



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:	14 December 2023
Centre ID:	OSV-0008033
Fieldwork ID:	MON-0041852

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 the assistant director 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:	122
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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
Thursday 14 December 2023	09:15hrs to 17:10hrs	Lisa Walsh	Lead
Friday 15 December 2023	08:40hrs to 14:50hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

The inspection was carried out over two days with one inspector. On day one, following an introductory meeting with the assistant director of nursing in the absence of the person in charge, the inspector walked around the centre and spent time observing interactions on the different floors and spoke with residents, visitors and staff. When the inspector arrived at the centre in the morning on the first day, some residents were observed to be up and about in the sitting rooms, dining rooms and seated near the nurses' station. Some residents were having tea after eating their breakfast and others were reading the newspaper and watching TV.

The centre is located in the Navan Road community with local facilities adjacent and easy access on public transport to Dublin city centre. The centre is set out over four floors with 144 registered beds in single occupancy en-suite rooms. 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.

Overall, the centre was bright, airy and pleasantly decorated for Christmas. However, there were some areas of the centre which required action, this is detailed under Regulation 17: Premises. On entering the centre there was a large Christmas tree in the reception. On the ground floor, the reflection room was turned into Santa's grotto for the Christmas party which was due to take place on day two of the inspection. The ground floor also had a therapy room which had an array of comfortable chairs and foot spas, for resident to use for relaxation with soft music playing and candles. The third floor of the centre had a hairdressers, which was open twice a week for residents to attend.

Each floor contained its own sitting room with a kitchenette, dining room and visitors room. Residents were observed to be able to move freely between each of the floors if they wanted to attend other activities or meet with their friends in another part of the centre. The large sitting rooms were bright and pleasantly decorated for the festive period with a Christmas tree and decorations and had a very pleasant homely atmosphere. The sitting room was laid out with seating areas for residents to sit watching the television, sit around the fireplace or sit at a kitchen table located in a kitchenette within the sitting room. The kitchenette had facilities for making tea and coffee as well as a fridge with cold drinks and snacks. There was also bowls of fruit and pastries available for residents. The fire places were decorated with a Christmas garland and had shelves with books and DVDs available for residents to use. The sitting room on the first floor had a projector located above a table. Images were projected onto the table for sensory touch for residents with dementia. The inspector observed a number of residents engaging with this and getting enjoyment from this.

Smaller private visitors sitting rooms were also available on each floor for residents

to meet with family and friends. These rooms were also comfortably decorated and allowed for a quieter space for residents to enjoy if they wanted.

On each floor of the centre there was a dining room for residents to use. Dining room tables were set and menus were available for residents. Orders for residents' meals were taken the previous day, however, residents could change their mind on the day if they wished. Meals were prepared in the kitchen located at the ground floor dining room. Following this, the food is transported in gastronomes and then placed in a bain-marie in the satellite kitchen on each floor. Residents meals were then served from the kitchen located at each dining room. 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.

Meal times were seen to be a social occasion and residents were observed conversing and enjoying each others company and staff. Inspectors observed that there was sufficient care staff available in the dining room to provide support to residents who required it. However, the inspector observed that some residents who were hearing impaired had difficulty communicating and being understood by staff. Staff available to support the residents who were hearing impaired in the dining room did not know Irish Sign Language (ISL). At times, the inspector also observed residents who were hearing impaired communicating with staff for other residents who were also hearing impaired.

Overall, residents said the food was good now, however, previously the menu had lacked options that they preferred. Residents spoken with said that change was slow, that they had 'worked hard with the chef' and that the food was much better now with a better variety of food that they have requested. However, a small number of other residents said they were still unhappy with the food and found the vegetables to be overcooked. One resident said they 'handed the food back most days'.

Residents' bedrooms were personalised with photographs and other items of personal significance to them. Inspectors observed that residents' bedrooms were clean and bright with adequate storage space and a lockable drawer space to store their clothes and personal possessions. Residents spoken with also said they were happy with their bedrooms. On the wall outside each resident's bedroom there was a personalised information page about the resident. Describing their lives, their families, their past jobs and things they like to do.

The overall feedback from residents was that they were happy living in the centre, with one resident saying they 'loved it here'. There was a relaxed atmosphere, and residents were observed freely mobilising around the centre and chatting with other residents and staff. Residents were complimentary of the staff and the care they received. Residents said that they felt safe and had no concerns. Residents told the inspector that the staff were 'lovely and kind'. The inspector observed staff interactions to be gentle, friendly, jovial and patient, demonstrating how comfortable they were with each other. However, some residents with hearing impairments said that staff do not always understand them. The inspector also

observed that at times staff had difficulty communicating with residents who had hearing impairments and understanding what they were trying to communicate.

Residents were observed to be receiving visitors with no restrictions throughout the two days of inspection. Visitors spoken with were complimentary of the care their friends and relatives received. Visitors said that the person in charge was 'very responsive to requests' and that staff 'work very hard' and 'do their best'. However, some visitors of residents who were hearing impaired said that 'staff don't always understand' the resident and this can cause frustration to the resident when staff are not able to communicate properly with them.

Over the two days of inspection, residents were neatly dressed and observed to be up and about in the various areas of the centre. Throughout each day, residents gathered together in the sitting rooms reading a newspaper, chatting to other residents and staff, watching TV or listening to Christmas music. On day one of the inspection a children's choir from the local community attended the centre in the morning and sang Christmas carols for all residents. A number of residents spoke about how much they enjoyed this activity. In the afternoon there were different activities available to the residents. On the ground floor there was karaoke and on the second and third floor there was bingo. The inspector observed bingo taking place with lots of friendly banter between residents and staff. On day two of the inspection, residents were dressed in their Christmas jumpers in preparation for the Christmas party that was taking place in the afternoon. In the morning on the ground floor some residents were in the sitting room signing along to Christmas music. Residents on the second and third floor were complimentary of the activities and said that there was plenty to do and to choose from. However, residents on the ground floor who had a hearing impairment said there was not much to do in the centre. The inspector also observed that the activities provided on both days of the inspection, for example, caroling and karaoke were not appropriate activities that residents with a hearing impairment could engage with. The inspector observed that there were lengthy periods of time where the residents who had a hearing impairment were observed to be sitting watching television or reading newspapers without other meaningful activities or interaction.

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

A clear management structure was in place and the registered provider had systems to support the provision of a good standard of evidence-based care. However, the inspector found that some improvements were required in the management systems for the effective oversight of staffing, communication difficulties, residents rights', individual assessment and care planning, premises and infection control.

This unannounced inspection was carried out over two days by one inspector to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). The inspector also followed up on a number of issues of concern received on different occasions from members of the public since the last inspection by the Chief Inspector which related to communication with residents who were hearing impaired, lack of activities and staffing levels. The inspector also reviewed the information submitted by the provider and the person in charge. The inspector identified that further action was required to ensure that there was an appropriate skills-mix of staff to allow residents who were hearing impaired to communicate freely and that sufficient staff supervision was in place to ensure oversight and safeguarding of residents. Improvements in relation to the provision of activities to meet residents' recreational and occupational needs were observed by the inspector overall, however, further action was required for residents who were hearing impaired.

Curam Care Home, Navan Road is operated by Knockrobin Nursing Home Limited which is the registered provider. The nursing home is part of a larger nursing home group and there is a senior management team in place to provide management support at group level. On day one of the inspection, the assistant director of nursing (ADON) facilitated an introductory meeting and a tour of the premises in the absence of the person in charge. The person in charge attended the centre later that day and facilitated the second day of inspection, and demonstrated a good knowledge of the legislation and a commitment to providing a good quality service for the residents.

There was a clearly defined management structure with identified lines of accountability and responsibility. The person in charge worked full-time in the centre and reported to the director of care, quality and standards and the register provider representative. The person in charge was also supported by two assistant directors of nursing, clinical nurse managers (CNMs), staff nurses, health-care assistants, activities coordinators, catering and household.

The senior management team was kept informed about the performance of the service with an auditing programme which was reviewed at regular intervals and had identified areas where improvements in practice were required, with improvements action plans in place. Regular meetings were held and minuted to cover all aspects of clinical and non-clinical operations including monthly heads of department meetings and weekly staff meetings on each floor. The quality risk manager met with the person in charge weekly to ensure oversight and there was also quarterly meetings at group level for persons in charge and ADONs to share learning across the group.

The registered provider had audit and monitoring systems in place to oversee the service. However, the audit system was not effective and sufficiently robust as it had failed to identify key areas for improvement in areas such as staffing, communication, opportunities for residents with hearing impairments to engage in meaningful activities and care planning.

There were insufficient nursing staff resources on the days of inspection to ensure

appropriate supervision of staff which impacted on the care and welfare of the residents. There was an ADON working each day 8:00 to 16:00 and a CNM on the second and third floor working Monday to Friday 8:00 to 16:00. There was one supernumery CNM working at the weekends. The inspector was informed that there was a CNM vacancy on the first floor for a number of months and that this was being actively recruited for. However, there was no clinical nurse manager oversight of staff at night time. Since the previous inspection, there had been notifications to the Chief Inspector of incidents of concern that had occurred in the late evening and night when there is no clinical nurse manager oversight available. The inspector also found that the knowledge and skill-mix of staff were insufficient to meet the assessed needs of residents. For example, there was not enough staff available who could communicate through Irish Sign Language (ISL) to residents who were assessed as needing ISL to support their communication. The inspector observed several instances of residents who used ISL having challenges to communicate with staff.

Regulation 15: Staffing

The registered provider did not ensure that the number and skill-mix of staff was appropriate and adequate to meet the needs of residents and with due regard for the size and layout of the centre. For example:

- Nurse managers were not rostered to work at night with the result that the senior staff nurse was assigned to this role. However, staff nurses working at night provide clinical care meaning there was no supervisory or management support available to staff. Furthermore, since the previous inspection there had been a number of notifications to the Chief Inspector of incidents of concern that had occurred in the late evening and night when there is no clinical nurse manager oversight available, of which one incident was still being investigated.
- On the days of inspection, one Clinical Nursing Manager (CNM) post had been vacant for a number of months on the first floor. The registered provider gave assurances that this post was being actively recruited for.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents included all the required information set out under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was insufficient resources and the management systems were found to be insufficient to ensure that all areas of the service provided were safe, appropriate, consistent and effectively monitored. For example:

- There were ineffective systems and a lack of resources in place at night to ensure staff were appropriately supervised. Nurse managers were not rostered to work at night. Staff nurses working at night were providing clinical care meaning there was no supervisory or management support available to staff. There had been a number of notifications to the Chief Inspector of incidents of concern that had occurred when there is no clinical nurse manager oversight available.
- Further oversight was required to ensure the knowledge and skill-mix of staff available was appropriate to meet the needs of all residents.
- The process for the review and management of residents' individual care needs, assessments and care plans required further oversight. Furthermore, the oversight of residents communication difficulties required review.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had an agreed contract of care with the provider, setting out the terms, conditions and cost of their residency and contained the required authorisations.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered good quality care to residents and resident appeared well cared for. However, the inspector found that some of the care plans in place, communication and activities available for some residents needed to be improved to ensure that a quality and person centred service was provided. Action was also required in relation to Regulation 17: Premises and Regulation 27: Infection control as described under their respective regulations.

Residents told the inspector that they felt safe and happy living in the centre. Staff were observed to speak with residents in a kind and respectful manner, and to know

their needs. Monthly residents' meetings took place, including a residents' meeting facilitated by an ISL interpreter for residents who had hearing impairment, and residents were given the opportunity to feedback on the centre in a residents' survey. The inspector viewed the minutes of residents' meetings, and found that a variety of topics were discussed and residents were able to express their views. For example, residents had requested more variety of food, following consultation with the chef an improved menu had been implemented.

A sample of care plans and assessments for residents were reviewed. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. However, some care plans described resident's care needs and personal preferences in a detailed and person-centred manner, while other care plans lacked the detail required to guide staff to deliver effective, person-centred care this is detailed under Regulation 5; Individual assessment and care plan.

Several residents living in the designated centre have a hearing impairment and communicate through Irish Sign Language (ISL). An interpreter is provided at residents' meetings and for specific activities planned for the residents with hearing impairments. Residents' specialist communication requirements were recorded in their care plan and staff were aware of the specialist needs, however, some residents were unable to communicate freely on a day-to-day basis. For example, several residents were assessed as needing ISL to communicate freely and the majority of staff were unable to communicate through ISL, this is detailed under Regulation 10; Communication difficulties.

Residents had access to advocacy services and information leaflets were seen to be available on each floor. There was also an advocate available to the residents from a nearby deaf centre for residents with a hearing impairment. Residents had access to television, newspapers and telephones to ensure they were informed regarding current affairs and connected to their community. There was an activity programme in place. Overall, the activities available had improved for some residents since the last inspection. There was now an activity team in place with an activity supervisor and activity coordinators. However, the inspector observed that the activities provided on both days of the inspection, for example, caroling and karaoke were not appropriate activities that residents with a hearing impairment could engage with. The inspector observed that there were lengthy periods of time where the residents with a hearing impairment were sitting watching television or reading newspapers without other meaningful activities or interaction. This is discussed further under Regulation 9; Residents' Rights.

The centre was clean and well maintained, however, some issues relating to ventilation and wear and tear were identified on inspection. These findings are detailed further under Regulation 17; Premises.

The registered provider had prepared a residents' guide in respect to the designated centre, this was provided to the inspector. The person in charge had liaised with advocacy services and all details required under the regulation were clearly detailed

in the booklet.

While there were infection prevention and control processes and procedures in place and the centre was generally clean, there were areas identified which required review. This is outlined under Regulation 27: Infection control, below.

Regulation 10: Communication difficulties

Residents who had specialist communication requirements were recorded in their care plan and staff were aware of the specialist needs, however, residents were unable to communicate freely on a day-to-day basis. For example, several residents were assessed as needing Irish Sign Language (ISL) to communicate freely. However, the majority of staff providing care to the residents did not know ISL. Furthermore, as well as the need for ISL to communicate freely, some care plans also detailed the use of a white board or pen and paper to communicate with residents, however, there was no white board available and the inspector did not observe any staff using pen and paper to communicate with the residents.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Adequate storage space and a lockable drawer space was provided for each resident to store their clothes and personal possessions. The registered provider acted as a pension agent for 10 residents at the time of inspection. Arrangements in place to manage this were clearly recorded and transparent.

Residents had access to and retained control of their personal possessions. Laundry services were provided to residents and the service was seen to be well-organised with a system in place of labelling residents' clothes on admission to the centre.

Judgment: Compliant

Regulation 17: Premises

The premises was suitable for the needs of the residents living there, however, improvements were required in some areas to ensure that the premises conformed to the matters set out in Schedule 6. For example:

- Two ceiling tiles in the linen room on the ground floor were stained brown. Some boxes were also stored on the floor in the linen room which would

- prevent adequate cleaning.
- In the equipment room on every floor of the centre there was wear and tear with paint removed from areas of the wall.
- Improvement was required in relation to ventilation. For example, the inspector noted a strong odour on the first floor in the morning.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' handbook contained all the required information regarding services and facilities, the terms and conditions of residing in the centre, the complaints procedure; including external complaints processes, such as, the Ombudsman, arrangements for visiting and information regarding independent advocacy services.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place which reflected the requirements of the regulations. For example specific risks such as aggression, self-harm and abuse, and associated measures and actions to control these risks were included.

The provider had comprehensive risk registers in place for clinical risks, health and safety risks and COVID-19 specific risks.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector found that the quality of the assessments and care plans was inconsistent. Some care plans described residents' care needs and personal preferences in a detailed and person-centred manner, while other care plans lacked the detail required to guide staff to deliver effective, person-centred care. For example:

- Some residents who were assessed as having specific dietary requirements, such as the need for a diabetic diet or renal diet did not have a care in place to guide staff practice on this. For example, a diabetic resident who was also losing weight had a plan in place to manage their weight loss but this did not include any information on their diabetic dietary needs.

- Some 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 by staff. Staff were able to verbally detail this when asked however, this information was not included in the care plan. Furthermore, a resident who there was a safeguarding concern notified to the Chief Inspector did not have a safeguarding care plan in place.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was an activity programme in place, however, there was limited activities available for residents with hearing impairments. On day one of the inspection, the only activity planned for residents with hearing impairments was to pick out clothes for the Christmas party. The other planned activities that took place that day were not accessible to residents with hearing impairments. For example, Christmas caroling and karaoke were available on the ground floor where residents with hearing impairments resided. Furthermore, the inspector observed that there were lengthy periods of time where the residents with hearing impairments were observed to be sitting watching television or reading newspapers without other meaningful activities or interaction.

Judgment: Substantially compliant

Regulation 27: Infection control

While the centre was generally clean on the day of inspection, some areas for improvement were identified to ensure compliance with the *National Standards for Infection Prevention and Control in Community Services (2018)*:

- Bedpan lids in the sluice room on the first floor were visibly covered in dust on the drying racks where clean equipment was to be placed.
- Multiple commodes were stored in three of the four sluice rooms within the centre and were visibly stained, there was no record to show that these were cleaned before use.

Judgment: Substantially 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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 27: Infection control	Substantially compliant

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

Inspection ID: MON-0041852

Date of inspection: 15/12/2023

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Curam Care Home Navan Road has four clinical nurse managers. The 4th post is commencing on the 12th February 2024. The Clinical Nurse Managers (CNMs) are allocated a floor each in the home. With the four clinical nurse managers there is clinical supervision hours rostered every weekend and evenings Monday – Friday.</p> <p>The CNMs are supported by an Assistant Director of Nursing (ADoN). There are two ADoNs in Curam Care Home Navan Road each managing two floors each.</p> <p>There are ten Senior Health Care Assistants rotating on the night shift providing supervisory support to care staff with due regard for the layout of the center.</p> <p>To support the night staff there is a weekly senior management on call roster in place. This on call roster system is available to all night staff at the nurse’s station.</p> <p>Unannounced on the spot inspections at night are performed by the senior managers (PIC, ADoNs).</p>	
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>Curam Care Home Navan Road have an effective system in place based on evidence presented such as the notifications of incidents of concern presented to HIQA. In 2023, 75% notifications of incidents of concern occurred during the day/evening</p>	

shifts. There are four clinical nurse managers on the roster to cover all day and evening shifts ensuring management oversight is available.

The night shift had 25% of notifications submitted. The night shift is supported by the senior management team, the two Assistant Directors of Nursing and the Person in Charge with due regard to the complexities and number of incidents of concern.

There is a comprehensive review system to ensure staff are trained and supported and that the care plans reflect accurately the individual choice and needs of the residents.

Regulation 10: Communication difficulties	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 10: Communication difficulties:

At present there is always a member of staff rostered on the care team with Irish Sign Language (ISL).

All of residents at Curam Care Home Navan Road are communicating freely. Residents who communicate using ISL (Irish Sign Language) staff continue to attend training to enhance their ISL skills. –Commencing on the 9th of January forty -one staff, across all departments, care team (nurses and health care assistants), catering, household and reception/ admin- are currently progressing with ISL training. This course is due to finish next month

The communication continues to be supported by the use white boards, and ISL alphabet posters hung prominently in all key areas of the home and each staff member working on the ground floor are provided with a notebook and pen for each shift, so they are ready to communicate with the deaf residents.

Curam Care Home Navan Road continues to examine ways of becoming more creative – by recording resident’s key frustrations, key signs residents use to communicate things, learning useful signs such as “calm down and wait” and acquiring a basic knowledge of what each resident likes to do. Curam Care actively engages in networking with other organizations the Deaf Network Ireland, Irish Deaf Society, Disability Federation Ireland and Inclusion Ireland.

These suggestions will be brought to the Resident Committee Meeting with the ISL interpreter for resident feedback.

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Both stained ceiling tiles in the ground floor linen room have been replaced. All boxes have been removed from the floor of the linen room. All equipment rooms have been repainted. The source of the strong odour on the first floor referred to by the inspector on the first morning of the inspection was identified and rectified</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A review of resident assessment and care plans has been undertaken by senior management to identify the care plans which need additional details in line with care plans the inspector identified on the days of inspection which captured resident's care needs and personal preferences in a detailed person-centred manner. In addition to this review there are several components to our plan to improve individual assessments and care plans.</p> <p>Curam Care Navan Road uses Link Nurses with a role description for each speciality e.g. Wound Care, Nutrition, Continence etc. the assigned link nurse is responsible for planning, co-ordinating and evaluating management in their specific area. The Link Nurse will play a vital role in auditing the care plans for ensuring that staff are documenting person centred quality management in their specific area.</p> <p>Additionally, all nurse staff and managers will be provided with care plan training to ensure residents are provided with high quality care personalised to meet the needs of each resident.</p> <p>All safeguarding plans are in place for the residents they are comprehensive, personalized and detailed enough to guide staff practice and captured within the resident ADL Care plan.</p> <p>Training on resident assessment and care planning documentation is booked for the 22nd and 23rd of February.</p> <p>A comprehensive audit will begin on March 1st by the senior management team in line with the four monthly review dates with all actions rectified by March 31st 2024.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: In Curam Care Home Navan Road there are a total of thirty residents' combination of hearing impaired and hearing residents who reside on the ground floor.</p> <p>Our activity programme caters for all in that community, carol singing, and karaoke were part of the programme so that hearing residents are not marginalised because they co-habit with residents who are deaf. For December, a full-time activity person and an interpreter were assigned to the ground floor. On the day of the inspection the residents with hearing impairments were not limited to picking out clothes for the Christmas party it was also a preparation activity for a future retail therapy day.</p> <p>The activity programme for those with hearing impairments for that week included bingo, Christmas pottery, baking, Zumba, coffee mornings and finishing with a large festive Christmas party. Currently Curam is recruiting an ISL trained Activity Co-Ordinator and that role should be filled in the next few weeks. The residents with hearing impairments attend a resident meeting each month with an interpreter and advocate evidence of which was displayed on the day of the inspection.</p> <p>The residents' wishes guide what the monthly programme is. Curam operates with the key principle that that residents are central in all aspects of planning and delivery of their social program.</p> <p>A survey on Activities is in progress to capture the wishes of all residents for meaningful activities.</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 hygiene audit was completed for January to capture areas that required improvements. The bed pans & lids identified in the report have been removed as the care needs of residents on this floor do not require this equipment.</p> <p>Commode storage across the home was reviewed. All surplus supply of commodes were removed from the premises. There is a scheduled cleaning program for all care equipment and oversight of this is managed by the Senior Care workers and the Clinical Nurse Managers on each floor.</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 10(1)	The registered provider shall ensure that a resident, who has communication difficulties may, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre concerned, communicate freely.	Substantially Compliant	Yellow	28/02/2024
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.	Substantially Compliant	Yellow	12/02/2024
Regulation 17(2)	The registered provider shall,	Substantially Compliant	Yellow	30/01/2024

	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.			
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	30/01/2024
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	12/02/2024
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.	Substantially Compliant	Yellow	30/01/2024
Regulation 5(3)	The person in	Substantially	Yellow	31/03/2024

	charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Compliant		
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	01/04/2024