<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Castleturvin House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000327</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Athenry, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>091 850 800</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:castleturvinnh@gmail.com">castleturvinnh@gmail.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Castleturvin Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Carmel Killeen</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>PJ Wynne</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Gearoid Harrahill</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>39</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</td>
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</table>
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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
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 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:
28 November 2016 10:00 28 November 2016 18:15
29 November 2016 07:40 29 November 2016 13:00

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

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

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

In applying to renew registration of the centre the provider has applied to accommodate a maximum of 42 residents who need long-term care, or who have
respite, convalescent or palliative care needs. This is the same level of occupancy the centre is currently registered to accommodate.

The inspectors observed practices, the physical environment and reviewed governance arrangements, clinical and operational documentation. This included policies, procedures, risk assessments, reports, residents' files and training records to inform this application.

The management team displayed good knowledge of the regulatory requirements and they were found to be committed to providing person-centred evidence-based care for the residents. Residents received a comprehensive assessment on admission and at regular intervals thereafter.

Prior to the inspection, questionnaires were forwarded to the centre for distribution to residents and relatives. Completed questionnaires were reviewed by the inspectors and feedback was positive from all. Residents and relatives spoken with by the inspectors were complimentary of the care provided. Family involvement was encouraged. Relatives described how staff were always respectful and welcomed them when visiting. One resident described the centre as home from home while another described how safe she felt, having peace of mind. All residents were complimentary about the premises and the food provided.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence based nursing care was provided. Staff supported residents to maintain their independence where possible.

The inspectors identified minor aspects requiring improvement to enhance the findings of good practice on this inspection. These are discussed under the outcome statements.

These improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland 2016.

The provider was required to complete an action plan to address these areas.
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 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 detailed the aims, objectives and ethos of the centre. It outlined the facilities and services provided for residents and contained all information in relation to the matters listed in schedule 1 of the regulations. However, it required minor review to provide more clarity on the arrangements for completing and reviewing care plans. There was limited detail outlined on the fire precautions and emergency procedures. This was completed and a revised statement of purpose was submitted following the inspection.

The provider understood that it was necessary to keep the document under review. The provider was aware of the requirement to 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There was a defined management structure in place. The lines of accountability and responsibility for the provision of the service were well established. The provider was involved in the governance, operational management and administration of the centre on a consistent basis. The provider worked full-time in the centre.

During the inspection the provider demonstrated good knowledge of her statutory responsibilities. Records confirmed that she was committed to her own professional development.

There were sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was evidence of investment in the continued upgrading of the facilitates and services, professional development of staff and rostering of staff to meet residents’ care needs.

The registered provider also fulfils the role of the person in charge. She is a qualified nurse with good clinical experience and management skills. She routinely attends training to implement current evidenced based best practice in care of the older person.

She is well known to residents and their families. It was evident she had in-depth knowledge of residents’ healthcare and psychosocial care needs. She actively liaises with families on a daily basis.

There is a system to review the quality and safety of care and quality of life in place. Management had systems in place to capture statistical information. A very detailed annual report on the quality and safety of care was compiled for 2015 and a draft in process for the current year. This report included the details of reviews of medication management, end of life care, wound care, falls, nutrition and the care of residents with dementia. Quality improvement initiatives were identified for each area reviewed. This was an area identified for improvement in the action plan of the previous inspection.

Questionnaires were circulated to collate the views of residents and families on the facilities, staffing, food and other aspects of living in the centre. There was evidence that feedback from these surveys was recognised and action taken to enhance the service.

**Judgment:**
Compliant

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**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:
There was a residents’ guide available. This contained all the information required by the regulations on the services and facilities provided.

All residents had an agreed contract of care the service provider. The contracts detailed the care services and facilities which are provided to residents and the fees payable. Items not covered by the overall fee which would incur additional charges were identified for example hairdressing, escort to appointments and social programs.

The contracts did not explicitly identify if the bedroom in which the resident was to be accommodated was single occupancy or may be shared with another resident. Some of the bedrooms accommodating one resident were registered as twin rooms.

Judgment:
Substantially Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The centre was being managed by a suitably qualified and experienced nurse. She fulfils the dual role of provider and person in charge. She has the authority and accountability for the provision of the service.

She is a registered general nurse, has extensive experience of working with older people 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.

She is supported in her role by a clinical nurse management team, nurses, care assistants, administration, maintenance, kitchen and housekeeping staff. Staff confirmed that good communications exist within the staff team. Relatives and residents highlighted the positive interactions and support provided by the entire team in questionnaires submitted to HIQA.
There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

**Judgment:**
Compliant

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**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

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

**Findings:**
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 stored maintained in a secure manner. Samples of records were reviewed by the inspectors. These included records relating to fire safety, staff recruitment and residents' care. Records required by the regulations viewed included;

- The centre's insurance which covered against accidents or injury to residents, staff and visitors.  
- The directory of residents included all the information specified in Schedule 3. The details of the most recent transfer of a resident to hospital and death were updated in the directory.  
- Incidents falls and accidents, physical restraint management (the use of bedrails).  
- Money or other valuables deposited by residents for safekeeping.  
- Correspondence to or from the designated centre relating to each resident.  
- Staff employed at the centre, including the current registration details of nursing staff, staff training and roster.  
- Records of visitors to the centre.

The records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval:

The registered provider confirmed in the application that all the written operational policies as required by schedule 5 of the legislation were available. The inspector verified this on inspection.
Nursing notes were completed on a twice daily basis. When an acute health problem was being managed the daily nursing notes described well the interventions, the residents’ progress and response to treatment. However, as required by Schedule 3 (4) (c) the nursing record of a person’s health and condition completed on a daily basis did not describe well their overall psychosocial or holistic care needs on a daily basis.

**Judgment:**  
Substantially Compliant

### Outcome 06: Absence of the Person in charge

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

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
The provider is aware of the responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during any absence.

The deputy notified to HIQA has a clinical nurse manager role. She assisted to facilitate the inspection well. A review of staff files evidenced engagement of continuous professional development. Mandatory training required by the regulations and ongoing professional development and engagement in education was evident.

**Judgment:**  
Compliant

### Outcome 07: Safeguarding and Safety

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

**Theme:**  
Safe care and support

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

Findings:
There were effective and up to date safeguarding policies and procedures in place. Risks to individuals were managed to ensure that people had their freedom supported and respected. An emphasis was placed on residents’ safety while at the same time residents had opportunities for maintaining independence and fulfilment. Residents were facilitated daily to go on their own for walks or undertake personal activities in the locality. Consent was obtained from residents and their wishes respected.

Staff spoken with were able to explain the different types of abuse, signs to look out for and how to report any concerns. Staff identified a senior manager as the person to whom they would report a suspected concern. Staff were familiar with the role of the Health Service Executive (HSE) adult protection case worker. The contact name and phone number was available at the nurses’ station. The inspector viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults.

One notifiable adult protection incident which is a statutory reporting requirement to HIQA has been reported since the last inspection. This was a peer to peer incident. The management team recognised the nature of the incident and its potential impact. Responsive action was undertaken.

Through observation and review of care plans it was evidenced staff were knowledgeable of residents’ needs. Because of medical conditions, some residents showed behavioural and psychological signs and symptoms of dementia (BPSD). There is a policy on the management of responsive behaviour. Care plans were in place for any residents with responsive behaviours.

Staff provided support that promoted a positive approach to the behaviours and psychological symptoms of dementia. Staff spoken with explained seating arrangements in the day sitting and dining room to ensure residents were comfortable in each other’s company. Staff could explain triggers which may cause an altered pattern in mood or behaviour by a resident. They could describe early signs for individual residents and the action they took to minimise any escalation in responsive behaviour. Residents were very comfortable in the company of staff. Observations noted they responded well to interactions to assist and guide their daily routine.

Efforts were made to identify and alleviate the underlying causes of some residents’ responsive behaviour. Training programs were provided and were ongoing to inform and support staff practice. Psychotropic medications were monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values. There was good access to the psychiatry of later life team. The community mental health nurse from the team visited the centre regularly to review residents. A small number of resident were under the care of the general adult psychiatry team and they visited routinely. There was evidence in files of changes being made to medications and alternatives being trialled to ensure optimum therapeutic values. Access to psychology was available and support plans developed to manage specific issues.
There were 19 residents prescribed a psychotropic medication. There was one resident on three or more antipsychotic or anti anxiety medications. The rational for any prescribed medication was outlined. Nursing staff in conversation outlined the need and clarified the therapeutic benefit of administration.

In line with national policy a restraint free environment was promoted. There was a policy on physical restraint management (the use of bedrails and lap belts) in place. At the time of this inspection there were 15 residents with two bedrails raised.

There were systems and practices operating regarding the use of bedrails. Risk assessments were regularly revised and supported with a care plan. The documentation showed consultation with the resident or the resident’s relative, the general practitioner and the nurse in charge. The care plans were reviewed as required by the action plan of the previous inspection. Care plans now describe well how raised bedrails support each resident and outline an enabling function in each case.

The centre acts as a pension agent for a number of residents. For each of those residents, a record was maintained of all pension sums incoming and money being withdrawn. A secure safe is used for small amount of money and balance books for each person. Inspectors reviewed a selection of these and found the books clearly recorded all income and expenditure. The balances matched the actual amount stored for each person.

**Judgment:**
Compliant

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

**Theme:**
Safe care and support

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

**Findings:**
A risk management policy and a health and safety statement were available. The risk management policy included the arrangements for the identification, recording, investigation and learning from serious incidents.

Policies were also available to provide guidance to staff on specific areas required by the legislation including the risks of absconding, assault, self harm and accidental injury.

The areas identified as requiring improvement from the last inspection were all satisfactorily completed. Each resident’s evacuation needs were identified. Moving and handling assessments specified the type of hoist and sling size required for each
resident. Residents requiring the use of the full body hoist were each provided with their own sling. The temperature of hot water on this visit was controlled and did not pose a risk to safety.

Measures were in place to prevent accidents in the centre and within the grounds. A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced in accordance with fire safety standards. Fire safety checks were completed by staff on a weekly and monthly basis to ensure fire safety equipment was operational and functioning. An improvement in fire signage to alert residents, staff and visitors is required. There were only two signs the entire length of first floor corridor. These were placed on opened doors and not readily visible. Notices on the action to take on hearing the fire alarm or discovering a fire were not placed strategically around the building.

Means of escape and fire exits were unobstructed. Staff were trained in fire safety and those who spoke with the inspector knew what to do in the event of a fire. Training included practicing a mock fire drill with staff response and evacuation times recorded.

There was a contract in place to ensure hoists and other equipment including electric beds and air mattresses used by residents were serviced and checked by qualified personnel to ensure they were functioning safely.

Restrictors were fitted to windows. Access to stairwells was secured to mitigate risk to some residents. This did not restrict the free movement of all residents as the inspectors observed some residents use the stairs instead of the lift.

A policy on infection control was provided and appropriate measures were in place to control and prevent infection including supplies of hand sanitising gel. The premises was cleaned and staff spoken with explained the cleaning procedures. They outlined the daily cleaning system and explained a more thorough cleaning was undertaken in each bedroom on a regular cycle.

There were three residents who smoked. Risk assessment and plans of care were developed. To mitigate any hazard cigarettes and lighters were held in safe keeping by staff overnight. The smoking room was located close to the day sitting room and residents were visible to staff. Fire retardant aprons were provided to enhance residents’ safety.

**Judgment:**
Substantially Compliant

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

**Theme:**
Safe care and support
**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There was a medicines policy and procedures in place. This included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

Medicines were contained in a blister pack prepared by the pharmacist and delivered to the centre on a weekly basis. On arrival, the prescription sheets from the pharmacist were checked against the blister packs by nursing staff to ensure all medicine orders were correct for each resident.

Nursing staff transcribed most prescriptions. Transcribed medicine prescriptions were countersigned by a second nurse in each of the sample of records examined in accordance with An Bord Altranais guidance on medicine management.

There was photographic identification on the front of each resident’s drug card. Other information recorded included the resident’s weight; any known drug allergies and specialist dietary requirements for example, pureed or minced consistency. The prescription sheets were legible and separately identified the regular medication, antibiotics prescribed, (p.r.n) medication (a medicine only taken as the need arises) and short term medicine.

There was evidence of GPs reviewing residents’ medicines on a regular basis. An audit of the medicine management system was carried out by the pharmacist.

Medicines were being crushed for three residents at the time of this inspection. Drugs being crushed were individually signed by the GP as suitable for crushing.

The medicine administration sheets viewed were signed by the nurse following administration and recorded the name of the drug and time of administration. Medicines were administered within the prescribed timeframes. There was space to record when a medicine was refused on the administration sheet.

The system for storing controlled drugs was secure. Controlled drugs were stored safely in a double locked cupboard. Stock levels were recorded at the beginning and end of each shift in a register. The inspector examined a sample of medicines and this corresponded to the register.

**Judgment:**
Compliant

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**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 record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. Incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify HIQA of notifiable incidents within three days.

Quarterly notifications had been submitted to HIQA as required.

**Judgment:**
Compliant

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

**Findings:**
Each resident’s wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. A pre-admission assessment was completed by the person in charge to ensure the care needs of a prospective resident can be met.

On admission a comprehensive assessment of needs was completed. There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. Recognised assessment tools were used to evaluate residents’ progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores, continence needs and mood and behaviour. Risk assessments were regularly revised. There was good linkage between risk assessments and care plans developed.
There were plans of care in place for each identified need. Arrangements were in place so that each resident’s care plan was kept under formal review as required by the resident’s changing needs or circumstances and was reviewed no less frequently than at four-monthly intervals. The development and review of care plans was done in consultation with residents or their representatives.

There was a good emphasis on personal care and ensuring wishes and needs were met. Staff were knowledgeable of resident’s preferred daily routine, their likes and dislikes. Clinical observations such as temperature, blood pressure, pulse were assessed routinely.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was maintained and shared between providers and services.

Inspectors reviewed the management of clinical issues such as falls management which were guided by policies and practices. Risk assessments are undertaken to mitigate and reduce the risk of falls. While falls sustained by residents were audited periodically, a post incident review was not completed in the immediate aftermath of a fall to identify any contributing factors for example, suspected infection or the impact of changes from medication.

Residents identified at risk of developing pressure ulcers had specific equipment in place to mitigate the risk, such as repositioning regimes, pressure relieving mattresses and cushions to protect skin integrity. There was one resident with a vascular wound at the time of this inspection. There was evidence in the files of access to a vascular clinic. Professional expertise provided was followed. Four residents had protective or surgical dressings. Wound care plans and records were updated to reflect the status of the wound following each dressing. The interventions used in practice were outlined in the related care plans.

Residents had good access to GP services and out-of-hours medical cover was provided. Access to allied health professionals including dietician and physiotherapist was available to residents. The provider has employed a physiotherapist for two hours each week. The physiotherapist is available to review all residents and assist completing moving and handling risk assessments for new admissions. Nurses liaise with the physiotherapist and refer residents for review to improve respiratory function, assess mobility and obtain advise to promote well being. Chiropody and optical services were also provided on referral.

Judgment:
Substantially Compliant

**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 building was clean, well lit and heated, and kept in a good state of repair both internally and externally. The building was laid out between two storeys with an elevator providing access to the first floor.

On each level, floors were free of obstruction or trip hazards, handrails ran along all corridors, and no steps required navigation to mobilise throughout the building. There were some sloped areas in corridors but any potential tripping hazard was mitigated by having handrails, and not having residents for whom a slope would cause difficulty accommodated in bedrooms in the vicinity.

External grounds were well maintained and safe internal garden were accessible to residents. The car parking area has been extended since the last inspection.

Bedrooms were spacious and designed in a warm non-clinical style which allowed for residents personalisation. There is adequate storage space for clothing and personal belongings. Bedrooms accommodation comprises of 22 single and 10 twin en-suite bedrooms. Bedrooms accommodating more than one resident had a privacy curtain between the beds.

All bedrooms had en-suite bathrooms. All bedrooms and bathrooms were each fitted with call bell points to allow residents summon for assistance. Bathrooms were furnished with non-slip flooring and grab-rails to safety accommodate residents.

There was sufficient communal space for all residents. There is a sitting room on each floor. The dining room is suitable to cater for the number of residents currently attending. There is one sitting at each mealtime. A small number of residents chose to have their meals in the sitting room. Other facilitates include an oratory, a visitor room known as the library, a secured laundry room and sluicing facilities. There are an adequate number of assistive toilets and bathrooms along corridors.

While the building was maintained in good decorative order some of the armchairs in the sitting room required replacement or upholstering as the fabric was worn and not easily cleanable.

**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 outlined in the residents’ guide and statement of purpose.

The independent appeals process if the complainant was not satisfied with the outcome of their complaint requires review to meet the requirements of the regulations. The appeals procedure referred complainants to an external third party who was not part of the governance structure. The contact details of the office of the Ombudsman were outlined.

**Judgment:**
Substantially Compliant

### Outcome 14: End of Life Care

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

**Theme:**
Person-centred care and support

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

**Findings:**
Discussions with the nursing team evidenced that end-of-life care was person-centred and respected the values and preferences of individual residents. Staff described the policy and protocols in place for the end of life care.

There was good evidence of residents and relatives’ involvement in a resident’s care.
plans to meet end of life needs. A system of advance care planning to ascertain future healthcare interventions were outlined. Details of preference to transfer to hospital when of a therapeutic benefit were recorded. There was a system developed to review each resident with a do not attempt resuscitation (DNAR) status to uphold the validity of the clinical decision making. End-of-life care plans recorded good detail of personal and spiritual wishes to assist meeting social and psychological needs.

The management team confirmed they had good access to the palliative care team who provided advise to monitor physical symptoms and ensure appropriate comfort measures. There was one resident while under the care of the palliative team was stable at the time of this inspection.

**Judgment:**
Compliant

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**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:**

Residents were provided with food and drink at times and in quantities adequate for their needs. The food was properly served. Menus placed on tables showed a variety of choices and meals.

There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence. Residents confirmed their satisfaction with mealtimes and food provided. Relatives were positive in their comments about the meals including the quality and variety in questionnaires submitted to HIQA.

Training records indicated staff had been trained in nutritional care in the elderly. Staff members and records of staff meetings confirmed that there was good communication between catering and care staff so as to ensure that appropriate meals which met residents' needs were served. A record of residents who were on special diets such as diabetic, fortified diets or those requiring a modified consistency or fluid thickeners was available for reference by all staff and kept under review.

All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a
Residents were prescribed supplements to help maintain a healthy nutritional status. Access to a dietician and a speech and language therapist was available to obtain specialist advise to guide care practice and help maximise residents maintain a safe healthy nutritional status.

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

**Findings:**
Inspectors observed staff interacting with residents in an appropriate and respectful manner. Residents’ privacy was respected and the inspector observed staff knock on doors before entering residents’ bedrooms. There were no restrictions on visiting times and there was adequate space for residents to meet with relatives in private, separate from their bedrooms. Visitors were seen to come and go throughout the day and it was evident that they were familiar with staff. Staff knew residents visitors well and engaged with them and updated relatives on their well being since their last visit.

In regard to privacy, there were rooms in the building besides the residents’ bedroom for receiving visitors in private. There was CCTV present in the centre but its presence was well signposted. There is improved signage in place to direct residents and visitors around the building and to guide residents from their bedrooms to communal areas including the dining and sitting room.

The centre held quarterly resident forum meetings which were well attended by residents, and were also attended by advocates. The usual content of these meetings consisted of keeping residents informed of developments in the centre such as renovation progress and staffing changes, and invited feedback and suggestions from residents on the centre, the staff, the food, and events or outings facilitated by the centre.

There is a good communication culture established. The inspectors attended handover report from night duty staff to day staff. Each resident’s care needs and health status
was discussed over the previous 12 hours. The handover report was attended by both nursing and care staff. This detailed how the night had been for all residents and whether they slept well, required any pain relief or any social or emotional issues that occurred.

A range of activities were available each day such as physical activity exercises, arts and crafts, quizzes, SONAS, and music. Residents had access to television, newspapers, and telephone facilities.

The preferences of all religious denominations were respected and facilitated. Religious ceremonies were celebrated in the centre that included weekly mass for residents. Each resident had a section in their care plan that set out their religious or spiritual preferences.

**Judgment:**
Compliant

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**Outcome 17: Residents' clothing and personal property and possessions**

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

**Theme:**
Person-centred care and support

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

**Findings:**
There was a policy in relation to personal property and possessions of residents. On admission an inventory of clothing and valuables is completed. Bedrooms have sufficient space for residents’ belongings, and they can arrange to have lockable storage boxes in their bedrooms if requested.

The laundry staff keep the clothing list updated as the resident gets new clothes. All clothes are labelled with the resident's name and room number. The laundry is suitable in size and appropriately equipped. A staff member was assigned to the laundry each day of the week.

Laundry staff have completed training in infection control.

**Judgment:**
Compliant

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**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
The centre maintained policies on recruitment, training and development of staff.

There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection. The supervision arrangements and skill-mix of staff were suitable to meet the needs of residents taking account of the purpose and size of the designated centre.

There were two nurses rostered each day from 8.00am until 8.00pm and one nurse each night supported by three care assistants until midnight. There are six care assistant rostered throughout the day until 3.00pm and four care assistant in the evening time. The day rooms are well supervised at all times with two additional staff assigned to each sitting room from 10.00am until 5.00pm on the ground floor and 6.00pm on the first floor. These staff facilitated an activity program for residents throughout the day. In addition to the person in charge there is a clinical nurse manager rostered most days of the week to support the nursing team.

Staff were seen to be supportive of residents and responsive to their needs. In questionnaires submitted to HIQA all residents were complimentary of the staff team and person in charge. Inspectors spoke with residents’ relatives, who were complimentary of the management team, the staff group and were satisfied with the standard of care provided to residents.

A sample of staff files from each role was reviewed. The files contained all documentation required under Schedule 2 of the regulations. There was evidence of vetting by An Garda Síochána for all staff including volunteers and outsourced service providers operating in the centre. Volunteers had their roles and responsibilities were set out in writing.

All nurses had records confirming their active registration with An Bord Altranais agus Cnáimhseachais na hÉireann.
All staff had received mandatory training in adult protection, fire safety, infection control and safe moving and handling. Professional development undertaken included continence care, end of life care, food and nutrition and wound care.

A training matrix was maintained to identify each staff member's training requirements. This assisted the management team maintain oversight and plan refresher training updates.

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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Castleturvin House Nursing Home</th>
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<tbody>
<tr>
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<td>OSV-0000327</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>28/11/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>02/01/2017</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contracts did not explicitly identify if the bedroom in which the resident was to be accommodated was single occupancy or may be shared with another resident.

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...
shall reside in the centre.

**Please state the actions you have taken or are planning to take:**
All new contracts had included this detail. All other contracts will be amended to include occupancy whether single or shared.

**Proposed Timescale:** 31/01/2017

### Outcome 05: Documentation to be kept at a designated centre

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
As required by Schedule 3 (4) (c) the nursing record of a person’s health and condition completed on a daily basis did not describe well their overall psychosocial or holistic care needs on a daily basis.

**2. Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
The nursing notes are completed twice daily or more frequently if required. They reflect any changes with the resident’s physical, psychological or social condition and treatment or action if required. Activities and past-times carried out during the day are documented each in their own section. A separate section records behaviour and mood which is documented by the nurses and the personal care is documented by the carers on a touch screen programme. Communication with family or other multidisciplinary teams are documented in a separate communication section. The care plans include all holistic care required in a person centred manner with residents preferences included and comprehensively cover the residents care needs as detailed in this report.

To meet the specific requirements of the inspectorate, a staff nurses meeting was held to inform all nurses to include a more in-depth account of the residents holistic care provided on a daily basis.

**Proposed Timescale:** 01/01/2017

### Outcome 08: Health and Safety and Risk Management

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement**
in the following respect:
An improvement in fire signage to alert residents, staff and visitors is required. There were only two signs the entire length of first floor corridor.

3. Action Required:
Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

Please state the actions you have taken or are planning to take:
There is now signs placed at each compartment on the first floor corridor.

Proposed Timescale: 22/12/2016

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:
A post incident review was not completed in the immediate aftermath of a fall to identify any contributing factors for example, suspected infection or the impact of changes from medication.

4. 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:
The incident form used for documenting falls includes interventions carried out to prevent reoccurrence. Contributing factors are always considered post a fall. In the report of the fall reviewed by the inspector, the intervention carried out was review by a physio, with detailed physio report in therapies section. The resident has a balance disorder which was the contributing factor of the fall. The resident was not on any medication that resulted in the fall and had no infection at the time of fall as was evident from observations carried out. The contributing factor of the balance disorder has been added to the form for complete clarity.

Proposed Timescale: 29/11/2016

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:
Some of the armchairs in the sitting room required replacement or upholstering as the fabric was worn and not easily cleanable.

5. 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:
A specialist pressure relieving chair was on order a month prior to the inspection to replace the chair where there was a tear in the side of the chair. One of the other armchairs in the sitting room had a slight tear in the leather under the pressure relieving cushion. This was immediately replaced with one of the many spare chairs available in the third sitting room.

Proposed Timescale: 29/11/2016

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:
The independent appeals process if the complainant was not satisfied with the outcome of their complaint requires review to meet the requirements of the regulations. The appeals procedure referred complainants to an external third party who was not part of the governance structure.

6. Action Required:
Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

Please state the actions you have taken or are planning to take:
The external third party referral has been removed from the complaints procedure, policy and statement of purpose.

Proposed Timescale: 29/11/2016