



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:	05 April 2023
Centre ID:	OSV-0000130
Fieldwork ID:	MON-0037975

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. 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:	73
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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
Wednesday 5 April 2023	09:00hrs to 17:30hrs	Sheila McKeivitt	Lead
Wednesday 5 April 2023	09:00hrs to 17:30hrs	Deirdre O'Hara	Support

What residents told us and what inspectors observed

Residents told inspectors that they liked living in the centre, one resident described it as their home having lived there for a number of years.

Residents described the food as "fairly good", "ok", "hit and miss". On the day of inspection they had a choice of two main hot meals; most residents had chosen the fish pie, together with the home made bread and butter pudding served with custard which they enjoyed, with one resident saying the meal was "extremely tasty".

Residents were receiving visitors, and were glad the restricted visiting had been lifted post the recent COVID-19 outbreak in the centre. Visitors spoken with said they usually visited the resident in their bedroom, but sometimes in one of the communal rooms. Inspectors noted the visitors sign-in book at the front door.

Residents said staff were kind and answered their call bell quickly when they called. They said they never had to wait long. They described the staff as kind, respectful and said they kept them up to date on what was going on. They said they had residents meetings and had access to newspapers, which the inspectors saw residents reading. Each resident had access to a television in their bedroom and one resident was enjoying a movie on the new large television set which had been installed in one of the communal sitting rooms. Residents had access to enclosed courtyards, which they could access independently.

Residents who spoke with inspectors said they were satisfied with the cleanliness of their bedrooms and communal areas. Residents spoken with told inspectors that their bedroom was cleaned on a daily basis. The centre was observed to be generally clean, with a few exceptions with regard to damaged flooring, shelving and damaged or scuffed paintwork on walls and doors frames, which impacted on effective cleaning. Inspectors were informed that the current refurbishment plan, which was in the process of being implemented, would address all the identified issues. The signage throughout the centre was good. A small number of doors required new signage which the person in charge confirmed had been ordered.

Resident bedrooms were personalised. The inspectors observed that resident had an adequate amount of storage space available to them for personal possessions including a lockable storage space. Residents were seen using the communal rooms. The hairdresser was on-site and the newly refurbished hairdressing room was a hive of activity.

Generally, there was some good infection prevention and control practice observed, however, practices in the centre did not always align with safe infection prevention and control standards. For example, staff did not always wear personal protective equipment (PPE) in the correct manner. A small number of staff members were seen to wear surgical masks under their noses, or staff were seen touching the front of

their masks. This may result in the onward transmission of an airborne or droplet infection for residents or staff. Four staff were observed to be wearing hand or wrist jewellery which meant that hand hygiene might not be effective.

There was a limited number of clinical hand-wash basins and those available did not comply with the recommended specification for clinical hand-wash basins. Staff reported to inspectors that they used resident bathroom sinks to wash their hands and this may result in cross infection. A large number of alcohol based hand rub dispenser drip trays were either damaged or were unclean with product build up or dust. Posters illustrating the correct procedure to perform hand rubbing were not clearly displayed at alcohol gel dispensers. This would remind staff on the correct technique to decontaminate their hands.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

The governance of this centre was good. Members of the senior management team attended the feedback meeting and demonstrated a willingness to address areas for improvement identified on this inspection.

This was an unannounced risk inspection during which the compliance plan from the previous risk inspection was followed up and a focus was placed on infection prevention and control practices. The inspectors found that most of the compliance plan responses had been implemented and the remaining were in the process of being implemented. The inspectors found that improvements were required in relation to the premises and infection prevention and control and residents nursing documentation.

The provider was Dealgan House Nursing Home Limited. The management team was made up of the provider representative and the person in charge. The inspectors saw that systems were in place to manage risks associated with the quality of care and the safety of the residents and found that the provider was proactive in identifying and managing risks in the centre. Although the provider generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018); further action is required to be fully compliant. Gaps were identified in infection prevention and control training, equipment cleaning and spills and clinical waste management, the correct wearing of personal protective equipment (PPE) and hand hygiene. This is further detailed in Regulation 27: Infection control.

The centre was appropriately resourced with adequate staffing numbers across all disciplines to meet the needs of the residents. Staff vacancies were low and vacant

posts were being filled in a prompt manner. The provider had nominated a clinical nurse manager as infection prevention and control lead and the person in charge was the nominated lead in the event of an outbreak. Regular audits were carried out to monitor infection prevention and control in the centre. These audits were monitored to track and trend progress and quality improvements and any gaps in practice found. However, audits reviewed did not identify findings on the inspection day. This is further detailed in Regulation 27: Infection control.

There were sufficient cleaning and laundry staff on duty in the centre to meet the needs of the centre. Bedpan washers were not being serviced in line with manufacturer's guidelines, to ensure that they were working correctly. The provider initiated a servicing contract on the day of inspection and gave assurances that these machines would be serviced without delay.

The provider was developing antimicrobial stewardship programme where they were actively monitoring healthcare-associated infections (HCAIs) and multi-drug resistant organisms (MDRO) colonisation in recent months. While antibiotic consumption was monitored there was no evidence that this information was used to improve the quality of antimicrobial prescribing. Infection prevention and control guidelines covered all aspects of standard and transmission based precautions and the care and management for residents with (MDROs), however, antimicrobial stewardship guidelines were not available to staff for reference.

The centre had recently experienced a norovirus outbreak that affected residents and staff. There were no positive cases during this inspection. While the provider promptly put in all measures to prevent onward transmission of the virus, they had not completed a post outbreak review to identify what went well during the outbreak and areas for further development. The person in charge gave inspectors an undertaking to complete this.

Training records demonstrated that all staff had access to and had attended infection control training. This was delivered through a blended approach, such as, face-to-face and online training. The inspectors were informed that the provider had planned that all nursing staff would complete the on-line antimicrobial stewardship module to further enhance the infection prevention.

Complaints were well managed. The complaints policy was reflected in practice and inspectors were assured that complaints were addressed promptly.

An Garda Síochána vetting reports, identification, full employment history together with all the required documentation were present in all of the staff files inspected. Other records, such as the statement of purpose, certificate of insurance, the directory of residents, contracts of care and residents' care records were available for review.

Regulation 14: Persons in charge

The person in charge worked full-time and has met the criteria to be named person in charge. The person in charge is a registered nurse with experience in the care of older persons in a residential setting. She holds a post registration management qualification.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty 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 19: Directory of residents

The residents directory was reviewed and it was found to contain all the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

Regulation 21: Records

Records outlined in schedule 2, 3 and 4 were available for review and met regulations.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities.

There were clear systems in place for the oversight and monitoring of care and services provided for residents, although as mentioned under regulation 27, the oversight of infection prevention and control required strengthening. The issues found at the last inspection had had been addressed by the provider. The annual review ran from July each year and was in progress.

Judgment: Compliant

Regulation 24: Contract for the provision of services

There were contracts for the provision of service available for inspectors to view. They met the legislative requirements. The sample of contracts reviewed had been signed by the resident or their representative together with a registered provider representative. They also included the fees to be charged, the room occupied by the resident and, where relevant, the number of other occupants in the room.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector of Social Services had been informed of all incidents which occurred in the centre within the required time frame.

Judgment: Compliant

Regulation 32: Notification of absence

The provider was aware of the requirement to give notice in writing of the proposed absence of the person in charge from the designated centre for a period of more

than 28 days.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaints procedure was on display. The complaints policy and procedure identified the person to deal with the complaints and complaint overseer. It outlined the complaints process, how the outcome of the complaint should be communicated to the complainant, the appeals process and it included contact details for an advocacy service.

The records of complaints reviewed assured the inspectors that all complaints were fully investigated in a prompt manner. The records included the outcome of the complaint investigation and the level of satisfaction of the complainant. There was evidence that they were being closely monitored.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

There had been no notice of the absence of the person in charge from the designated centre since the last inspection. However, the provider was aware of the regulatory requirement inform the Chief Inspector of Social Services of details of the procedures and arrangements that had been put in place for the management of the designated centre during the absence of the person in charge

Judgment: Compliant

Quality and safety

Inspectors found that residents living at the centre were receiving a good standard of care. Improvements were found in a number of areas. There had been implementation of more robust systems in areas such as, admissions and transfers of residents, falls prevention, infection prevention and control together with the upkeep and maintenance of the centre. Additionally there were improvements to the level of support provided to residents to meet their preferences for diversity choice and autonomy on a daily basis.

While there was evidence of good infection control practice identified, a number of

actions are required by the provider in order to fully comply with this regulation. Details of issues identified are set out under Regulation 27: Infection Control.

A sample of seven resident care plans were reviewed by inspectors. Care plans reviewed were for residents with wounds and MDRO's. Residents who had wounds, did not have clear information in their care plan to guide staff in how to prevent or manage infection. This was partially addressed during the inspection.

The provider was using the national transfer form on a computerised care plan system when transferring the residents into hospital if unwell. This form included detail on infection prevention and control information. This ensures the receiving facility is aware of infection control precautions needed. There was a well-managed COVID-19 and influenza vaccination programme in place. All of the residents who were eligible had received their COVID-19 boosters and influenza vaccines. Staff were also facilitated to access vaccinations through a vaccination programme provided on-site, by the Health Service executive (HSE) or local pharmacy. There was a system in place to ensure that all residents who required pneumococcal vaccines received them.

The centre had a number of assurance processes in place in relation the standard of hygiene in the centre. These process included the use of colour coded cloths, mops and cleaning trollies to reduce the chance of cross infection. Household staff members who spoke with inspectors were knowledgeable with regard to cleaning processes. Clean and dirty laundry was seen to be managed safely, in line with national guidance.

There was evidence that the provider was in the process of improving the premises internally and externally. The current quality improvement plan was in the process of being implemented. Some areas of the centre including bedrooms and communal rooms had been repainted and decorated. The hairdresser room had been completely refurbished and was now operational. The largest of the two communal rooms had been subdivided to facilitate more hands-on activities.

Residents rights were upheld. They had access to a wide range of activities, together with communication devices such as individual and communal televisions, radios and telephones. They also had access to religious services, national and local newspapers. In addition, residents had access to a choice of food at each meal time and they had access to a variety of snacks and both hot and cold drinks.

Residents were having visitors. There were no restrictions in place.

Regulation 11: Visits

The inspectors were assured that there were no restrictions on visitors into the centre. The visiting times were reflected in the centre's statement of purpose and resident's guide.

There was space for residents to meet their visitors in areas other than their bedrooms if they wished to do so.

Judgment: Compliant

Regulation 17: Premises

Inspectors observed the following issues in relation to the premises:

- The floor covering in some areas of the building had cracks and rips in it, such as, the laundry, corridors, some bedrooms and some communal rooms.
- There were holes in the walls of some bedrooms.
- Woodwork such as doors, door frames and skirting boards were heavily chipped in some areas of the centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to a supply of fresh drinking water. There was a choice of food available to resident at each meal. Through cross-referencing a number of residents nutritional needs assessments and care plans with the food being served to them, the inspectors were assured that residents' dietary needs were being met.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Inspectors saw evidence that all relevant information which accompanied residents transferred out of the centre such as, nursing and doctors transfer letters were available for review. The national transfer letter was in use and a copy was available for review. For residents transferred into the service, a copy of their transfer letters were also available for review.

Judgment: Compliant

Regulation 27: Infection control

There was evidence of good infection prevention and control practice in the centre however, the following areas for improvement which are fundamental to good infection control practice were identified:

- The antimicrobial stewardship program needed to be further developed and supported. For example there were no training or antimicrobial quality initiatives to improve antimicrobial use
- Four staff were seen to wear hand jewellery and a small number of staff were seen to wear face masks below their nose or frequently touched the front of their mask. Hand-wash basins within resident's bathrooms were used as dual purpose by both residents and staff. This practice increased the risk of cross infection
- Open sterile dressings were not used in accordance with single use instructions. They had been opened and partially used and stored with un-opened supplies and could result in them being re-used and lead to a healthcare-associated infection
- Oversight of safe cleaning of shower chairs needed to be strengthened to ensure that they were adequately cleaned to minimise the risk of transmitting a healthcare-associated infection. For example the underside of the seats of a small number of shower chairs were unclean
- Further training and supervision was required on standard infection control precautions, including safe sharps and appropriate clinical waste management, equipment hygiene practices and management of spills
- Four out of five insulin pens were not labelled to identify individual resident pens and may result in the incorrect pen being used for residents and may result in a blood borne virus
- Not all sharps bins inspected had the temporary closure mechanism engaged when they were not in use or were signed when they were opened. One sharps bin was overfilled past the recommended fill line. Three intravenous trays (IV) trays were unclean. This meant that residents and staff could be inadvertently exposed to contaminated clinical waste stored within them.
- There were a number of waste bins throughout the centre that were not hands-free and could result in contamination of hands and surfaces.
- There was a foul odour in one resident toilet and the kitchen cleaners room.
- There was damage to surfaces of paintwork, flooring and shelving in the kitchen cleaners store room. This did not support effective cleaning and infection prevention and control measures.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Infection prevention and control care plans did not contain the required enough detail to guide staff, for example:

- Care plans for residents with multi-drug resistant organisms (MDRO) did not

give clear information to guide care and inform staff of appropriate preventative measures against the risk of transmission of infection and cross-contamination

- Care plans reviewed did not set out all of the interventions required to effectively guide and direct the care of residents with urinary tract infections (UTIs). For example, one care plan inappropriately advised that a urine dipstick test was to be used to assess the presence of infection. This advice may lead to inappropriate antibiotic use and was contrary to best practice guidelines.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The designated center's policy was available for review. There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. The use of any restraints was minimal.

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. A sample of personnel records showed that recruitment practices were compliant with employment and equality legislation. An Garda Siochana (police) vetting disclosures provided assurances for the protection of residents prior to staff commencing employment.

The centre was a pension agent for a small number of residents living in the centre. There were clear processes in place for the management of residents' pensions and monies held on behalf of residents. The inspectors saw evidence that residents' monies were being lodged into a residents' account.

Judgment: Compliant

Regulation 9: Residents' rights

There were opportunities available to residents to participate in activities on the day of inspection. There were two staff delivering activities to residents. The weekly

written and pictorial activity schedule was available to residents. Residents had access to daily newspapers and were seen reading these while resting in their bedrooms and in communal rooms. Residents also had access to personal radios and mobile telephones.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	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 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Curam Care Home Dundalk OSV-0000130

Inspection ID: MON-0037975

Date of inspection: 05/04/2023

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: As referenced in the report we are currently working through a refurbishment plan for the centre and elements of that plan are already completed. Inspectors observed issues with floor coverings in some areas, repairs required to walls in some bedrooms and some woodwork that required upgrading.</p> <p>We are continuing with our refurbishment plan and the issues referenced in the report will be addressed as the plan progresses.</p> <p>Our currently designated clinical hand-wash basins will, over time, be replaced by hand-wash basins that conform to the requirements of Health Building Note 00-10 – Sanitary Assemblies. We will also carry out an assessment of existing plumbing and waste infrastructure in the centre with a view to providing additional clinical hand-wash sinks, if required, and where the infrastructure supports this.</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 home continues to develop its antimicrobial stewardship programme and the following additions have been made following the inspection</p> <ul style="list-style-type: none"> • An infection prevention and control folder has been added to the company training platform where all staff have access to most up to date IPC and antimicrobial stewardship guidance documents. • All nursing staff received the link to the HSE AMRIC Infection Prevention and Control and Antimicrobial Resistance learning Programme which includes Antimicrobial 	

Stewardship in practice- www.hseland.ie and also to www.antibioticprescribing.ie that highlights the principles of good antimicrobial stewardship

- An AMC stewardship audit tool has been introduced to the company audit schedule. This audit will be completed monthly to review antibiotic use in the home

The company uniform policy and staff handbook are both uploaded on the company training platform and are available to all staff. To assist in implementing and monitoring the company policy an updated handwashing auditing tool has been introduced. This audit is allocated to members of the SHCA team to complete, this including spot-checks of expected uniform wear and dress code (Employee Handbook/ Standard of Dress 20.1)

All dressing material was inspected on the day of inspection and any open dressings discarded immediately. Staff nurses were re-educated on single use items and ongoing monitoring to ensure adherence to this practise is monitored in medication and IPC audits.

There is a cleaning schedule in place for shower chairs and this has been reviewed. The hygiene and IPC audit has been updated to add in a question to monitor the cleaning of the underside of the seats.

Training and education on IPC is continuous and ongoing with the next scheduled training booked for 09.06.2023 to cover

- MDRO, HCAI and Hand Hygiene education to all staff in the home and supported by the outreach IPC nurse specialist from our RCSI liaison team
- further dates awaited for training and education covering safe sharps and appropriate clinical waste management and equipment hygiene practices. All training will be completed in 2023.

All unlabelled insulin pens were immediately discarded once identified on the inspection. Medication Management policy indicated that date opened and resident name labels should be added to every insulin pen. Staff Nurses have all refamiliarized themselves with the medication management policy. Medication management competency assessments are in place for all nursing staff. The home is supported in medication management by the attending pharmacist. Audits on medication management are completed both internally and externally by the attending pharmacist.

An audit of all waste bins was completed in the days following the inspection and all waste bins are now hands free.

The cause of the foul odour in one resident toilet and kitchen cleaners room was identified and the issue has since been rectified.

Damage to surfaces of paintwork, flooring and shelving in the cleaners store area- identified and re-covered with smooth surface cover which is easy to clean.

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>The position statement for use of dipstick urinalysis to evidence UTI developed by HSE-AMRIC team has been uploaded to the homes IPC online folder and was shared with all nursing staff. The one resident care plan referred to in the inspection report has been reviewed and updated.</p> <p>A Focused IPC care plan framework is being develop by the company Director of Care, Quality and Standards and when finalized will be added to the care plan frameworks on EpicCare. The care plan will then be allocated by the inhouse nursing team for any resident colonised or infected with MDRO or other transmittable disease where additional measures including implementation of specific Contact Precautions, use of PPE, may be considered for certain elements of care of the person if the they are heavily colonised or if there is known continuing transmission, in discussion with the IPC Team. The care plan framework will be live from 31.07.23 in line with Curam 4 monthly care plan review dates.</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 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	30/10/2024
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	31/12/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in	Substantially Compliant	Yellow	31/07/2023

	paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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