communal areas were accessible to residents including the internal courtyard. The inspector saw that there were facilities in place to assist residents to retain their mobility for example hand and grab rails in circulating areas and keys provided to lock their bedroom door if they choose to.

During interviews with the inspector residents confirmed that they felt safe in the centre due to the support and care provided by the staff team.

Policies and procedures were in place in relation to responsive behaviours and use of restraint. Because of their medical conditions, some residents showed behavioural and psychological signs of dementia (BPSD). The inspector saw that specific details such as possible triggers and interventions were recorded in their care plans. Staff spoken with were very familiar with appropriate interventions to use. Behaviour logs were maintained of episodes of BPSD which were analysed for possible trends and to identify times of higher anxiety levels. During the inspection staff approached residents in a sensitive and appropriate manner which residents responded to positively.

The provider was involved in financial transaction of residents' charges and petty cash. A plan to make the management system more robust in association with a revised contract of care was discussed and to reflect practices in place. Balances checked on inspection were correct.

Physical restraint devices such as bedrails were in use by 32% of residents accommodated at the time of inspection. Chemical restraint was used for eight residents on more than one occasion in quarter one of 2016. Since then the prescription and administration of as required (prn) medicines had reduced. Staff spoken with confirmed

the various alternatives that had been tried prior to the use of restraints including bedrails and medication. While a restraint free environment was promoted and residents who required the use of bedrails and lap belts were provided following an assessment where other measures had been considered, a review of one resident's bedrail and medicines use was required. The inspector read that the rationale recorded for this resident being administered a prn medicine was 'agitation' and 'attempting to climb over bedrails'.

Documentation in relation to the use of restraint was detailed and showed evidence where appropriate that residents, their GP and relatives were involved in the decision making and review process in line with the centre's policy.

**Judgment:**  
Substantially Compliant

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

**Theme:**  
Safe care and support

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

**Findings:**  
The centre had policies and procedures relating to health and safety that included a health and safety statement and risk management policy to include items set out in regulation 26.

Policies for infection control and prevention, absconding, incident reporting, smoking and fire safety with supporting protocols were also available and implemented in practice.

There were policies and procedures in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Arrangements were in place for investigating and learning from audits, serious incidents and adverse events involving residents. Some actions taken to prevent incidents included increased supervision and residents being transitioned to other areas within the centre closer to staff offices. An emergency response supply was centrally located to support staff to react in an emergency situation that included relevant information and equipment.

Reasonable measures were in place to prevent accidents to persons in the centre and in the grounds. However, as discussed in outcome 7, manual handling practices by some staff required review. The management and staff team had completed a comprehensive

review of incidents and accidents involving residents to identify the key cause or likely factors to inform control measures.

Suitable arrangements were in place in relation to promoting fire safety. A smoking room equipped with an apron, ashtrays and call bell was available for residents that were seen in use by throughout the inspection. Residents within this room were visible from the corridor. The suitability of the ventilation systems within the smoke room required review as smoke migrated into the corridor when the door opened.

A fire alarm system was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. Staff interviewed and records reviewed confirmed fire drills, fire alarm tests, checks of escape routes and of fire fighting equipment tests on a regular basis.

Fire safety and response equipment was provided and a personal emergency evacuation plan was completed for each resident. Fire exits were identifiable by obvious signage and exits were unobstructed to enable means of escape. Fire evacuation procedures for each resident were recorded. Staff were trained and those who spoke with the inspector knew what to do in the event of a fire alarm sounding.

**Judgment:**

Non Compliant - Moderate

***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:**

Policies and procedures were in place to guide staff in the management of residents' medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines. While examples of good practices were found, some improvement was required to ensure that each resident was adequately protected by all medication management practices.

The inspector reviewed a sample of administration and prescription records and noted that some improvement was required around medication management practices. Inconsistencies in the prescription records were observed. Each medicine recorded and administered accordingly did not have an individual signature by the prescriber in accordance with the centre's policy. Groups of up to five medicines that included high risk medicines such as insulin were block signed with one centrally located signature and a bracket that could be easily extended to include additional medicines or changes. The

person in charge acknowledged the risk associated with this practice and was to take appropriate action to address it.

Prior to administering medicines to residents the inspector observed the staff nurse consulting with residents and maintaining hand hygiene between each resident. However, practices associated with the storage of medicines required improvement as during medication administration some practices observed included:

- the medicine trolley was unattended, not locked and the medicine keys were left on top of the trolley that was out of the nurses sight at his time
- the key code lock of the treatment room where medicines were stored was the same as other room door codes used by support staff and the door of both treatment rooms were not seen to be consistently locked
- the medicine fridge was not locked at all times during this inspection

There was evidence of GPs reviewing residents' medicines on a regular basis. The inspector was informed that an audit of the medication management system had been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with relevant Regulations. The inspector examined medicines available and this corresponded to the register.

**Judgment:**

Non Compliant - Moderate

***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:**

The inspector found that incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify the Authority of notifiable incidents within three days.

Quarterly reports were provided in 2016, where relevant, for example the use of restraint and number of deaths as prescribed in the regulations. However, quarterly notifications in quarter three and four of 2015 had not been completed or submitted as required. The change in the person in charge occurred between these periods.

**Judgment:**

Substantially 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:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care. However, improvement in the recording of clinical assessments and care plans was required.

The centre provides care primarily for residents with long-term nursing care needs.

Relatives confirmed that staff informed them of their relatives' health care needs and any changes in their conditions. Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided.

Psychiatry of later life services were available and provided to residents upon referral. A full range of other services was available on referral basis including speech and language therapy (SALT) and occupational therapy (OT), physiotherapy, dietician, chiropody, dental and optical services. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were recorded in the residents' notes.

From an examination of a sample of residents' care plans, discussions with residents, relatives and staff, the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions or treatment plans implemented. For example, there was information which detailed residents' choices with regard to daily routines, risk assessments such as dependency, moving and handling, falls, use of bed rails, nutrition, continence and the risk of pressure sores. The care plans were up-to-date and had been reviewed, however, improvement was required.

Areas for improvements related to:

- the recording of clinical practice in accordance with national and professional guidelines and
- the completion of accurate assessments to inform realistic care plans and aid

evaluation

- inclusion of residents in the review of decisions previously made.

There were two residents requiring wound treatment and or pressure ulcer care at the time of this inspection. Pressure relieving devices to promote healing and access to professionals with specialist knowledge was available. However, the inspector found that improvements were required in relation to the recording of the clinical practice related to the recording of assessments and management of their care.

A comprehensive assessment of each resident's needs and status could not be determined by the records available. Wound assessment records were incomplete in parts following care delivered. In the records reviewed, the wound assessment did not accurately describe individual sores, sites or wounds, the measurement or size of each site, the grade or appearance of each and treatment recommended or to be used. The associated care plan record did not sufficiently detail the frequency of assessments or dressing renewals and had insufficient information to aid an evaluation.

In relation to the inclusion of residents in the review of decisions previously made, the inspector read where the resident's GP resident and family member were involved in a resident's decision regarding their resuscitation status in 2013. This status was seen to be subsequently reviewed and recorded by the residents GP on nine occasions following the initial decision. However, there was no recorded evidence that the resident's view formed part of this review and ongoing decision.

Residents were seen enjoying various activities during the inspection, although more varieties in activity provision was recommended by a respondent of a questionnaire. Each resident's preferences were assessed and this information was used to plan an activity programme. Residents who were confused or who had dementia related conditions were encouraged to participate in the activities and many of the activities were suitable for these residents. A programme of activities was available and planned that included religious ceremonies, music, games and a range of both group and individual activities. However, an assessment, review or record of each resident's participation or otherwise in the various activities provided was not maintained.

**Judgment:**

Non Compliant - Moderate

***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 location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely manner. The premises takes account of the residents' needs and abilities, and was maintained in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre is a ground floor building located within a residential village or area on the outskirts of a town.

The inspector found the centre to be warm, well maintained and decorated.

Residents had good access to indoor and outdoor areas and to external gardens and courtyards. The grounds were well maintained. Sitting and dining rooms were large with good natural lighting due to the extensive provision of windows. Communal rooms were decorated in a homely and warm fashion. There were other smaller areas and rooms to sit and dine in that were pleasantly furnished and bedrooms were mainly personalised to suit the individual resident.

Corridors and door entrances of accommodation used by residents were wide and spacious to facilitate movement and aids used and required by residents. Bedrooms were spacious to accommodate personal equipment and devices required existing residents. Handrails and grab rails were provided where required.

Bedroom accommodation was provided through a mix of single and twin occupancy rooms (54 single bedded rooms and five two bedded rooms). While the size and layout of bedrooms met the needs of the residents, the design of the privacy screening in one twin room was not adequate and did not enable the screen to close fully around the resident's bed. The inspector was informed that this deficiency had been previously identified and was being addressed.

Furniture and equipment seen in use by residents was in good working condition. Mobility aids that included remote control beds and hoists, handling belts and slide boards were seen available to promote safe moving and handling practices. However, as previously referenced, the inspector observed that while staff had received moving and handling training within the previous two years, some techniques seen used by staff such as underarm lifts were not in accordance with best practice that may pose the risk to residents. The suitability of seating (height and function) used or available for individual residents required review to mitigate the identified risks associated with poor manual handling techniques observed. A respondent who completed a questionnaire highlighted a need for chairs of a higher height to enable residents to raise themselves up more easily.

Suitable storage arrangements were available throughout the centre. Kitchen facilities are located within the building. A large spacious dining room adjoined the kitchen where residents' food was prepared, cooked and served from at meal-times.

A laundry facility is available within the centre to launder residents clothing, bedding and curtains.

The noise levels generated from mobility aids, care and catering trolleys and alarm systems was highlighted as an area for improvement.

**Judgment:**  
Substantially Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

There was a written operational policy and procedure relating to the making, handling and investigation of complaints.

The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position and residents and relatives that communicated with the inspector said they were aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction.

The inspector examined the complaints record and this showed that complaints were reported since the previous inspection and recorded electronically. Of the records reviewed some improvement was required in relation to the complaint recording template as the drop down menu was restricted and the exact nature of the complaint was unclear. For example, complaints of missing property or valuables were recorded as missing money because an option to enter text freely such as missing property and valuables was not available.

Additionally, the investigation details into the matters complained of and actions taken on foot of a complaint had not been recorded in addition to and distinct from a resident's care records.

**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):**

No actions were required from the previous inspection.

**Findings:**

Caring for a resident at end of life was regarded as a fundamental part of the care and service provided. There were suitable and sufficient care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The practices were supported by an end-of-life policy.

Where appropriate, the inspector noted that the resident's GP and family involvement was encouraged and included in end of life plans and decisions made.

Having reviewed a sample of care plans and from discussions with staff, the inspector was satisfied that each resident or their relative was given the opportunity to outline their wishes regarding end of life care. In some cases very specific information was discussed with staff and or documented regarding their preferences. This included their wishes regarding transfer to an acute hospital or if a specific family member was to be contacted.

Although not currently required, staff spoken with confirmed that the palliative care team provide advice and support as needed.

There was a procedure in place for the return of possessions. Equipment to improve the level of respect shown to the deceased including the necessary religious artefacts and bed linen were available. The inspector was told by staff that the arrangements after the death of the resident would be facilitated in accordance with the residents' or relatives' wishes. Other residents would be informed and offered an opportunity to be involved if appropriate.

**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:**

The inspector was satisfied that each resident was provided with fresh food and drinks at times and in quantities adequate for their needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

The meals and mealtimes were a social occasion for residents. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required.

Monitoring of residents' food intake and fluid balance were completed when required. Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered accordingly.

Access on referral to a speech and language therapist was available when required. The inspector observed practices and saw that staff were using appropriate techniques when assisting residents with their meals.

It was noted that meals were an unhurried social experience with appropriate numbers of staff available to support residents if required. Residents had a choice of where to have their meals. The tables in the dining rooms were attractively and invitingly set and a menu for the day was displayed. The inspector noted that to help some residents with their choices, the residents were asked which they would like in advance of the mealtime and their satisfaction on receipt was again checked.

The food provided was appropriately presented and provided in sufficient quantities. The inspector noted that residents who required their meal in altered consistencies had the same choices as other residents. In addition these were served attractively.

The inspector saw that snacks and fluids were readily available. Night snacks were also available should they be required.

Residents spoken with also expressed satisfaction with the food provided. Some comments were received in relation to the temperature of food served which was communicated to the management team at feedback for consideration and review with residents.

**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:**

There was evidence that residents were consulted with and had opportunities to participate in the organisation of the centre in that a resident's forum was facilitated and the group met on a regular basis. Information for residents' and their family members' involvement was central to care planning.

Access to and information in relation to independent advocacy services was available to residents. Residents' independence and autonomy was promoted. For example, the inspector saw residents choosing to participate in activities or not. In the main, residents were able to make choices about how they lived their lives in a way that reflected their individual preferences or abilities.

The inspector saw that residents' privacy and dignity was respected and personal care was provided in their bedrooms and they could receive visitors in private. Residents were of an older age range, they were seen occupied in hobbies that interested them such as reading and music. Residents were seen to be dressed in an appropriate manner in their own clothes with personal effects of their choosing.

Respondents who completed questionnaires confirmed that residents were treated with respect and were safe. The general consensus was that staff informed them or their relatives' of their health care needs and any changes in the conditions.

**Judgment:**

Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

The inspector saw that there was adequate space provided for residents' personal possessions and mobility aids. Residents had an ability to lock their bedroom or have a locked facility in their bedrooms. Some choose to lock their bedroom door.

There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents. Residents and relatives were satisfied with the arrangements in place.

**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:**

During this inspection staffing levels, skill set and supervision arrangements were adequate to meet the needs of residents.

The inspector examined the staff duty rota, communicated with residents, relatives and staff and found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. Staff who communicated with the inspector confirmed that they were supported to carry out their work by the provider and person in charge. The inspector found staff to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care. Residents and representatives praised the staff team and spoke highly of the recently appointed person in charge.

There was evidence that staff had participated in training relevant to their role and responsibility and demonstrated their knowledge in a number of areas for example, infection-control, safeguarding and fire safety.

A recruitment procedure was described and the policy was in place in accordance with the Regulations. A sample of staff files was examined and found to contain all of the relevant documents. A record was maintained of staff nurses' current registration details with the professional body.

The inspector saw that arrangements for supervision and development of staff were in place. These included induction training, probationary period, an annual appraisal system, communication meetings and observation of care practices.

There were no volunteers working in the centre.

**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:***

Sonia McCague  
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 report<sup>1</sup>

|                            |                             |
|----------------------------|-----------------------------|
| <b>Centre name:</b>        | Castle Gardens Nursing Home |
| <b>Centre ID:</b>          | OSV-0000696                 |
| <b>Date of inspection:</b> | 07/06/2016                  |
| <b>Date of response:</b>   | 06/07/2016                  |

### 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 03: Information for residents

#### Theme:

Governance, Leadership and Management

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

It was not clearly set out the services provided or the fees charged to each resident and all those involved in the sample of agreed contracts reviewed.

#### **1. Action Required:**

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident

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

shall reside in the centre.

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

The Registered Provider will ensure that a contract outlining the terms on which each resident shall reside in the centre, including fees charged to each resident are clearly laid out in writing on admission to the centre.

A full review of the Contracts of Care for the current residents is in progress, any found to require updating will be re-issued and signed.

**Proposed Timescale:** 29/07/2016

**Outcome 07: 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:**

A review of one resident's bedrail and medicines use was required.

The inspector read that the rationale recorded for a resident being administered a prn medicine was 'agitation' and 'attempting to climb over bedrails'.

**2. Action Required:**

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

The use of restraint has been reviewed and the indications for PRN medicine have been reviewed. A care plan is in place for the resident in question, detailing the rationale and use for PRN medicine to ensure that this is a measure of last resort and that there is a consistent approach to managing agitation and restlessness.

**Proposed Timescale:** 30/06/2016

**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:**

Risks identified on inspection included:

- poor manual handling practices by some staff
- inadequate ventilation systems within the smoke room as smoke migrated into the corridor when the smoke room door opened.

**3. Action Required:**

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:**

Additional education will be provided to staff regarding safe manual handling practices and the Person-in-Charge and her designated deputies will monitor compliance with the manual handling policy and procedure in the centre.

The ventilation system in the designated smoking room has been upgraded.

**Proposed Timescale:** 31/08/2016

**Outcome 09: Medication Management****Theme:**

Safe care and support

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

Some improvement was required around medication management practices.

Inconsistencies in the prescription records were observed. Each medicine recorded and administered accordingly did not have an individual signature by the prescriber in accordance with the centre's policy. Groups of up to five medicines that included high risk medicines such as insulin were block signed with one centrally located signature and a bracket that could be easily extended to include additional medicines or changes.

**4. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The Person-in-Charge will liaise with the GPs to ensure that they are aware of their responsibilities to ensure that all individual medicines are signed and that this will reduce the margin for error and promote safe medicines management in the centre.

**Proposed Timescale:** 31/07/2016

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement**

**in the following respect:**

Some practices associated with the storage of medicines required improvement as during medication administration some practices observed included:

- the medicine trolley was unattended, not locked and the medicine keys were left on top of the trolley that was out of the nurses sight at his time
- the key code lock of the treatment room where medicines were stored was the same as other room door codes used by support staff and the door of both treatment rooms were not seen to be consistently locked
- the medicine fridge was not locked at all times

**5. Action Required:**

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

The Person-in-Charge will ensure that all nurses are aware of their responsibilities in maintaining safekeeping of medicines. All staff will be re-educated and, through a process of reflective practice, will have a heightened awareness of vigilance in adhering to the centre's policies on medicines management.

The code to the clinical treatment room has been changed and is known only by nursing staff.

The medicines fridge is now locked at all times.

**Proposed Timescale:** 31/07/2016

**Outcome 10: Notification of Incidents**

**Theme:**

Safe care and support

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

Quarterly notifications for quarter three and four of 2015 had not been completed or submitted as required.

**6. Action Required:**

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

The Person-in-Charge is aware of her responsibility to provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident as set out in Schedule 4. She will ensure that the notifiable reports for the quarters 3 and 4 of 2015 are submitted to the Authority.

Proposed Timescale: 31/07/2016

### Outcome 11: Health and Social Care Needs

**Theme:**

Effective care and support

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

Improvements were required in relation to the recording of the clinical practice related to the recording of assessments and management of resident care plans.

A comprehensive assessment of each resident's needs and status could not be determined by the records available.

Wound assessment records were incomplete in parts following care delivered and did not accurately describe the individuals condition and treatment recommended or to be used.

The associated care plan record did not sufficiently detail the frequency of assessments or dressing renewals and had insufficient information to aid an evaluation.

**7. Action Required:**

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

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

A review of all assessments and care plans is in progress. The care plans will be based on the assessed care needs and wishes of each resident and will accurately reflect their care requirements, including specific care needs such as wound care.

Proposed Timescale: 31/07/2016

**Theme:**

Effective care and support

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

The inspector read where the resident's GP, the resident and a family member were involved in a decision regarding their resuscitation status in 2013. This status was seen to be subsequently reviewed and recorded by the residents GP on nine occasions following the initial decision. However, there was no recorded evidence that the resident's view formed part of this review and ongoing decision.

**8. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

The Person-in-Charge will liaise with the GPs to ensure that the resident or a family member is involved in the review of the resident's resuscitation status.

All care plans are currently under review and will incorporate the resident's views and wishes wherever possible and practicable. All care plans will be reviewed as the resident's care needs change and at intervals not exceeding 4 months.

**Proposed Timescale:** 31/07/2016

**Theme:**

Effective care and support

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

An assessment, review or record of each resident's participation or otherwise in the various activities was not maintained.

**9. Action Required:**

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

The Person-in-Charge will ensure that the Registered Nurse and the Activities Coordinator maintain an accurate assessment and record of each resident's choices and preferences with respect to participation or otherwise in activities. This will be reviewed at no less than 4 monthly intervals or as the resident's care needs change.

**Proposed Timescale:** 30/06/2016

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

The design of the privacy screening in one twin room was not adequate and did not enable the screen to close fully around the resident's bed.

The suitability of seating (height and function) used or available for individual residents required review to mitigate the identified risks associated with poor manual handling techniques observed.

The noise levels generated from mobility aids, care and catering trolleys and alarm systems was highlighted as an area for improvement.

**10. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Privacy screens will be extended to fully close around the resident's bed in the twin room.

The Occupational Therapist will continue to carry out seating assessments for all residents and ensure that each resident has appropriate seating.

Mobility aids, care equipment and catering trolleys have been serviced to reduce noise impact. The Alarm system will be reviewed.

**Proposed Timescale:** 31/08/2016

**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:**

Of the complaint records reviewed some improvement was required in relation to the complaint recording template as the drop down menu was restricted and the exact nature of the complaint. For example, complaints of missing property or valuables were recorded as missing money because an option to enter missing property being the nature of the complaint was not available.

The investigation details into the matters complained of and actions taken on foot of a complaint had not been recorded in addition to and distinct from a resident's care records.

**11. Action Required:**

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

The Registered Provider will ensure that the improvements required to the complaint recording template are implemented to enable more accurate and appropriate records to be maintained regarding feedback from residents or others.

The investigation and outcome of all complaints will be fully and properly recorded in addition to and distinct from the resident's care plan.

**Proposed Timescale:** 30/09/2016