Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Castlemanor Nursing Home</th>
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<tr>
<td>Name of provider:</td>
<td>Costern Unlimited Company</td>
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<tr>
<td>Address of centre:</td>
<td>Billis, Drumalee, Cavan</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>29 October 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0004913</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0030928</td>
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About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Castlemanor Nursing Home provides 24-hour nursing care to 71 residents, male and female who require long-term and short-term care (convalescence and respite). The centre is a two storied building containing four distinct areas, Lough Inchin, Lough Rann, Lough Oughter and Lough Sheelin. There are 69 single and one twin bedroom all of which are en suites. The dementia specific unit is located on the ground floor and accommodates 13 residents. The aim of the centre is for residents to experience a high standard of care that is respectful and dignified and which promotes well being.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 66 |
This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (hereafter referred to as inspectors) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. **Capacity and capability of the service:**

   This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. **Quality and safety of the service:**

   This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tbody>
<tr>
<td>Thursday 29 October 2020</td>
<td>10:00hrs to 18:00hrs</td>
<td>Naomi Lyng</td>
<td>Lead</td>
</tr>
<tr>
<td>Thursday 29 October 2020</td>
<td>10:00hrs to 18:00hrs</td>
<td>Noreen Flannelly-Kinsella</td>
<td>Support</td>
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What residents told us and what inspectors observed

The designated centre was experiencing a significant COVID-19 outbreak at the time of inspection. As a result, inspectors limited their movements within the centre and therefore had minimal opportunities for interaction with the residents who lived there. However, the inspectors did complete a walk around of one unit with the person in charge where they observed residents self-isolating in their bedrooms or sitting alone in communal areas. During the walk around inspectors were able to communicate with a small number of residents in this unit and observed a number of interactions between staff and residents.

One resident was sitting in an open seated area and was observed interacting easily with staff as they went about their daily duties. The resident told inspectors that this was her favourite spot to spend her time as she liked to watch the "comings and goings" in the centre. The resident reported that staff were kind and caring, and that she considered them to be her friends. Another resident was observed to be thoroughly engaged in a television programme in a large sitting room. While he preferred not to speak with inspectors on the day, he appeared to be relaxed and enjoying himself.

Inspectors observed residents’ bedrooms from the hallways. These appeared to be neat, tidy and bright with sufficient space and storage for resident’s belongings. The bedrooms were decorated nicely and contained personal touches such as residents’ own bedclothes and ornaments.

Despite the restrictions that were in place in the centre, inspectors observed a calm atmosphere. Staff were observed to be checking on residents regularly in their bedrooms and call bells on the unit were answered promptly. A staff member was observed assisting a resident with their meal in a patient and respectful manner. The resident appeared comfortable and relaxed and did not appear affected by the necessity of staff to wear personal protective equipment (PPE).

Inspectors observed a number of communal facilities available for resident use including sitting rooms and dining areas. Though these spaces were mostly unoccupied on the inspection due to residents self-isolating in their bedrooms, they were observed to be comfortable spaces for resident use. Some areas required improved maintenance, including paintwork and skirting boards, to ensure they were safe and pleasant spaces for residents to enjoy. There was a large reception area at the entrance to the centre with an open fireplace and tasteful furniture. Staff told inspectors about how this space had been used to host a wedding fashion show, and spoke of the great fun that was experienced by all on the day. Staff were hopeful that they would be able to host similar events again in the future for residents and their families. Inspectors also observed a well-kept internal courtyard which provided a pleasant outdoor area for residents to enjoy.
Capacity and capability

This was a short term announced inspection and the centre was notified the day prior to the inspection on 28 October 2020. This risk inspection had been triggered as a result of the following concerns:

- Notification of an outbreak affecting significant numbers of residents and staff
- Unsolicited information received by the office of the chief inspector in relation to the delivery of care to residents

The centre was experiencing a significant outbreak at the time of inspection with 21 residents and 10 staff having tested positive for the COVID-19 virus. This resulted in a number of nursing and care staff being off due to COVID-19 related illness or the requirement to self-isolate. The centre had addressed this shortage in staff through the acquisition of agency staff, and sufficient staffing levels were maintained throughout the outbreak.

The person in charge told inspectors that a number of residents and staff had successfully recovered from COVID-19, with some staff having already returned to work. However, some residents had been significantly affected by the virus and required admission to acute hospital services for specialist medical treatment.

The centre had strong links with the public health team, who provided leadership and support during the outbreak. The person in charge liaised with the team on a daily basis and an outbreak control meeting had been held in relation to outbreak management in the centre. The person in charge also actively engaged with the inspectorate during this time and provided regular updates on the COVID-19 status in the centre.

The provider had prepared a comprehensive preparedness and contingency plan for Covid-19, and this had been updated at appropriate intervals to reflect changes and learning within the centre. The centre had formalized support arrangements and access to designated specialist staff with expertise in infection prevention and control. An action plan had been put in place whereby each unit was operating as a discreet zone and residents with suspected or confirmed Covid-19 were isolated in their own single en-suite room. Where possible staff and equipment was designated to each unit, including nursing and housekeeping staff.

Managers and staff kept residents informed about public health measures that were required to minimize risks associated with Covid-19. Prior to the outbreak, the activity coordinator organised monthly resident meetings and staff gave practical demonstrations of personal protective equipment so as to allay residents’ fears in the event of an outbreak. The person in charge and nursing team spoke with each resident about the outbreak, and communicated regularly with families via phone.
Weekly or as required communication by letter or email was provided to residents and their families regarding updates on the outbreak.

The centre had a robust induction and training programme in place for staff. The person in charge had undertaken a train the trainer course in standard precautions and the assistant director of nursing had recently commenced an academic course in infection prevention and control. Hand hygiene and standard precautions was mandatory at induction and every two years thereafter in line with national recommendations. A review of the training matrix showed that 100% of relevant staff were up to date with infection prevention and control training. This included refresher training in hand hygiene, breaking the chain of infection, donning and doffing PPE and Covid-19. Furthermore on-site training was provided by the regional centre for nursing and midwifery education in relation to donning and doffing of PPE and was due to be repeated shortly. However, inspectors found that training in relation to environmental and equipment hygiene needed to be reviewed to ensure practices were in line with recommended standards.

There was a complaints procedure in place and the person in charge had conducted a full investigation into concerns raised by an acute hospital in relation to the standard and delivery of care for a resident who had been admitted for medical treatment. While some of the concerns expressed were found to be unsubstantiated, there were areas identified as requiring improvement. There was evidence of lessons learned from this investigation, and an action plan was developed to address the areas of concern. For example, all nursing staff were now undertaking additional training in wound care management.

Regulation 23: Governance and management

There was a clearly defined management structure in the centre, and the inspection was facilitated on the day by the person in charge, clinical operations officer and assistant director of nursing. The management team was knowledgeable and responsive in their roles and responsibilities and there were clearly identified lines of authority and accountability.

There was a contingency plan in place to ensure there were sufficient resources such as staffing and PPE supplies to ensure the care delivered was in line with the centre’s statement of purpose. This had proved effective during the outbreak, as the centre had maintained sufficient staffing levels having regard to the changing needs of the residents. However, inspectors found that the resources in place to ensure that the centre was in line with infection prevention and control guidance were not sufficiently effective in some areas. This included environmental and equipment hygiene, and management of laundry as discussed under regulation 27.

The inspectors found that there was an established governance and management team in place for infection prevention and control. The person in charge was the identified lead and was supported in her role by the clinical operations officer, assistant director of nursing and clinical nurse managers. The inspectors reviewed
minutes from management meetings and staff update reports and found that relevant issues in respect of infection prevention and control were discussed and action plans identified.

There were management systems in place to ensure services delivered in the centre were safe, appropriate and effectively monitored. However, findings on this inspection showed that quality assurance processes were not sufficiently robust and stronger oversight of day-to-day processes and procedures was required. For example a monthly auditing schedule which included environmental and equipment hygiene, and waste, sluice and domestic facilities had not identified areas for improvement as identified on this inspection. This is discussed further under Regulation 27. In addition, oversight of resident care plans required improvement as highlighted under Regulation 5.

An annual review for 2019 had been completed, and a quality improvement plan had been identified for 2020.

Judgment: Substantially compliant

**Regulation 4: Written policies and procedures**

Schedule 15 policies and procedures were observed to be reviewed and updated, and additional COVID-19 policies were in place.

Judgment: Compliant

**Quality and safety**

Residents’ lives had been significantly impacted by the COVID-19 outbreak in the centre and the restrictions that were in place. However, overall inspectors found that the quality of care and support residents received was of a good standard. Some improvements were required in infection prevention and control, risk management and individual care planning and are discussed further under the relevant regulations. Following the inspection the provider acknowledged the need for specialist infection prevention and control (IPC) advice in the centre and made arrangements for a specialist IPC nurse to attend and complete an audit of current practices.

The centre has 69 single ensuite bedrooms and one twin ensuite bedroom. The person in charge informed inspectors that the twin room was reduced to single occupancy for the duration of the COVID-19 pandemic to prevent the potential transmission of the virus.
Measures were taken in line with the Health Protection and Surveillance Centre (HPSC) guidance to protect residents and staff regarding visitors during the outbreak. The activity coordinator hours had been increased during the pandemic, and they had responsibility for scheduling visiting and facilitating virtual visiting for residents by telephone or video-link. While visiting by families had been suspended essential visiting on compassionate grounds was facilitated. On the day of inspection window visits had resumed.

Infection prevention and control precautions were in place should a visitor and essential service provider enter the building whereby a COVID-related questionnaire was completed along with a temperature check, hand hygiene, mask-wearing, and social distancing. Information pertaining to COVID-19 precautions, PPE and hand hygiene was displayed at the entrance to and throughout the centre. The lead nurse on duty was identified to take staff temperatures prior to commencement of and during each shift.

The person in charge reported that while onsite GP assessment and treatment of residents was reduced during the outbreak, medical support was available through phone consultations and a secure clinical email service.

A sample of end of life care plans reviewed were detailed and comprehensive and recorded the resident’s preferences. There was evidence of GP input and consultation with the resident’s family.

### Regulation 26: Risk management

There was a risk assessment and risk management policy in place which reflected the requirements of the regulations including the management of specified risks such as abuse and self-harm.

The designated centre had both a centre-specific risk register and a Covid-19 risk register in place. The live database of current risks pertinent to the centre included clinical, and operational risks such as accidental injury, falls and risk of choking. The Covid-19 risk register had risks in relation to the pandemic such as outbreak of infection, resident and staff health and wellbeing, and infection prevention and control. This risk register had been recently updated in light of the current outbreak.

The inspectors found that both risk registers included a number of risks which were risk rated with existing and additional controls, responsible persons and time-bound review dates identified. However the inspectors found that a number of risks identified on this inspection had not been adequately addressed through the centre's current risk management processes. For example:

- the current laundry facilities and processes did not meet best practice guidance
- not all environmental and equipment cleaning processes observed on
inspection were in line with national guidance.

The risk policy outlined the procedures for management and reporting of non-serious and serious incidents at the centre. The registered provider had arrangements put in place for the identification, recording and learning from serious incidents or adverse events involving residents and staff. Incidents were recorded electronically, risk rated, a root cause analysis undertaken and recommendations made and learning shared. The centre maintained an incident log and an analysis of incidents was undertaken on a monthly basis. It was evident from reports of management meetings reviewed that there was oversight and regular review of incidents and risk at the centre.

Judgment: Substantially compliant

**Regulation 27: Infection control**

Although a number of infection prevention and control measures had been implemented the inspectors found that further improvement was required to ensure consistency with national standards.

The centre had an up to date policy to support staff in relation to infection prevention and control with signposts to the latest HPSC guidance in relation to Covid-19 (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

Face protection masks were worn by all healthcare workers on the day of inspection. Staff adherence to ‘Bare below Elbow’ initiatives and social distancing was evident. Observations made by inspectors showed that alcohol hand gel, and PPE supplies including long sleeved gowns, surgical masks and eye protection were available. In line with public health advice the provider had set up dedicated PPE donning rooms on each unit for staff to don appropriate PPE prior to entering rooms of residents with suspected or confirmed Covid-19. Inspectors noted that a small number of staff needed to improve on hand hygiene techniques and wearing of face masks. While bottles of alcohol hand rub were available, only some were wall mounted outside resident rooms. Information submitted by the centre following this inspection stated that alcohol gel was available at point of care. In addition hand wash sinks for staff such as in the nurses station were not compliant with recommended best practice standards for clinical hand wash sinks. Based on observation the inspectors were not assured that there were a sufficient number of accessible and conveniently located dedicated clinical hand wash sinks for staff to use where hand washing with soap and water was required. Therefore, an assessment of hand hygiene facilities was required. While sinks were available in resident's en-suite rooms and communal toilet facilities, these should not be considered as serving a dual purpose for both residents and clinical hand wash sinks for staff. (Guidelines for hand hygiene in Irish
healthcare settings 2015)

Isolation precautions were observed and signage advised staff as to whether low or high contact PPE was required. The residents were actively monitored for signs and symptoms of Covid-19 by nursing staff twice daily. Staff were recording contact time with positive residents and actively monitoring for signs and symptoms of the virus. Although single use cleaning wipes were available for decontaminating equipment after use, the management of some equipment such as hoist slings needed review.

The centre had arrangements in place for scheduled testing, and servicing of bedpan washer disinfectors and laundry equipment (apart from a domestic-type washing machine). An independent legionella risk assessment was undertaken in 2019 and a weekly flushing schedule in relation to water systems was in place.

In some areas the location and labelling of healthcare risk and non-risk waste bins needed review. Colour-coded linen skips and bags (including alginate bags) were available.

Daily cleaning checklists for residents’ rooms and twice daily enhanced cleaning for isolation rooms, which included frequently touched surfaces, were in place during the outbreak. A newly inducted member of the household staff demonstrated a good knowledge of cleaning processes, color-coded cleaning cloths and the flat mop system.

However findings on this inspection indicated that a review of environmental and equipment hygiene service delivery was required. Inspectors were not assured that the necessary resources were in place given the geographical spread and layout of the building, the number of individual bedrooms and the cleaning regimen required. Some of the issues identified on this inspection included:

- reusable equipment, for example commodes and a medicine trolley were stained; this was addressed at the time of inspection
- floors were dusty in some areas such as a housekeeping room and a staff office
- some armchair surfaces and under-surfaces reviewed were stained; chair coverings needed review to ensure cleaning facilitated
- the under-surface of some equipment for example a bedside table and floor surface edges in a room that had been terminally cleaned were stained
- storage of clean and unclean items on a cleaning trolley needed review

While a dedicated housekeeping room was available on each unit the following issues were identified in one room inspected:

- there was no PPE, hand hygiene soap or non-risk waste bin
- there was no standard operating procedure for management and reprocessing of reusable spray bottles used for cleaning products and there was no equipment sink to facilitate such procedures
- there was no clear segregation of clean and dirty activities; clean supplies were stored on open shelving above a janitorial sink
- some equipment such as mop holders were stored directly on floor
- pipework was exposed, shelving damaged and chipboard exposed.

Furthermore the inspectors found that a laundry facility reviewed was not in line with recommended best practice guidance and improvement was required to ensure the safe management of linen at the centre. For example:

- the design and infrastructure did not support clear separation and flow from dirty to clean activities
- surfaces and finishes, for example damaged floor covering in a storage area for receipt of used/infectious linen, did not support effective cleaning
- inappropriate storage of clean items and staff belongings were observed in this facility
- clean linen for residents was temporarily stored in open storage units and racks in a corridor and lobby used as a thoroughfare for staff entering the centre
- there was no PPE in the room and access to the hand hygiene sink was restricted
- the surrounding unit of an equipment sink was damaged and chipboard was exposed
- while linen was reprocessed in industrial-type washing machines, the inspectors found that a domestic-type washing machine was used for reprocessing reusable cleaning textiles. Information received following this inspection identified that practices had changed following advice from public health.

Inspectors found that additional control measures to prevent cross contamination were required in relation to a staff ‘clocking-in system’, as staff were required to place a finger on a scanner after performing hand hygiene. Inspectors received follow-up confirmation that the system had been put on hold during the outbreak.

Some improvements were also identified in relation to preventative maintenance and general upkeep at the centre. For example, surfaces of a bedpan holder were damaged, and chipped wall and skirting board paintwork did not facilitate cleaning in some areas. The person in charge reported that a planned refurbishment programme was due to take place shortly.

**Judgment:** Not compliant

**Regulation 5: Individual assessment and care plan**

Inspectors reviewed a sample of resident records and found that they contained care plans which described how their health and social care needs should be met to ensure they enjoyed a good quality of life. Care plans were based on the comprehensive assessment of residents by an appropriate health care professional.
prior to or on admission to the designated centre.

Care plans were observed to be reviewed and updated every four months, or more frequently where necessary, and there was evidence of consultation with residents, their next of kin and their GP.

COVID-19 care plans were in place for all residents. However of the sample reviewed, these did not reflect person-centred care, did not reflect the resident’s end of life care plan and did not show consultation with the resident or their family. This was addressed immediately by the person in charge on inspection.

A sample of nutrition and hydration care plans were reviewed by inspectors. These were found to be detailed, comprehensive and person-centred. They were easy to follow and identified clear controls in place to ensure residents received sufficient nutrition and hydration. These were informed by appropriate risk tools and there was evidence of dietician, speech and language therapy and GP input. The sample of care plans reviewed showed consultation with residents and their next of kin. For example, a review of one resident’s care plan who was observed to have a cognitive impairment and was at risk of dehydration, highlighted the resident’s preferred drinks and identified a family member as playing an important supportive role at times when the resident was not responsive to staff encouragement.

Daily care notes giving an account of the interventions undertaken by staff and external health care professionals in order to meet residents daily care needs were recorded electronically. Of a sample reviewed, some improvements in documentation were required. For example:

- there was insufficient detail regarding assessment of resident oral care and complaints of oral pain, and it was not clear if this issue had been identified as requiring medical or dental review
- insufficient detail on the assessment of pressure areas including contributing factors

Judgment: Substantially compliant

Regulation 6: Health care

A review of care records showed that residents had regular access to a range of healthcare services including dieticians, speech and language therapists, tissue viability nursing, psychiatric of later life and palliative care services. The person in charge reported that physiotherapy and occupational therapy services were available onsite.

Access to general practitioner (GP) services was conducted via phone calls, video calls and electronic mail services while onsite visits were restricted during the outbreak.
The person in charge reported that the local acute hospital had been very supportive during the outbreak, and specialist medical input was provided via phone call consultations. A specialist respiratory nurse from the acute services completed onsite resident assessments and provided support and expertise for COVID-19 positive residents.

Anticipatory medications were made available for identified residents via their GP and two staff nurses had attended training in anticipatory medication prescription.

Judgment: Compliant
Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

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<thead>
<tr>
<th>Regulation Title</th>
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<tr>
<td><strong>Capacity and capability</strong></td>
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<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
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<tr>
<td><strong>Quality and safety</strong></td>
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<tr>
<td>Regulation 26: Risk management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Not compliant</td>
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<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
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Compliance Plan for Castlemanor Nursing Home
OSV-0004913

Inspection ID: MON-0030928

Date of inspection: 29/10/2020

**Introduction and instruction**

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.
## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time** bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider’s response:

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<thead>
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<th>Regulation Heading</th>
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<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially Compliant</td>
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

In Castlemanor Nursing Home, the PIC performs her functions in accordance with relevant Legislation, Regulations, National Policies and Standards, to protect each resident and promote their health and wellbeing. There is a clear and effective Management and Governance structure with clear lines of accountability for all roles and responsibilities.

The Statement of Purpose is available for all residents which outlines the organisational structure and accountability, the provision of sufficient resources to provide care which is safe, effective and person centered. There are management systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Management meetings are held on a fortnightly basis with the Provider, Clinical Operations Manager, HR Director DON and ADON, with minutes provided. There are weekly reports to the Clinical Operations Manager, Monthly Health and Safety meetings, Heads of Dept meetings, Catering, and Activities. Monthly meetings with Residents are facilitated by the Activity Team with feedback from residents provided to the PIC. Meetings with Clinical care staff are conducted throughout each month to evaluate risk, mentor nurses and HCA, set goals and provide up to date information on all matters relating to residents Health Care.

An annual review is provided by the DON on the Quality and Safety of the Care delivered to Residents throughout the year. The purpose is to ensure that the care provided is in accordance with the relevant Standards set out as per Health Care Act. Section 8.

There is a well-developed auditing system in place for managing all risk and which the DON/ADON are experienced and competent in carrying out throughout the year. While the quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis the Don and ADON will ensure that all audits conducted will identify areas for improvement, identify actions and ensure that all actions are signed off on going forward, action plans will be specific, measurable, attainable, realistic and timely.
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<tr>
<th>Regulation 26: Risk management</th>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 26: Risk management:
Castlemanor Nursing Home has an up to date Risk Management Policy in place up to August 2023 which addresses Risk Management in accordance with Regulation 26. An up to date Safety Statement is in place dated July 2020 with Hazard identifications and risk Assessments provided.
There is a Risk Register and a COVID-19 risk register, both of which are current and up to date and reviewed monthly.
The rights and diversity of our residents are Safeguarding with good work practices in place to report any concerns of alleged abuse. Staff are trained and knowledgeable in reporting concerns and the PIC is competent in conducting thorough investigations. Due to COVID 19 all residents and staff have a Health check completed and recorded twice daily. A risk assessment is also conducted re essential visitors to the home including residents next of kin, MDT and contractors.
An Absconsion drill is carried out quarterly with learning recorded and actions to be completed if required. PEEP and Manual Handling charts are maintained and are easily accessible for staff. There are monthly Health and Safety Risk Management meetings chaired by the PIC with minutes maintained. The Home has an emergency Box and folder in place with contents checked weekly.

An independent review and audit of the Laundry facilities was carried out by Electrolux on November 16th and Public Health IPC on Nov 12th. A plan is being developed to ensure that the new processes and environment meet best practice guidance. This will be completed by the 31/03/21.

The Home sourced and external independent expert The Food Safety Company one of Irelands leading food safety consultancy and training companies to carry out an audit in relation to cleaning processes. This took place on the 24/11/20 and will provide a manual in accordance with national guidance. They also provided training re effective cleaning on the 3/12/2020, attendees included housekeeping, Health Care assistant, DON/ADON, CNM1 and laundry staff.

Staff have received further training on Chemicals used and purpose in the facility for cleaning and decontamination by Chemex 25/11/20.

A review of all current cleaning schedules was conducted on the 01/11/20 with the implementation of improved schedules and auditing of same for housekeeping and all equipment.
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<th>Regulation 27: Infection control</th>
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Outline how you are going to come into compliance with Regulation 27: Infection control:

There is a comprehensive Infection Control policy in Castlemanor Nursing home, with the addition of a COVID-19 Policy since the Pandemic in February 2020. All staff are required on induction and on an ongoing basis to review all policies and procedures in relation to Infection Control and to sign that they have read and understood them. Current policies are updated regularly in line with best practice as per HSE and HPSC guidelines. There is a Preparedness plan in place to guide staff and specific COVID 19 policies to manage an outbreak within the home. All staff have been trained in Donning and Doffing PPE, Hand Hygiene, Breaking the Chain of Infection. All equipment is serviced regularly. Signage is available for residents that are in isolation and all staff are aware that this needs to be erected if and when necessary. Clinical waste bins are in place around the home for staff to safely duff their masks.

All residents that have been assessed as requiring the use of a hoist have their own sling, this process was reviewed on the 02/11/20 and can confirm it is the case.

On the 30/10/20 a review of all healthcare risk and non-risk was bins was undertaken and all non-foot operating bins were removed. Addition bins were ordered and are awaiting delivery. A review of clinical hand washing sinks was also undertaken and any sink that needed to be upgraded in line with recommended best practice will be completed by the 31/03/21.

On the 02/11/20 all relevant staff were informed of the standard cleaning requirements for equipment including decontamination for commodes and all other reusable equipment. Schedules were updated with a matrix provided for staff.

On the 31/10/20 all medication trolley in all areas were deep cleaned and a revised cleaning schedule on a weekly basis put in place.

All furniture based in the four residencies with fabric were decommissioned on the 02/11/20

The Home sourced an external independent expert The Food Safety Company one of Irelands leading food safety consultancy and training companies to carry out an audit in relation to cleaning processes. This took place on the 24/11/20 and will provide a manual in accordance with national guidance. They also provided training re effective cleaning on the 3/12/2020, attendees included housekeeping, Health Care assistant, DON/ADON, CNM1 and laundry staff. Staff have received further training on Chemicals used and purpose in the facility for cleaning and decontamination by Chemex 25/11/20. They also were retained, re the cleaning processes, maintenance of trollies, using the flat mopping system and use of cleaning cloths for cleaning equipment and surface areas.

The housekeeping rooms have been reviewed by the Facilities Manager/Clinical
Operations Manager and PIC on the 11/11/20 and a plan is in progress to address the storage of chemicals, with 4 stainless steel units purchased for storage of clean supplies plan to cover exposed pipes and replace wooden shelves and units to an easy clean type surfaces.

All rooms have PPE, hand hygiene soap and non-clinical waste bins. All the chemicals in use are delivered by an automatic dispensing system and the chemicals do not expire within a 24 hour period, however the use of chlorine based disinfectants when in use expire within a 24 hour period and a label with date and time is provided on the bottle. A System has been put in place for the reprocessing of the spray bottle in line with national standards.

Mops were wall mounted on the 03/11/20, floor brushes have been removed. All housekeeping rooms were decluttered on the 02/11/20. A further audit was carried by Public Health on 11th November.

A Replacement shower commode chair has been ordered and all sluice rooms and housekeeping rooms have been decluttered. A new rack for bedpans has been installed in each sluice room on 3/12/2020.

There are spill kits available in all 4 units in the event of blood, urine or body fluids spillage.

The domestic machine in the laundry facility was decommissioned on the 30/10/20. An independent review and audit of the Laundry facilities was carried out by Electrolux on November 16th and Public Health IPC on Nov 12th. A plan is being developed to ensure that the new processes and environment meet best practice guidance. This will address all points highlighted during the inspection and be completed by the 31/03/21. PPE is available in the laundry for staff hand hygiene sink available

The Nursing home had a refurbishment plan in place prior to the inspection of all areas of the Home, budget and approval was given on the 17/09/20 and new furniture has been ordered with expected delivery the beginning of January.

<table>
<thead>
<tr>
<th>Regulation 5: Individual assessment and care plan</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Castlemanor Nursing home ensures that each resident is provided with care in a person-centered manner that is safe, effective and appropriate to their individual needs. All residents have a suite of assessments and care plans provided following admission to the nursing home and are updated 4 monthly or more frequently as required. A comprehensive pre admission assessment is conducted by the DON/ADON to ensure that residents needs can be met and that relevant resources are available ie seating, pressure relieving equipment etc.
Each resident has a named nurse who has responsibility for ensuring that their clinical and social care needs are addressed, reviewed and evaluated on an ongoing basis. Nurses and healthcare assistants receive a comprehensive induction and training in the nursing to ensure they are skilled and knowledgeable in assessing, planning, implementing and evaluating the care of residents. The residents are involved in all care planning processes with involvement of their named representative as per choice and all decisions are documented. The resident and or family have access to the DON or ADON for any concerns which are addressed in a timely manner.

All residents have an oral assessment conducted on admission and documented with provision of oral care plan when problems identified. While this is reviewed on a 4 monthly basis, however as of the week commencing the 02/11/20 we have changed our practice to ensure that a further assessment is conducted for any new concerns or problems identified with oral care including referral to GP and or Dentist where necessary. A Speech and language referral will also be made when any difficulties observed with eating which can also guide on oral problems. Residents have access to the Community Dentist or resident are facilitated to attend their dentist of choice.

There is a comprehensive plan in place to manage each resident skin integrity on a daily basis. A nurse on duty conducts a full skin inspection usually on night duty from head to toe. Each resident who has skin integrity problems has a care plan provided. Each resident has a Braden assessment conducted and repeated 4 monthly or more frequently if required. A review of all wound assessments has been conducted following inspection to ensure that all contributory factors are identified. The SSKIN Bundle skin assessment tool is used daily with health care assistants and nurses trained on how to conduct and record findings accurately. Nurses conduct wound assessments prior to wound care which looks at wound type, ulcer grading, IAD category, wound margins, wound bed, surrounding skin color, temperature and type, odor, exudate/type, pain scale, infection, wound dressing and treatment objectives. All Nurses have registered for accredited wound education, eight of whom have completed as of the 9th Dec with the remaining registered for January 2021.
### Section 2:

#### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 23(c)</td>
<td>The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2020</td>
</tr>
<tr>
<td>Regulation 26(1)(b)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/03/2021</td>
</tr>
<tr>
<td>Regulation 27</td>
<td>The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/03/2021</td>
</tr>
<tr>
<td>Regulation 5(4)</td>
<td>The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2020</td>
</tr>
</tbody>
</table>