



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

Name of designated centre:	Castlemanor Nursing Home
Name of provider:	Gingerside Limited
Address of centre:	Billis, Drumalee, Cavan
Type of inspection:	Unannounced
Date of inspection:	31 July 2018
Centre ID:	OSV-0004913
Fieldwork ID:	MON-0024509

## About the designated centre

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

The designated centre 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.**

Current registration end date:	13/04/2021
Number of residents on the date of inspection:	66

## How we inspect

To prepare for this inspection the inspector or 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:**

Date	Times of Inspection	Inspector	Role
31 July 2018	10:30hrs to 17:30hrs	Siobhan Kennedy	Lead
01 August 2018	09:00hrs to 16:30hrs	Siobhan Kennedy	Lead

## Views of people who use the service

Residents who communicated with the inspector were positive regarding the care provided/received and the facilities and services. In particular, residents were happy about the design and layout of the centre, their bedroom accommodation, food and mealtimes, arrangements for visitors, the choices they could make and staffing. Residents were able to identify a staff member who they would speak with if they were unhappy with something in the centre. None of the residents who communicated with the inspector had any complaints or concerns about the care that they receive and no suggestions to further improve the services.

## Capacity and capability

There was effective leadership and management and this contributed to residents experiencing a good service. The sufficiency of staff to provide supervision and the provision of meaningful activities to residents required improvement. This matter was identified in the previous inspection carried out on the 17 May 2017. Other issues highlighted during that inspection were satisfactorily addressed.

Currently the centre is in a transitional period with regard to management and in order to progress the arrangements a specific programme of maintenance has been drawn up and requires to be addressed. The person in charge informed the inspector that the Health Information and Quality Authority (HIQA) would be kept fully informed of the developments.

The person in charge who works full time in the centre had a good knowledge and many years of experience in the provision of residential care. She provided good leadership to the staff team. The nominated person who was available in the absence of the person in charge also facilitated the inspection process and was knowledgeable regarding her role, management of the centre and care and condition of residents.

In 2017 there was a high turnover of staff and a recruitment drive to replace staff. This was in compliance with employment and equality legislation including appropriate vetting. However, the numbers and skill mix of staff at the time of inspection did not meet the needs of residents. An activity coordinator was employed for 20 hours per week from 10:00 to 14:00 hours and was allocated to provide activities for all of the residents accommodated outside the specific dementia unit (58 residents). However, all residents were not given an opportunity

to participate in activities. If the activity coordinator is not available care staff assists in this role but this may have an effect on the provision of direct care to residents. On the second day of the inspection the manager was notified that some staff were not able to work in the centre and this resulted in rearranging care provision to residents. A sitting room was unsupervised for periods during the inspection. Management had three nurses on night duty due to the design and layout of the building but because of on-going difficulties in recruiting nurses this number had to reduce to two nurses. Management aims to revert to three nurses. Two volunteers provide pastoral care to residents.

There was evidence that staff had access to education and training, appropriate to their role and responsibilities. Since the last inspection all staff had received training in responsive behaviours and dementia care. Management have introduced an eLearning education programme to develop staffs' skills and knowledge and to support mandatory training provided in house. In discussions with the inspector staff demonstrated that they were knowledgeable and skilled for example in fire safety procedures, safeguarding and safe moving and handling of residents. Staff were monitored and supervised.

The inspector reviewed a sample of contracts of care and since the last inspection they had been updated to identify the provision of bedroom accommodation. The contract included details of the services to be provided and the fees payable by the residents. All contracts were signed by relevant parties. Expenses not covered by the overall fee and incurred by residents were identified in an appendix attached to the contract.

Systems in place ensured that service delivery was safe and effective through on-going auditing and monitoring of performance. A staff member participated in a training programme provided by the psychiatric team and the Health Service Executive (HSE) entitled Functional Interventional Training System(FITS). Following the training audits of the use of anti-psychotic, anti-anxiety medicines and night sedatives were carried out and led to a reduction in their use. Other audits were completed for example the use of restraint, management of laundry and accidents sustained by residents. Systems and practices were developed as a result of the audits. For example Fixxon buttoning system was introduced and named carers were allocated to support the laundry service. An annual review report was available and it was prepared in consultation with residents. It contained a quality improvement plan.

The statement of purpose outlining the facilities and services corresponded to the findings on inspection.

The complaints policy and procedure was widely advertised and residents and relatives were familiar with the process. The complaints record showed that complainants were satisfied with the outcome of investigations. Notifications in accordance with the legislation were received by HIQA and those reviewed on inspection highlighted appropriate interventions. The Information governance arrangements ensured that record-keeping and file management systems were

secure.

#### Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced nurse who has authority in consultation with the provider representative and is accountable and responsible for the provision of the service.

Judgment: Compliant

#### Regulation 15: Staffing

From an examination of the staff duty rota, communication with residents, relatives and staff it was found that the numbers and skill mix of staff at the time of inspection were insufficient to meet the needs of residents with regard to care and activity staff.

Judgment: Not compliant

#### Regulation 16: Training and staff development

Staff had access to appropriate training and were up to date on their mandatory training, for example, fire safety, moving and handling, infection prevention and control, managing responsive behaviours and safe guarding. Staff were appropriately supervised.

Judgment: Compliant

#### Regulation 23: Governance and management

An effective governance structure was in place with clear lines of accountability so that all staff working in the service were aware of their responsibilities and to who they are accountable.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Contracts of care had been agreed and highlighted the terms on which residents reside, services to be provided and the fees.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose outlined the facilities and services, provided details about management and staffing and described how residents' well being and safety was being maintained.

Judgment: Compliant

### Regulation 30: Volunteers

Volunteers had their roles and responsibilities set out in writing, received supervision and support and were Garda vetted.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was familiar with the process of notifying incidents occurring in the designated centre and the different timeframes.

Judgment: Compliant

### Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listen to and acted upon in a timely, supported and effective



manner. There was evidence that residents were satisfied with measures put in place in response to their complaint.

Judgment: Compliant

## Quality and safety

There was a good atmosphere in the centre and residents and staff interacted well.

The medical and health care needs of residents were met. Residents' individual care plans were developed and this included assessment of needs and treatment plans. On admission a range of risk assessments were completed and were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, nutritional care, the risk of developing pressure sores, continence needs and cognitive functioning. Residents received the health care which they needed. Staff liaised with the community services regarding admission and discharge arrangements and appropriate referrals were made to the community health care professionals.

Residents received palliative care based on their assessed needs and this aimed at maintaining and enhancing their quality of life and respected their dignity. Staff provided this care to residents with the support of their general practitioner and the palliative care team if required. Residents had an end of life care plan in place which reflected their wishes. Policies and procedures were implemented for the management of medicines.

Information was available in respect of residents' social care needs. The inspector saw that those residents who participated in the organised group or one to one activities found them enjoyable, however, some residents did not have any opportunity to participate in meaningful activities in accordance with their interests, abilities and capacities. The inspector was informed that the emphasis this year was providing opportunities for residents to access community events and that activities were provided during the weekends.

There was a policy and procedure in place to guide staff on meeting the needs of residents with responsive behaviour. These gave clear guidance to staff. Behavioural charts were available to record patterns of altered behaviours. These were discussed and reviewed at clinical and multidisciplinary meetings including the psychiatry team.

Residents' nutritional and hydration needs were met and residents confirmed that meals and meal times were an enjoyable experience.

Residents meetings were held and some residents confirmed that they had been consulted in a range of matters for example the daily routines and day-to-day running of the centre. They were offered opportunities to exercise their choice in a

range of matters. Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and encouraged to participate in residents' lives. They had access to information about events and their health care needs. There was evidence that residents were facilitated to make informed decisions about their financial affairs and had access to an independent advocate which was widely advertised.

The location, design and layout of the centre are suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The building was clean, comfortable and welcoming. It is laid out over two floors. There was a high standard of décor throughout and good levels of personalisation evident in residents' bedrooms. All parts of the building were well lit and ventilated. Access to the centre, stairwells and service areas were secured in the interest of safety to residents and visitors. The centre is divided into four units. Each unit has its own sitting room. There is a large recreational room on the first floor, a multi-sensory room, visitors room, hair salon and an oratory. A number of auxiliary rooms for storage, laundry and a main kitchen are included in the design. Bedroom accommodation consists of 69 single and one twin bedroom, all with ensuite toilet and shower facilities. Bedrooms are suitable in size to meet the needs of residents. The windows were at a low level and residents had good visible views of the beautiful gardens on the ground floor. The dementia unit, located on the ground floor was built around an enclosed courtyard which is very inviting. The design of the unit has a circuitous aspect which gives freedom to residents who like to actively walk around. All parts of the corridor were painted with murals. These provided key visual cues for residents and supported staff to redirect residents. The murals provided reminiscence prompts for residents with a dementia. The scenes reflected country and farming life and included a post office, church and a bus stop mural. Tactile materials were provided to create areas of interest along the corridor. Handrails were available. Walls and floors were differentiated by a contrasting colour throughout the building. There was good use of pictorial signage to identify bedrooms and bathrooms.

Appropriate equipment was available and in good working order.

Robust policies and supporting procedures were implemented that ensured residents were protected from abuse. Staff members who communicated with the inspector were knowledgeable regarding their duty to report any past or current concerns for the safety of the residents living in the centre. An incident submitted to HIQA was reviewed and this was managed in accordance with the safeguarding procedures including the necessary referrals to external agencies for example the Health Service Executive (HSE) adult protection case worker.

The financial controls in place to ensure the safeguarding of residents' finances were examined by the inspector. There was a policy outlining procedures to guide staff on the management of residents' personal property and possessions. The provider is an agent to manage pensions on behalf of a small number of residents. Transparent systems were in place. Each resident had an account in their own name into which any monies accrued were lodged. Two signatures were recorded for each

transaction.

There were arrangements in place to manage risk and the measures implemented reduced or minimised the risks identified. A variety of fire safety measures were in place and a programme of maintenance is being initiated to further improve fire precautions.

A restraint free environment was promoted and any restraint measure was used in line with the national guidelines. This included carrying out a comprehensive risk assessment prior to the implementation of any restrictive measure and records were maintained in accordance with the regulations regarding restraint. In the interests of resident safety management have an ongoing plan to provide all residents with a low low bed.

Responsibility for infection prevention and control was clearly defined. Staff had received education and training in this area and there was good evidence of hand hygiene, the use of protective clothing, the safe disposal of sharps, management of laundry and waste management. The inspector noted that the insufficiency of the air conditioning in a toilet facility caused a malodour.

### Regulation 11: Visits

Suitable communal and private facilities were made available for residents to receive their visitors.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate space to store and maintain their clothes and other personal possessions in their bedroom space.

Judgment: Compliant

### Regulation 13: End of life

Appropriate care and comfort which addressed the individual needs of residents was provided when residents were approaching their end of life. Suitable facilities were available for residents' family/friends so that they could be with the residents.

Judgment: Compliant

### Regulation 17: Premises

The premise was appropriate to the number and needs of the residents and was in accordance with the schedule of the regulation.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were offered choices of wholesome and nutritional meals which were safely prepared, cooked and served. Nutritional assessments were carried out in respect of the dietary needs of residents and appropriate foods provided.

Judgment: Compliant

### Regulation 20: Information for residents

A resident's guide was available for each resident. This included a summary of the services and facilities in the designated centre, the terms and conditions relating to residency, the procedure respecting complaints and arrangements for visits.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Relevant information about a resident who is temporary absent from the designated centre was provided to the receiving designated centre, hospital or place. When a resident returns from another designated centre hospital or place all relevant information about the resident was obtained from the other centre. The discharge of a resident was planned and safe it was discussed and agreed with the resident and family in accordance with the terms and conditions of the contract.

Judgment: Compliant

## Regulation 26: Risk management

The risk register detailed the measures and actions in place to control any risks identified.

Judgment: Compliant

## Regulation 27: Infection control

Staff implemented procedures for the prevention and control of health care associated infections. However insufficient air conditioning in a toilet facility resulted in a mal odour.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Adequate operational precautions had been taken against the risk of fire.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The management of medicines was satisfactory.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Adequate arrangements were in place to assess residents' needs and treatment plans were described in individual care plans which were formerly reviewed.

Judgment: Compliant

## Regulation 6: Health care

Appropriate medical and health care was provided.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Since the last inspection all staff had participated in training to update their knowledge and skills appropriate to their role, to respond to and manage behaviours that are responsive. Restraint measures were used in accordance with the national policy.

Judgment: Compliant

## Regulation 8: Protection

Policies and procedures were implemented to protect residents from abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

The privacy and dignity residents were respected and their needs and preferences were taken into account in the delivery of services. However, some residents did not have any opportunity to participate in meaningful activities.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Castlemanor Nursing Home OSV-0004913

Inspection ID: MON-0024509

Date of inspection: 31/07/2018 and 01/08/2018

## 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. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime 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:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The number of staff available to meet the needs of the residents activities of daily living is sufficient, but predictable availability for staff rosters has been impacted by the attrition of staff to HSE, and occurrences of unplanned and sick leave by a number of staff. The recruitment of experienced and skilled Health Care staff is ongoing to create a bank of staff who will be available to meet unanticipated absences. This process is ongoing. We are registered with Servicesource agency and I have met with them in Castlemanor Nursing home on 5<sup>th</sup> September to identify our ongoing needs in Clinical staffing, as a back up to employee rosters, for the future and for the Winter months especially. We also do acknowledge that the number of dedicated activities coordinator hours needs to be increased and we have addressed this action under Regulation 9 below.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The requirement for an extractor fan has been identified to reduce the risk of malodour in the internal bathroom identified. This has been actioned with immediate effect. Work to be completed by 05/10/2018.</p>	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>We recognize that we need to increase the number of activity coordination hours provided. Currently the Dementia Specific Unit has a comprehensive person-centered activity programme available to these residents. We now want to supplement the current (20) Hours rostered, to broaden the current programmes deployed for the remainder of the house.</p> <p>Our Goal is to provide an additional 20 hours per week (from 20 to 40) to have one whole time equivalent Activity Co-Ordinator, before the end of the year (2018). This will have to be done within current budgets, because we are not in a position to introduce any Activity/Service Charges until the envisaged building works and change of ownership have been concluded.</p> <p>We have increased the current 20 hours per week to 30 hours per week from 01/10/2018. We would envisage that the new Registered Provider will want to review both the need and justification for extra activities and associated charges when they take over operation.</p> <p>Given the current circumstances surrounding the purchase of the nursing home, the transitional period which is dependent on the completion of upgrade works etc, we are unable to introduce a Service Charge until later in the year.</p> <p>We are advertising now to recruit suitably skilled Activity Co-ordinators to support our current Activity Co-ordinator. We are providing a revised schedule of Planned/ Exploratory and Sensory/Reflexive activities for residents according to their abilities either as a group based activity or one on one activity. Health Care assistants are being deployed to support the Activity Co-ordinator in the delivery of these activities (at times of the day when Health Care Staff are optimally available)</p> <p>The recruitment of additional skilled assistant activity co-ordinators who are available at the busier times of the day to support the activity co-ordinator and programme of activities will reduce the need for the deployment of Health Care assistants from their designated role, it will improve the lived experience for the residents on a daily basis and it will ensure that residents are not left unsupervised or isolated at times during the day. It is our goal to ensure that each resident has fulfillment in their daily life and to enable them to maintain and achieve their full potential for as long as possible.</p>	



## 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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/12/ 2018
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Yellow	05/10/2018
Regulation 9(2)(b)	The registered provider shall	Not Compliant	Orange	31/12/ 2018

	provide for residents opportunities to participate in activities in accordance with their interests and capacities.			
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