

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Castleross
Centre ID:	OSV-0000124
Centre address:	Carrickmacross, Monaghan.
Telephone number:	042 969 2630
Email address:	info@castleross.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	KM Healthcare Enterprises Limited
Provider Nominee:	Paul McCoy
Lead inspector:	PJ Wynne
Support inspector(s):	Gearoid Harrahill
Type of inspection	Announced
Number of residents on the date of inspection:	120
Number of vacancies on the date of inspection:	3

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:
15 February 2017 10:30	15 February 2017 18:30
16 February 2017 09:20	16 February 2017 14:00

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

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

Summary of findings from this inspection

This 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 123 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. The registered provider fulfils the role of the person in charge. A full-time human resource person is employed and staff retention policies are developed and in place. Staff had the required qualities, skills and experience to undertake their duties and sufficient staff were deployed to meet residents' care needs.

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.

The health needs of residents were met to a high standard. There was a good standard of evidence-based nursing care and appropriate medical and allied health care access. 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.

The building is modern in design, decorated and furnished to a high standard. The centre comprises of five self contained interlinked units which are built on a household model of care with each unit having its own front door. Bedroom accommodation comprised of 91 single bedrooms and 16 twin bedrooms.

Resident had a variety of choices and meals. Relatives were positive in their comments about the meals including the quality. Residents were able to exercise choice regarding the time they got up. Breakfast took place from early morning until 11.00am and residents arrived at a leisurely pace. During the day residents were able to move around the centre freely.

Eighteen outcomes were inspected. Sixteen were judged as compliant with the regulations and a two outcomes as substantially in compliance with the regulations.

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.

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.

The statement of purpose was revised in January 2017. The inspection evidenced the service provided was reflective and as described within the statement of purpose and its mission statement.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. 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 the legislation and of his statutory responsibilities. He outlined a clear vision for the service with a focus on ensuring a high quality of care and continuous improvement. The provider works with the clinical nurse management team on a consistent basis to oversee the governance and operational management of the service.

There were sufficient resources to ensure the delivery of care in accordance with the statement of purpose. A full time human resource person is employed and staff retention policies are developed and in place. There was evidence of investment in extending the scale of centre, upgrading the facilities and services, professional development of staff and sufficient staff deployed to meet residents' care needs.

The registered provider also fulfils the role of the person in charge. He is a qualified nurse and has engaged in continuous professional development. He has good leadership skills and management experience.

There was a service development plan for 2017 in place. This detailed strategic objectives for the forthcoming year in the areas of the care model, staff development, care management systems, the environmental facilities and financial control. The plan detailed the action required, assigned responsibility and a timeframe to each objective.

A member of the Board of Directors reviews key performance indicators on a regular basis and through a risk gap analysis provides a report to the Board with recommendations for improvement.

The provider completed an annual report on the quality and safety of care for 2016. This was comprehensive and key performance indicators reviewed were linked to the aims objective and ethos of care outlined by the governance team and its associated mission statement.

Judgment:

Compliant

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Inspectors reviewed a sample of contracts of care for residents. These had all been signed and witnessed by the resident and their representative or next of kin. The contracts included the fee payable by residents and the services and facilities provided in exchange for this fee. The contracts outlined the services which the provider would facilitate, but which would incur additional charges, such as hairdressing appointments and taxis.</p> <p>The contracts, including those of recently admitted residents did not clarify whether the bedroom was single or twin occupancy.</p> <p>There was a residents' guide available. This contained all the information required by the regulations on the services and facilities provided.</p>
<p>Judgment: Substantially Compliant</p>

<p><i>Outcome 04: Suitable Person in Charge</i> <i>The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: HIQA received a notification of a change of person in charge in February 2017. The provider fulfils the dual role of person in charge and provider at the present time.</p> <p>The person in charge is a registered nurse and is noted on the roster as working in the post full-time. He meet the criteria required by the regulations in terms of qualifications and experience.</p> <p>The nominated person to fulfil the role of the person in charge has more than three years experience of nursing older persons within the last six years as required by the regulations. He has full authority and accountability for the provision of the service.</p> <p>There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge. The person in charge is supported in his</p>

role by a team of nursing staff and two clinical nurse managers who report to him on daily basis.

Staff confirmed that good communications exist within the staff teams. Relatives and residents highlighted the positive interactions and support provided by the entire team in questionnaires submitted to HIQA.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
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 of restraint.

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 records for residents with dementia did not outline information to detail the level of confusion or cognitive impairment in care plans as to how it impacts on daily life and details such as who the resident still recognises or what activities could still be undertaken.

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.

There are two deputies notified to HIQA. Both have a clinical nurse manager role. 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):

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents. There was a policy and supporting documents which provided guidance for staff to protect vulnerable adults. The management team demonstrated their knowledge of the designated centre's policy.

Each house on the premises had a register for visitors to sign when coming and going. The front door was electronically locked, but regular visitors such as next of kin knew the code for the keypad and all others had to ring the bell for staff to let them in.

The centre managed small amounts of valuables for residents. Records were maintained for every resident with their incoming and outgoing money. Each entry was signed by two staff members. Inspectors reviewed a sample of residents' books and found the balance in the journal to match that of the actual cash in the locked safe, including valuables kept such as wedding bands. Receipts for resident expenditure were retained. The centre is not a nominated pension agent for any resident.

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 with staff support. 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. The inspectors viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults.

No notifiable adult protection incidents which are a statutory reporting requirement to HIQA have been reported since the last inspection.

Residents wishes were listened and options reviewed with a focus on positive risk assessment. In one file reviewed a resident expressed a wish to return home. Access to a social worker to provide support and help with decision making and family involvement was explored.

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. Observations noted residents responded well to staff 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. A member of staff is involved in a training program being led by the psychiatry team and the Health Service Executive (HSE) titled, Functional Interventional Training System (FITS). The staff member will have a lead role in developing an onsite program to ensure the well being of residents living with dementia through a holistic model. When the program is developed the training will be expanded across each household to all staff.

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. There was evidence in files of changes being made to medications and alternatives being trialed.

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 14 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. Crash mats were in use. Beds were placed to the lowest level and sensor mats were available to alert staff.

A risk assessment was completed prior to using bedrails. Signed consent was obtained. There was evidence of multi disciplinary involvement in the decision making process. The restraint assessments were regularly reviewed.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The centre maintained a risk management policy and in-house risk register, last updated in January 2017, which laid out descriptions, controls and rating of risk in the centre, including all matters required by regulation 26(1).

There was a centre-specific health and safety statement, and an emergency response plan outlining the procedure to follow in events such as a fire, gas leak or infection outbreak. Evacuation procedures and fire assembly points were prominently identified and staff spoken to were familiar with the appropriate actions to take if the fire alarm were to be triggered.

The centre had travel and accommodation arrangements in place in the event that residents could not return to the building after an evacuation.

The fire safety equipment, alarm system, emergency lighting and escape routes all had external servicing and certification. Additionally they were regular in-house checks which were well documented in the fire register. The centre had certification of ignitability tests on upholstery.

Regular fire drills were conducted with detailed records kept of which staff and residents were present, the time and duration of the drill, the simulated time of day or night represented, and feedback and observations that could be used for future learning and more efficient mobilisation. Personal emergency evacuation plans were developed for each resident.

An attendance matrix identified that all staff had participated in 2 drills in the past 12 months. All staff had received fire safety training in the past 12 months, and 27 members of staff had received additional training in the role of fire marshal.

Inspectors spoke to housekeeping staff who explained the cleaning procedures to follow when a resident has an infection or there is an outbreak in the centre, and when working with spills. In the cleaner's store room, the cleaning equipment was colour coded based on the type of rooms in which they were to be used to minimise the risk of cross infection.

There was access to a supply of disposable gloves and aprons, and disinfectant tablets for cleaning areas of infection risk. There was a system for circulating reusable mop heads to the laundry and back to storage which followed good infection control practice. All staff in the centre has received infection control training. There was a sluice rooms in each house which were secured in the interest of health and safety.

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.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified in their care

plans.

A small number of residents smoked. Risk assessment and plans of care were developed. These outlined the level of supervision and assistance required and whether they could hold their cigarettes and lighter on their person.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

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 medication orders were correct for each resident. The pharmacist provides a service to the centre seven days a week.

There was photographic identification on the front of each resident's prescription card. The prescription sheets were legible and identified the regular medicine, (p.r.n) medicine (a medicine only taken as the need arises) and short term medicine.

There was evidence of general practitioners (GPs) reviewing residents' medicines on a regular basis. An audit of the medicines management system was carried out by the clinical nurse managers

Medicines being crushed were individually signed by the GP as suitable for crushing. Some medicines were administered covertly. These were identified on the prescription and the nursing staff could describe a rationale in the best interest of the resident which was supported with a care plan.

The medication 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

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

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

No actions were required from the previous inspection.

Findings:

Each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

Comprehensive nursing assessments were carried out that incorporated the use of validated assessment tools for issues such as risk of falling, risk of developing pressure sores and for the risk of malnutrition. Care plans were developed for issues identified on assessment. Clinical assessments were generally repeated on a four-monthly basis or sooner if there was a change in a residents condition.

The inspection evidenced a good standard of evidence-based care and appropriate medical and allied health care access. The range of risk assessments completed were used to develop care plans that were person-centred, individualised and described the current care to be given. There was good linkage between assessments completed and developed plans of care.

Nursing staff demonstrated an in-depth knowledge of the residents and their physical care needs. Staff supported residents to remain independent. This was documented in care plans and observed to be followed by staff. Staff encouraged residents to mobilise from their bedrooms to the living area and around the household.

Nursing notes were completed on a twice daily basis and provided a detailed clinical record of each resident's health, condition and treatment given. When an acute health problem was being managed the daily nursing notes described well the interventions, the residents progress and response to treatment.

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. 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.

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 evidence in the files of access to a vascular clinic. Professional expertise provided was followed. 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 speech and language therapist was available to residents. Chiropody and optical services were also provided on referral.

Judgment:
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):

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

Findings:

The building was modern in design, decorated and furnished to a high standard. All areas were very clean and well maintained internally and externally. The centre comprised of five houses, which were segments of the whole building interlinked with one another. Each of the houses had its own front door leading to a large communal area which acted as the primary social hub for the residents and relatives of that house.

The layout of the dining space and sitting rooms were blended so as to create a casual approach to mealtimes in which residents did not need to all move to another area during mealtimes. There were kitchen and laundry facilities in each house, as well as a large central kitchen and laundry for the whole building.

Each household had a kitchenette with a staff member assigned in a homemaker role. This kitchen was stocked so as to allow food and snacks to be available outside the hours of operation of the premises' primary kitchen.

Two of the households cater for residents specifically with dementia related conditions. There were a number of dementia friendly design features throughout that included space for residents to walk around freely, good lighting, contrast in colours used for floors and walls. Seating is provided in small areas off the corridor providing a quieter environment for residents to relax while mobilising between the bedrooms and communal areas. Each unit is built around an enclosed courtyard and the majority of bedrooms have low level windows with views overlooking the courtyard or external gardens.

There were features that prompted memory and orientation. The dining and sitting room was decorated and furnished in a way that defined its main purpose. The decor assisted to orientate residents.

There were areas to display items to stimulate memory and provide areas of interest and diversion. There were tactile objects around, placed along the walls of corridors. In one unit mainly accommodating males they were objects of interest to reflect past life including samples of work tools. There was good use of visual cues in bathrooms and to

help residents identify their bedrooms.

There was a large community hall for community events, as well as an oratory beside the main entrance. Between the houses was a community space for residents and visitors to socialise, designed to look like a small plaza, with a staffed shop and hairdressing room.

The building was all on one level, with no steps or slopes impacting on a resident's ability to mobilise around the centre. The centre was well lit, heated and ventilated throughout. Corridors had safe floor coverings and handrails along both sides. The corridors were also featured with residents' artwork, and sensory and memory stations for residents with a dementia. There was seating provided at intervals along the corridors with options for sitting away from the main communal hub, including small enclosed outdoor areas and shelters in which residents may smoke.

In addition to these courtyards, there was a 1km path which looped the centre and the adjacent green areas, for residents to safely go for a walk with staff or visitors. There were rooms in which a resident could choose to meet with visitors in private.

Bedroom accommodation comprised of 91 single bedrooms and 16 twin bedrooms. Almost all bedrooms had toilet and shower facilities en-suite, and those that did not were in close proximity to a bathroom on the hallway. Toilet facilities were appropriately designed for use by residents with grab-rails and had call bells available to promote independence and safety. The temperature of dispensing hot water was controlled and did not pose a risk to safety. Restrictors were fitted to windows. Bedrooms were nicely decorated and personalised for the residents.. There was adequate storage space in bedrooms for belongings, including lockable storage for money and valuables.

Judgment:
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):

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

Findings:

The centre maintained a complaints policy and had the procedure posted prominently in the centre at the entrance to each household alongside a comments box to elicit views

on the service provided. This procedure identified the complaints officer, and the individuals to whom appeals could be made if the complainant is unsatisfied with the outcome. This information was also detailed in the residents' guide and statement of purpose.

The management team maintained a log of complaints. There were no complaints being investigated at the time of the inspection. Each recorded entry had a timeline of correspondence between the complainant and the provider, and outlined the actions taken as a result of the complaint, as well as the satisfaction status of the complainant with this outcome.

A residents' survey carried out in the centre noted that residents would be comfortable making a complaint if necessary to the centre, either themselves or through a relative.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

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 end-of-life care.

There was good evidence of residents and relatives' involvement in residents' 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. Residents who did not wish to discuss end-of-life care matters had their choice respected and documented in their care file.

End-of- life care plans recorded good detail of personal and spiritual wishes to assist meeting social and psychological needs where they were ascertained and this was in the majority of cases.

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.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors reviewed the menu and discussed options available to residents. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake, particularly for those on fortified diets.

Breakfast was served from the individual kitchens in each household. This occurred at a slow pace throughout the morning. Residents could choose to have breakfast in bed or when they got up in the living area. The main lunch time and evening meals were prepared and served from the central kitchen.

Menu options were displayed and each resident had 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. Snacks were available throughout the day. Residents within each household could communicate with the homemaker, while access to the kitchen was secured in the interest of safety the open aspect design allowed the food aroma permeate living areas and served as a focus of interest for some residents.

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 monthly basis and more regularly where significant weight changes were indicated.

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 advice to guide care practice and help maximise residents maintain a safe healthy nutritional status. All residents were weighed monthly and more frequently if required.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:

The centre conducted a residents' survey in 2016, which gathered a 62% response rate from residents across all houses. Questions asked in this related to the satisfaction of residents with aspects such as the food, variety of activities and events, cleanliness of the centre and quality of care. The majority of respondents responded positively, stating they felt safe and respected.

The provider audited these surveys in 2017 to identify trends and areas requiring improvement from the responses. A residents' forum had been held four times in 2016, in which residents delivered feedback on the running of the centre and suggestions for potential events and outings.

The religious practices of resident were catered. A staff member was employed in a pastoral and social care role. The building had a large oratory. The centre was able to hold Mass seven days a week as the oratory had a large screen behind the altar which provided a live broadcast of Mass from the local church.

A Eucharistic Minister was available to distribute Holy Communion daily. Residents who were unable to leave their bedroom easily or who chose to stay in their room, the Mass broadcast was viewable though one of the television channels. Services for Church of Ireland residents were held on the premises on a weekly basis.

Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. Breakfast took place from early morning until 11.00am and residents arrived at a leisurely pace. During the day residents were able to

move around the centre freely.

Residents were well dressed. The inspectors observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times. There were visitors' rooms in each household for residents to receive visitors in private.

A social care assessment was completed by nursing staff for each resident and the information used to develop a person centred care plan based on their past life, hobbies and interests. 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.

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

Residents had access to advocacy services to help them raise issues or assist solve any matters on their behalf if required.

There was CCTV active in the centre but only in the corridors and public zones, with signage identifying the presence of the cameras.

There is a minibus maintained on site at all times available for use by residents to facilitate outing and trips.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
The centre maintained a policy on the personal property of residents. On admission an inventory of residents' belonging and clothing is made and updated as they get new clothes.

There is a central laundry suitable in size and appropriately equipped. A staff member was assigned to the laundry full time. Each household has an individual laundry facility and personal clothing is laundered within each household laundry.

In the laundry, all clothes are labelled. There is a system to ensure than residents received their own clothes back after they are washed and dried. As referenced under outcome 7, residents for whom the centre held valuables or cash had a balance book which matched the actual amount in the safe, and changes to that balance were well recorded. Residents' bedrooms had adequate storage, including lockable storage.

Judgment:
Compliant

Outcome 18: Suitable Staffing

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

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

The provider employs a whole-time equivalent of 19.94 registered nurses and two clinical nurse managers and 70.90 direct care staff comprising of care assistants household coordinators and homemakers. In addition, there is catering, cleaning, laundry and social and a pastoral care coordinator employed.

Inspectors reviewed a sample of personnel files for staff members across each staff grade. The files contained all documentation required under Schedule 2 of the regulations.

All nurses operating in the centre had confirmation of their registration with the Nursing and Midwifery Board of Ireland for 2017 documented.

A memorandum of understanding with advocates from an advocacy organisation was available which assured the provider than all persons coming to the centre from the agency were appropriately vetted by An Garda Síochána.

There were a small number of volunteers in the centre, for whom files were kept outlining their role and responsibilities, supervision arrangements and confirmation of Garda vetting. The centre did not avail of external agency staff.

The centre maintained policies on recruitment, training and development of staff. There was a programme of regular training for staff developed. There was a program of

planned mandatory and professional development training sessions organised for 2017.

A training matrix was available identifying training staff had attended and the date by which refresher training was required. At the time of inspection staff across all categories were up to date on training in fire safety, safeguarding of vulnerable adults, manual handling and infection control.

More than thirty staff had received training in caring for residents at end of life. All kitchen staff had had training in food hygiene. The majority of staff had attended training in caring for residents with a dementia. There was a large portion of staff with first aid training, and in caring for residents with responsive behaviours

There was an adequate complement of nursing and care staff on each work shift. Staff had the required qualities, skills and experience to undertake their duties associated with their role. 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 is a clinical nurse manager rostered each day 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.

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

Action Plan

Provider's response to inspection report¹

Centre name:	Castleross
Centre ID:	OSV-0000124
Date of inspection:	15/02/2017
Date of response:	01/03/2017

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 of care did not clarify whether the bedroom to be occupied was single or twin occupancy.

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.

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

Please state the actions you have taken or are planning to take:
All contracts for new admissions now reflect single or double occupancy.

Proposed Timescale: 01/03/2017

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:

Nursing records for residents with dementia did not outline information to detail the level of confusion or cognitive impairment in care plans as to how it impacts on daily life and details such as who the resident still recognises or what activities could still be undertaken.

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:

We have taken this quality improvement suggestion , have reviewed current care plans and updated practice for future care planning.

Proposed Timescale: 01/03/2017