



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

## Issued by the Chief Inspector

Name of designated centre:	Curam Care Home, Navan Road
Name of provider:	Knockrobin Nursing Home Limited
Address of centre:	Navan Road, Cabra, Dublin 7
Type of inspection:	Unannounced
Date of inspection:	13 August 2024
Centre ID:	OSV-0008033
Fieldwork ID:	MON-0044430

## About the designated centre

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

Curam Care Home, Navan Road can accommodate a maximum of 144 male and female residents in single en-suite rooms. The registered provider of Curam Care Home Navan Road is Knockrobin Nursing Home Ltd. The person in charge is supported by two assistant directors of nursing, clinical nurse managers, nursing staff and healthcare assistants. The centre can accommodate residents of low, medium or high dependency and provides long-term residential care, respite, convalescence, dementia and palliative care. The home is adjacent to the Deaf Village and Primary Care Centre with the Botanic Gardens and the beautiful landscape of the Phoenix Park within a 5km radius.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	139
--	-----

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:**

Date	Times of Inspection	Inspector	Role
Tuesday 13 August 2024	09:00hrs to 17:00hrs	Lisa Walsh	Lead
Tuesday 13 August 2024	09:00hrs to 17:00hrs	Yvonne O'Loughlin	Support

## What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in Curam Care, Navan Road with one resident saying the centre was "fantastic". The residents were complimentary of the staff and the care they received. The residents described the staff as "lovely" and said that they "always looked after them well". The care provided to residents was observed to be person-centred. Staff were aware of residents' needs, and the inspectors observed warm, kind, dignified and respectful interactions with residents and their visitors throughout the day of inspection by staff and management.

This unannounced inspection, conducted by two inspectors over one day, involved speaking with residents, staff, and visitors to gain insight into the residents' lived experience in the centre. Inspectors also observed the environment, interactions between residents and staff, and a range of documentation.

On the day of inspection, the assistant director of nursing (ADON) guided inspectors on a tour of the premises. The centre is set across five floors and located in an urban community with easy access on public transport to Dublin city centre. The lower basement floor contained staff facilities and laundry. Residents bedrooms were set out on the ground, first, second, and third floors. As well as providing care for residents with dementia, palliative needs, convalescence, respite and long-term residential care, residents with a hearing impairment who use Irish Sign Language (ISL) to communicate are accommodated on the ground floor of the centre.

The bedroom accommodation consisted of 144 single rooms, each had en-suite facilities, including a shower, toilet, and wash-hand basin. Bedroom accommodation throughout the centre had a television, call bell, wardrobe, seating, and locked storage facilities. Residents had personalised their bedrooms with photographs, artwork, religious items, and ornaments. The size and layout of the bedroom accommodation were appropriate for resident needs. Residents informed the inspectors that they were satisfied with their bedroom accommodation.

Each of the floors with resident accommodation also had a separate day/sitting room, dining room and visitors room. The first, second, and third floors also have an additional day room. The ground floor had an additional reflection room. The first floor was a dementia-friendly unit and recent updates to the premises had taken place to make it more dementia-friendly. For example, residents bedroom doors had a different colour to make it easier for the resident with dementia to recognise their room. Residents and visitors wishing to travel between the floors used the passenger lifts with unrestricted access to each floor.

The centre was pleasantly decorated, and was observed to be clean and tidy throughout. The reception area in the centre was large and bright with a welcoming atmosphere. On one wall there was a leaflet display for residents and visitors that gave information on ways to prevent the spread of infection in the centre. At each

nurses station there was also a display with up to-date information on infection prevention. Communal areas were bright and spacious with comfortable seating, pleasant lighting, attractive furnishings and domestic features, which provided a homely environment for residents.

The ground floor dining room opened out onto a beautifully manicured secure internal garden with plenty of seating for residents. The pathways were clear of obstruction and easily accessible to all residents.

The ancillary facilities supported effective infection prevention and control. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process, this room was large and well organised. Staff had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and a sluice room for the reprocessing of bedpans, urinals and commodes. There was a treatment room for the storage and preparation of medications, clean and sterile supplies. These areas were well-ventilated, clean and tidy.

Lunchtime was observed to be a sociable and relaxed experience, with residents eating in the dining rooms or their bedrooms, aligned with their preferences. All food was cooked in the kitchen on the ground floor, which was a suitable size, clean and organised. The kitchen also had a separate room for the storage of chemicals and cleaning equipment, and a separate toilet for kitchen staff. Following food preparation, it is transported in gastronomes and then placed in a bain-marie in the satellite kitchen on each floor. Residents are then served their meals from the satellite kitchens adjacent to the dining rooms. The menu choices were displayed in the dining room, and a choice of meals was offered. Ample drinks were also available for residents at mealtimes and throughout the day. Residents spoken with said they were satisfied with the food available. Positive interaction between staff and residents was noted at mealtimes and throughout the day. Residents who required assistance at mealtimes were observed to receive this support in a respectful and dignified manner.

Since the last inspection the layout of the ground floor dining room had been reconfigured to better meet the needs of residents with a hearing impairment. Smaller table arrangements were available for residents who required assistance and one long table was created for residents with hearing impairments. This allowed these residents to chat with each other during their mealtime. Inspectors also observed improvements in staff communicating with residents who were hearing impaired during mealtimes. Staff were communicating through Irish Sign Language (ISL) and the use of white board if required to ensure residents were communicated with clearly.

There was an activity programme available for residents. Throughout the day of inspection, residents gathered together in the day/sitting rooms with a relaxed atmosphere. Activities available to residents with hearing impairments had improved. There was an additional ISL Coordinator/Activities support staff recruited who could communicate through ISL and it was evident that the registered provider

had engaged with the residents to see how they could improve the activities. Currently, they were attending the centre three times a week

On the morning of inspection, residents on the ground floor were getting hand massages in the therapy room. This room also had new sensory equipment which allowed for a very relaxed space and residents from all floors were able access this room if they wished. While waiting for a hand massage other residents played table top games with staff who used a white board to communicate with the residents. Another resident and staff were playing a game of pool. The remaining residents were watching television and chatting with each other. Residents on the ground floor also helped care for two rabbits which were in the garden area. Residents on the first floor were engaging in a table quiz with staff. On the third floor, residents were having tea and chatting while watching television in the morning. In the afternoon, residents played bingo and watched Mass on the television. On the day of inspection, an optician was also seeing residents for appointments.

Residents spoken with said they liked living in the centre. One resident spoken with said there was a really nice atmosphere in the centre. Other residents spoke about enjoying going out for a coffee. Residents with hearing impairments spoken with said how nice it was that staff could now communicate with them now through ISL.

Visitors spoken with also expressed a high level of satisfaction with the quality of the care provided to their relatives and friends and stated that their interactions with the management and staff were positive. Visitors reported that the management team were approachable and responsive to any questions or concerns they may have.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

Overall, this was a well-governed centre with good systems to monitor the quality of care provided to residents. Inspectors were assured that the residents were supported and facilitated to have a good quality of life living at the centre, and improvements in regulatory compliance were observed. While established management systems were in place, some actions were required to ensure all areas of the service met the requirements of the regulations, these will be discussed in the report below.

This was an unannounced risk inspection conducted by two inspectors of social services over one day to assess compliance with the regulations and review the registered provider's compliance plan from the previous inspection. Inspectors also reviewed the information submitted by the provider and the person in charge.

The registered provider for Curam Care, Navan Road is Knockrobin Nursing Home Limited. There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge is responsible for the centre's day-to-day operations and reports to the chief operations officer. The person in charge worked full time in the centre and was supported in their management of the centre by two assistant directors of nursing (ADON). The person in charge and ADON's demonstrated a commitment to providing a good quality service for the residents. They were supported by a team of clinical nurse managers (CNM), staff nurses, senior healthcare assistants, healthcare assistants, activities, administration, catering, household and maintenance staff.

The centre was experiencing an outbreak of COVID-19 at the time of the inspection. The outbreak affected 16 residents and eight staff all of which had recovered well, with no admissions to an acute hospital. The COVID-19 support team visited the centre during the outbreak and had given guidance to support the centre on the management of the outbreak. The inspectors were assured that this guidance was followed and the outbreak was being managed well. On the day of the inspection the outbreak was at the end stages and was confined to the second floor only.

The provider had a number of processes in place to ensure a high standard of environmental hygiene. This included cleaning instructions, checklists and colour coded cloths to reduce the chance of cross-infection. Housekeeping trolleys were clean and well-maintained with a lockable store for chemicals. Daily and deep cleaning records were available for inspectors to view and the housekeeping supervisor had a plan in place to deep clean the centre when the outbreak was over.

The director of nursing had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. The provider had an IPC link practitioner who was booked to start the national IPC link practitioner course in September of this year.

There was documentary evidence of communication between the person in charge and the registered provider. Monthly registered provider meetings were available for review, confirming the discussion of health and safety, fire safety, human resources, occupancy and staffing. Monthly heads of department meetings were attended by clinical and non-clinical staff to discuss aspects of housekeeping, activities, maintenance and clinical care. Similarly, within the centre, regular meetings were held with staff and the person in charge where aspects of quality service delivery, including falls prevention, modified diets, IPC, weight loss and restraint used in the centre were discussed. Clinical nurse managers also held weekly staff huddles to discuss lessons learned on topics such as hand hygiene and mattress cleaning.

The provider had an audit schedule covering areas such as pressure ulcers and IPC, carried out by the management team. The IPC audit covered various areas such as hand hygiene, spillage management, equipment, environmental cleanliness, laundry, waste management and antimicrobial stewardship. The audit scores were high which reflected what the inspector observed on the day. The provider also had systems to oversee accidents and incidents within the centre. It was evident that incidents, such as wounds, had been thoroughly analysed on an individual resident

basis. Notwithstanding this good oversight, gaps were identified and part of the providers commitment in relation to staffing within the compliance plan was outstanding.

The centre's staffing rosters for a four-week period were reviewed. There were adequate staff nurses, healthcare assistants, catering and housekeeping staff to meet the needs of the centre. There was one staff nurse rostered per floor each day for up to 38 residents, who were supported by CNM's daily. In the morning, when administering medication the CNM supports the nurse to ensure these are given on time. In the afternoon, there was less residents who required medication so this was managed by the staff nurse. There was one staff vacancy in housekeeping and catering, and a part-time vacancy of activity staff. The registered provider was recruiting for these positions. In the compliance plan following the last inspection, the registered provider had given a commitment to have a CNM rostered every evening in the centre. However, on a review of the rosters for the previous weeks there were some days with no CNM providing evening cover.

### Regulation 15: Staffing

On the day of inspection, the registered provider had a sufficient number and skill-mix of staff that was appropriate and adequate to meet the needs of residents with due regard for the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training. Staff had completed online safeguarding and fire safety training before commencing employment in the centre. A small number of staff were waiting to complete in-person training for both. There was a training schedule in place and staff were scheduled to attend these training sessions in September.

Judgment: Compliant

### Regulation 23: Governance and management

The previous inspection had found that there was a lack of resources in place at night to ensure staff were appropriately supervised. The compliance plan from the previous inspection outlined how the registered provider would come into compliance with staffing and ensure that clinical nurse managers (CNM's) were rostered every evening in the designated centre to ensure oversight and supervision

of staff. However, on six days over the previous three weeks the CNM finished at 4pm and no alternative arrangements were in place to provide management oversight.

While there were effective systems in place, some aspects of the management systems were not fully effective to ensure that the service provided was safe, appropriate, consistent, and effectively monitored. For example, the management oversight of residents' individual care needs and care plans was not fully effective. This is further detailed under Regulation 5: Individual assessment and care plan.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge had reported all notifiable incidents to the Chief Inspector as required by the regulations.

Judgment: Compliant

### Quality and safety

Overall, residents were supported to have a good quality of life that was respectful of their wishes and preferences. Residents' rights and choices were respected, and residents were actively involved in the organisation of the service. However, some improvements were required in relation to assessment and care plans, and infection control.

The inspectors viewed a sample of residents electronic nursing notes and care plans. There was evidence that residents were assessed prior to admission, to ensure the centre could meet residents' needs. Residents had a daily living care plan which contained all aspects of their care. Some residents also had focused care plans. For example, if a resident had responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) or was a risk of falls, a focused care plan was developed. Responsive behaviour care plans and care plans to manage urinary catheters and infection were sufficiently detailed and clearly guided staff practice. Residents who required one-to-one supervision were receiving same, additional staff was rostered and was clearly allocated to support the resident. However, inspectors observed that the quality of care plans was inconsistent. For example, some residents end of life and safeguarding care plans were not detailed enough to guide staff practice.

The health of residents was promoted through ongoing medical review and access to a range of community healthcare providers such as dietitians, tissue viability nursing, occupational therapy, speech and language therapy, psychiatry of old age and palliative care services. In-house physiotherapy was also available to residents. Inspectors were told that residents were also facilitated access to the national screening programme services as required. On the day of inspection, an optician was also seeing residents for appointments in the centre.

It was evident that the registered provider had taken reasonable measures to protect residents from abuse. Staff were trained in safeguarding and were also Garda vetted prior to commencing employment. Inspectors reviewed records of investigations that had occurred following incidents and allegations of abuse. Safeguarding plans were put in place as required, however, those reviewed lacked detail, as discussed under Regulation 5: Assessment and care plan. When speaking to staff they could clearly describe measures in place to protect residents with safeguarding concerns.

Residents' choices and preferences were seen to be respected. Inspectors saw that staff engaged with residents in a respectful and dignified way. Monthly residents meetings took place and residents were given the opportunity to feedback on the centre in a residents survey. Residents who communicated through Irish Sign Language (ISL) had their own residents meeting which was attended by an interpreter to ensure that they could communicate freely. Inspectors viewed the minutes of resident meetings, and found that a variety of topics were discussed and residents were able to express their views. Issues discussed included new staff joining the centre, activities residents enjoyed and trips out of the centre they wanted planned, safeguarding and the complaints process. There was an activity schedule available for residents and inspectors observed improvements in the activities provided to residents with hearing impairments.

Measures were in place to ensure that residents approaching the end of life would receive appropriate care and comfort to address the physical, emotional, social, psychological and spiritual needs of the resident. Residents family and friends were informed of the residents condition and permitted to be with the resident when they were at the end of their life. Care plans for residents approaching end of life were completed, however, those reviewed lacked detail to guide staff practice. This is discussed under Regulation 5: Assessment and care plan.

The inspectors identified some examples of good practice in the prevention and control of infection. For example, waste, used laundry and linen was segregated in line with local guidelines at point of care. Staff were observed using personal protective equipment (PPE) in line with a point of care risk assessment. However, staff did not have access to safety engineered sharps devices which minimised the risk of needle-stick injury. IPC policies were available to guide staff and up to-date posters as reminders of best practice. Documentation reviewed relating to Legionella control provided the assurance that the risk of Legionella was being effectively managed in the centre. For example, unused outlets were regularly flushed and routine monitoring for Legionella was undertaken.

Some barriers to effective hand hygiene practice were observed during the course of this inspection. For example, there was one wall mounted alcohol gel dispenser between four residents, this meant that staff could not easily sanitise their hands between episodes of care. Clinical hand wash sinks that complied with the recommended specifications were not available in the areas of the centre where residents were living, this meant that staff could not easily wash their hands, this is discussed further under Regulation 27: Infection control.

### Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors in nicely decorated visitors rooms. Visitors spoken with by the inspector were complimentary of the care provided to their relatives and were happy with the visiting arrangements in place. During the outbreak some visiting was restricted except to their nominated support partners. This was well managed and was in consultation with the resident and their families.

Judgment: Compliant

### Regulation 13: End of life

Residents who were approaching the end of their life had appropriate care and comfort based on their needs which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. There was a policy in place to ensure residents end of life wishes were documented and individualised in their care plan.

Judgment: Compliant

### Regulation 17: Premises

The premises was bright, clean, tidy and conformed with all matters set out in schedule 6 of the regulations. The overall environment was designed and laid out to meet the needs of the residents.

Judgment: Compliant

## Regulation 25: Temporary absence or discharge of residents

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care had been integrated into the electronic care management system. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Judgment: Compliant

## Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example;

- Alcohol gel dispensers were not sufficiently available at the point of care for staff to decontaminate their hands between the care of each resident. This could lead to infection spread.
- Clinical hand hygiene sinks were not easily accessible for staff to wash their hands and residents sinks were dual purpose for residents and staff. This increased the risk of staff transmitting a health care associated infection to residents.
- The provider had not substituted traditional needles with safety engineered sharps devices to minimise the risk of a needle stick injury.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Notwithstanding the improvements noted in some care plans since the last inspection, some further action was required in relation to care plans to ensure the needs of each resident were detailed in an appropriate care plan. For example:

- The end of life care plans reviewed by inspectors lacked detail, containing only residents medical decisions. This is also not in line with the centres own end of life care policy.
- Similar to the previous inspection, safeguarding care plans in place were not personalised and detailed enough to guide staff practice. For example, a resident had a safeguarding care plan in place following an incident, however,

this did not detail what care was to be provided to meet the residents needs by staff.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents received medical care tailored to their needs, including access to specialists such as gerontologists, wound care experts, and dietitians as necessary. An optician was on-site during the day of inspection and the centre and had in house physiotherapist. Various strategies were in place to ensure appropriate use of antimicrobial medications, aiming to mitigate the risk of antimicrobial resistance. These measures included monthly monitoring and analysis of antibiotic usage in terms of volume, indication, and effectiveness. Infection prevention efforts were focused on addressing the most frequently occurring infections.

Judgment: Compliant

### Regulation 8: Protection

Inspectors found that safeguarding training was provided to staff and those staff who inspectors spoke to were knowledgeable about what to do if a concern of abuse arose. The person in charge investigated allegations of abuse in the designated centre and put measures in place to ensure that residents were protected from abuse.

The registered provider was a pension agent for 20 residents. Inspectors observed that funds were held in a separate pension account. Any other personal belongings held by the registered provider at the residents request were recorded in an electronic system and stored safely.

Judgment: Compliant

### Regulation 9: Residents' rights

The activities available for residents with hearing impairments had improved since the last inspection. A newly hired activity staff who knew Irish Sign Language (ISL) was working in the centre on the day of inspection. Activities available to residents with hearing impairments were in accordance with their interests. Inspectors also observed a variety of staff who were using ISL and white boards to communicate

with the residents and engage them in different activities. Residents with hearing impairments also told inspectors how happy they were that staff could communicate with them through ISL.

The inspectors observed kind and courteous interactions between residents and staff on the day of inspection.

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:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Curam Care Home, Navan Road OSV-0008033

Inspection ID: MON-0044430

Date of inspection: 13/08/2024

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The roster will ensure that there is a CNM in place all day to ensure oversight and supervision of staff. Our contingency plan will include the designation of an Senior Nurse suitably qualified and experienced to manage the oversight necessary for the CNM shift if events occur outside our control.</p> <p>Individual assessment and care plan is managed in the response to Regulation 5.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Alcohol gel dispensers will be placed in each resident's bedroom providing staff with sufficiently available dispensers to decontaminate their hands between care of each resident.</p> <p>The Centre will substitute all traditional needles with safety engineered sharps devices by December 2024</p> <p>The Centre will conduct a comprehensive audit to identify the number of clinical hand hygiene sinks required and appropriate location and accessibility of these sinks. The audit will inform the locations where existing clinical hand wash sinks will be changed to HBN 10 specifications and where additional clinical hand wash sinks, if required, can be located subject to suitable infrastructure being in place. Curam is committed to reduce</p>	

the risk of staff transmitting health care associated infections to residents and will action the findings from the audit.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

Curam Care has plans to introduce care plan champions in December of this year on each unit as part of a quality improvement initiative. Additional care plan training will be provided to these champions. The system in place ensures daily changes are updated in each resident's care plan. The communication diary at each nurse's station details the daily changes that need updating and allocates a nurse to complete the task. The CNM/ADON/DON checks the updates on a daily basis.

All nursing staff have online access to a loom video through the training platform evolve providing education on care planning. Curam Care also provides staff with in person training provided by the Training Development Officer. The comprehensive care plan auditing system includes the named nurse auditing two of their care plans with the DON/ADON to ensure there are learning outcomes.

## 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 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	01/10/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	27/03/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	27/05/2026

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 5(4)	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.	Substantially Compliant	Yellow	27/03/2025