Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Curam Care Home Dundalk
Name of provider:	Dealgan House Nursing Home Limited
Address of centre:	Toberona, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	21 September 2022
Centre ID:	OSV-0000130
Fieldwork ID:	MON-0035605

About the designated centre

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

Curam Care Home Dundalk is a purpose-built nursing home located close to Dundalk town. The designated centre provides 24-hour nursing care to 82 residents over 18 years of age, male and female, who require long-term, as well as short stay, care such as respite and convalescence. Accommodation is provided on the ground floor in 82 single bedrooms. The centre is decorated and furnished to a high standard throughout. The centre is divided in three areas: the main part of the nursing home has 50 beds, an enclosed garden and its own function room and dining area, as well as an oratory. A recent extension in 2016 has added the Tain Suite which has 15 bedrooms, sitting and dining facilities and a kitchenette, and the Sonas Suite, a Memory Loss Unit with 17 bedrooms and all the required facilities. Both suites operate as self-contained households led by a homemaker. Residents of the Sonas Suite have access to the sensory garden in which they can relax or cultivate plants in raised beds. Care is provided to all dependency levels and for a variety of needs including palliative and end-of-life care, dementia, intellectual and physical disability and acquired brain injury. The centre has a team of medical, nursing, direct care and ancillary staff and access to other health professionals to deliver care to the residents. The philosophy of the centre is to provide a high standard of care in a living environment that the residents can consider 'a home away from home'.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	77

How we inspect

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
Wednesday 21 September 2022	09:10hrs to 15:50hrs	Sheila McKevitt	Lead

What residents told us and what inspectors observed

The inspector walked around the centre with the person in charge, speaking with residents and staff on the way. The environment and care practices were also observed. Residents said life in the centre was good and they enjoyed living there. Two residents said they could not live alone any longer and acknowledged that they felt safer living in the nursing home.

The inspector observed that corridors were clutter-free and fire exits kept clear. There was access to the gardens from the living areas and residents could freely enter the garden if they chose to do so. The bedrooms appeared spacious and the interior decoration varied between rooms giving an individual appearance to each bedroom. The refurbishment of the hairdressers room had been completed and the hairdresser was in doing residents' hair. It was a busy day throughout the morning with residents enjoying having their hair done.

During the morning, the inspector saw that the activities coordinator was actively participating in a group activity with the residents. During the afternoon, a few residents were seen resting in bed and the inspector observed that they had their call bells within reach. Staff were observed to be nearby and checking on the residents. The inspector observed how staff addressed residents requests for assistance in a prompt manner. Some residents' were with their visitors in the communal spaces.

There was a friendly relationship between the staff and residents. The inspector observed staff sitting and chatting with residents in a kind, patient and friendly manner. Staff knew the residents well and enabled them to feel at home in the centre. The atmosphere was relaxed and sociable.

Residents said there were enough staff on duty to meet their needs, including their social care needs. Those spoken with said there were a wide variety of activities available and they generally took part in something that interested them. The inspector saw a selection of daily and the local weekly newspaper available to residents and they told the inspector that one of the activities personnel usually went through the morning papers with them. They explained how their religious needs were met, with Mass said in the centre every Thursday and the rosary said by a group of residents every evening.

The food was of a good quality and quantity and there was a good selection on offer to the residents. Residents told the inspector that they had a choice of meals. One resident said that they had lovely food but wasn’t too hungry today. Another resident preferred to eat in their room and staff facilitated this. A variety of drinks were available throughout lunch time. Cups of tea, coffee, water and soft drinks were being offered to those who wanted them. Residents had access to cold drinking water in each of the dining rooms.

The inspector saw that the complaints policy was displayed in a prominent position. When asked about making a complaint residents said that they would inform the nursing staff.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant section.

Capacity and capability

This was an unannounced risk inspection during which the compliance plan from the previous risk inspection carried out in June 2021 was followed up, together with an number of issues of concern received on ten different occasions from members of the public since the last inspection. The inspector found that the compliance plan responses had been implemented. The inspector also found that improvements were required in relation to the premises and the management of complaints.

The provider was Dealgan House Nursing Home Limited. The management team was made up of the provider representative and the person in charge. The assistant director of nursing post was vacant at the time of inspection, but in the process of being filled. Clinical nurse managers were supporting the person in charge in managing the centre on a day-to-day basis. Managers were aware of their roles and responsibilities. The lines of authority and accountability were outlined and reflected in the centre's statement of purpose. The management team communicated on a regular basis to discuss all areas of governance and the inspector saw that they followed up on any issues brought to their attention.

The inspector found that the centre was appropriately resourced for the effective delivery of care and that there were good governance and management arrangements in place to ensure the service was consistent and appropriate. Falls were well monitored and all the falls resulting in a serious injury to a resident were notified as required. A falls prevention strategy had not been implemented to date and this area of care was discussed with the person in charge, as it could have a potential positive impact on decreasing the number of falls, and thus injury, to residents.

Staffing levels were adequate for the size and layout of the centre and the number of residents accommodated at the time of inspection. Staff had received all their mandatory training together with training in infection prevention and control precautions and hand hygiene. The provider had effective processes in place to source additional staff if they were required. The staffing levels in the maintenance area had been increased in the last week and there was a focus on the refurbishment of the inside and outside of the building.

Complaints and concerns were recorded however it was not clear what the difference was between a complaint and a concern. The complaints policy did not

include the procedure for managing concerns and hence some concerns had not been addressed in a timely manner. The oversight of both processes required review to ensure that policies were in place to reflect both practices. This could also further assure members of the public that their concerns were listened to and effectively followed up.

All the required documents were available for review, however some gaps in the references held for staff required review to ensure all these records met the regulatory requirements.

Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff nurses had completed training in medication management, risk management and in leadership skills.

There was good supervision of staff across all disciplines.

Judgment: Compliant

Regulation 21: Records

Two references were available for the sample of three staff records reviewed however, one did not include a reference from the person's most recent employer as referenced in Schedule 2.

Judgment: Substantially compliant

Regulation 23: Governance and management

Although management systems were in place to ensure the service delivered was safe, effective and monitored, inspectors found that the following areas of practice required greater oversight:

- the complaints process and the management of complaints and concerns received.
- falls management and preventative measures.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The Chief Inspector of Social Services had been provided with a copy of the centre's statement of purpose (SOP). The document met the requirements of the regulations, however, the document required to be updated to reflect a number of recent changes in personnel, management structures and roles within the organisation and the whole time equivalent staffing numbers per grade.

Judgment: Compliant

Regulation 30: Volunteers

There were no persons involved on a voluntary basis with the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place and it was on display throughout the centre. It identified the person designated to investigate complaints and included an appeals process.

There were two systems in place. One for recording concerns and one for recording complaints. The complaints policy did not differentiate between what was a complaint and what was a concern and did not include the process for addressing concerns. Concerns made, although recorded were not being investigated in line with the complaints process. The inspector found that some concerns made had not

been addressed in a timely manner. It was noted that at least one of these complainants had brought their concern to the attention of the Chief Inspector as they had not received a response from the provider in relation to the concern made.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The inspector saw that policies and procedures required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were reviewed, made available to staff and being implemented in the centre. The resident absconsion policy required review to ensure it reflected procedures followed in the centre, together with the complaints policy discussed under regulation 34.

Judgment: Compliant

Quality and safety

Overall the inspector was assured that residents received a good standard of service. Residents told the inspector that they felt safe living in the home. Some improvements were required in relation to the premises. The inspector was informed that a number of small issues identified on inspection in relation to the upgrading of the premises were all in the process of being actioned by the provider. The facilities manager had joined the maintenance team and together were planning and implementing the required upgrades to the premises.

The inspector reviewed a sample of resident's records and saw that residents were appropriately assessed using a variety of validated tools. This was completed within 48 hours of admission. Care plans were in place addressing the individual needs of the residents, and were updated within four months or more often where required.

The inspector saw evidence of end of life assessments for a sample of residents. These included details of their wishes and preferences at the time of their death. These were regularly reviewed and there was evidence of family involvement especially where the residents did not have capacity to make a decision themselves.

Staff in the centre had completed safeguarding training and the centre's policy was up-to-date. Contact details including a phone number and email address for an independent advocacy group was displayed in the nursing home. There was an up-to-date policy covering pension agency arrangements and the handling of petty cash.

The laundry services were good and the residents confirmed this by telling the

inspector that their clothes were regularly laundered and returned to their rooms.

Regulation 12: Personal possessions

There was adequate storage in the residents' rooms for their clothing and personal belongings, including a lockable unit for safekeeping. Residents had access to a laundry in each unit which enabled them to do their own laundry, if they wished.

Judgment: Compliant

Regulation 13: End of life

End of life wishes were completed and updated as and when required for residents. There was evidence of resident and family involvement. Residents had access to the appropriate care and comfort to meet the needs of residents at approaching the end of their life.

Judgment: Compliant

Regulation 17: Premises

The registered provider was required to address a number of issues in relation to the upkeep of the inside and outside of the building to ensure that it was kept in a good state of repair internally and externally.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy had been updated and it included all the areas outlined in Schedule 5. The risk register had been updated since the last inspection and it included the risk rating of all risks identified and a plan to reduce each identified risk.

Judgment: Compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire exit doors were clearly sign posted and were free from obstruction. Fire doors were tested on a weekly basis. Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly and annual basis by an external company.

Clear and detailed records of each fire drill practiced with staff were available for review. The records showed that staff had a clear knowledge of how to evacuate residents in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans were reviewed. Each had a thorough assessments completed reflecting the residents met during the course of inspection. There was evidence of referrals being made to members of the allied health care team and records reviewed assured the inspector that residents had been seen as requested. There was also evidence of the resident's and, where requested by the resident, their families input into their care plan.

Judgment: Compliant

Regulation 6: Health care

Residents had a medical review completed within a four month time period, or sooner, if required. There was evidence that residents had access to all required allied health professionals services and inspectors saw evidence that a variety of these practitioners were involved in caring for the residents.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures which staff understood and implemented. All staff were provided with refresher training on safeguarding and could demonstrate the principles of the training in practice. An Garda Siochana (police) vetting disclosures were secured prior to staff commencing employment, for the protection of residents. The provider was a pension-agent for a small number of residents. The inspector saw that monies collected on behalf of residents were being lodged into a residents' account, in line with the Social Protection Department guidance.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Curam Care Home Dundalk OSV-0000130

Inspection ID: MON-0035605

Date of inspection: 21/09/2022

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Discussed with HR regarding compliance and going forward HR are aware a reference must come from most recent employer., HR Following up with the recruitment agency and staff member re reference. HR have commenced audit each staff member's file in line with regulatory compliance requirements.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Falls Prevention Strategy 1. Aim is to try to reduce severity of harm caused by falls and to reduce number of falls that result in admission to A&E 2. Early identification of residents at high risk of falls commencing at pre assessment and on admission. Stratify Assessment for all residents. High risk residents will be referred to physio and OT, resident medication will be reviewed by GP and focused falls management care plan will be commenced residents who experience 2 or more falls 3. Trends and analysis of falls audit highlighted 50% of witnessed falls occurred in communal dayroom. Resident supervision has been reviewed and a staff member is assigned for day room supervision. 68% of unwitnessed falls occurred in residents' room and in an attempt to reduce this percentage we are introducing the 4hourly safety check which will incorporate checking all falls prevention equipment and also checking the room for potential fall hazards. Furthermore, handover at each shift change will now take place on a walk around in order to closely monitor residents' safety and condition. 4. Falls prevention training for all staff on Evolve is to be completed by end of October.	

There is webinar on falls prevention and management 08/11/22 which staff will be encouraged and supported to view. Staff will be reminded to check that all residents have proper fitting footwear at all times.
5. Residents will be encouraged and supported to attend daily exercise classes with activity staff to promote movement and to strengthen muscles. Residents will have regular eye checks with vision call where potential sight issues could be addressed.
6. Post falls, incident form to be fully completed and full assessment of the Resident, referral to multidisciplinary team for assessment

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The homes policy on responding to complaints has been reviewed and updated to include the procedure for addressing concerns
The complaints procedure encourages anyone that has an informal complaint or concern to outline their concern with any member of staff, it advises them if the concern is not resolved to their satisfaction to communicate either verbally or in writing with the registered Nurse or Director of Nursing. The informal complaint or concern will be recorded on the homes concern log on epicare and will be closed by the Director of Nursing once it is actioned and resolved.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Areas where floor coverings require replacement have been identified and a schedule of works has been drawn up.
Areas of the centre that require repainting have been identified and these works have commenced.
Costings are being finalised for works to an area of external pathway.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	16/12/2022
Regulation 21(1)	The registered provider shall 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.	Substantially Compliant	Yellow	31/10/2022
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	Substantially Compliant	Yellow	30/11/2022

	effectively monitored.			
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process.	Substantially Compliant	Yellow	26/10/2022