



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:	Announced
Date of inspection:	10 September 2024
Centre ID:	OSV-0000130
Fieldwork ID:	MON-0041679

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:	79
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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
Tuesday 10 September 2024	09:00hrs to 16:00hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The inspector walked around the centre with the person in charge and observed that improvements had been made to the centre since the last inspection. These improvements included the installation of some clinical wash sinks and the upgrading of flooring and wall paint in a number of bedrooms.

As part of this announced inspection, the inspector received 21 feedback questionnaires from residents. Overall the feedback was good. Residents were all extremely complimentary about the staff and the care they provided. However, some stated that the nursing home could be quite noisy at night time. A small number of residents said they would like to be assisted out to the garden and taken on trips outside of the nursing home more frequently and a small number said the food could be better, one stating that at times the vegetables were overcooked and that sometimes meals were not served at the correct temperature.

The inspector observed that the food served on this inspection was of a good quality and the quantities of food served were as per the resident's preference. The food smelt and looked appetising and there was a good selection on offer to the residents. Residents told the inspector that they had 'plenty to eat' and that they always had 'a choice'. A variety of drinks were available to residents with lunch. Cups of tea, coffee, water, soft drinks and snacks were offered to residents in between mealtimes.

The environment was welcoming and decorated in a homely manner. There was a comfortable and calm atmosphere in the centre. The interior decoration of the bedrooms varied between rooms giving an individual appearance to each bedroom. Some residents had pictures on their bedroom door which facilitated them to identify their bedroom independently. The inspector observed that the flooring in two of the corridors remained worn and torn in places with cement exposed. The walls on these corridors remained heavily marked and the woodwork of door frames, skirting boards and some doors were damaged and required repair.

The inspector observed residents were mobilising safely on the corridors with staff available to assist those in need.

There were a number of sitting rooms, with residents in all of them either watching televised Mass, participating in the activities being facilitated by activities staff, or enjoying a late breakfast in the adjoining dining rooms. There was a list of activities displayed on the residents' notice board, this reflected residents' access to a schedule of activities seven days a week. The inspector spoke with the activities coordinator who was actively participating in group activities with the residents. Residents spoken with praised the standard of activities available to them. Residents could access the enclosed gardens freely and the inspector observed residents accessing the gardens independent of staff.

The standard of infection prevention and control observed was good. There were sufficient numbers of hand sanitisers dispersed throughout the centre and a random selection of those checked were functioning appropriately. Some clinical wash hand sinks had been installed and there were a small number planned for installation.

Residents told the inspector they were having visitors and they met them in their bedroom, one of the gardens or in the sitting rooms. There were no restrictions in place.

The inspector observed that there were sufficient numbers of staff available to assist residents at mealtimes. Staff checked with the residents which meal they would prefer and ensured that the food was hot on arrival to the table. Staff facilitated residents in a discreet and un-rushed manner.

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 regulations.

Capacity and capability

On the day of inspection, the inspector found that residents in the centre benefited from well-managed resources and facilities. The centre had a strong history of compliance with the regulations and this inspection found that the provider had sustained the good levels of care and oversight of service across all regulations. The inspector was informed that a number of small issues identified on the inspection from April 2023 in relation to the upgrading of the premises were all in being actioned by the provider. However, the inspector was not assured that all the required work would be completed by the date submitted by the provider of 31 October 2024. The inspector requested a schedule for the programme of works to determine the amount of work left to be completed within the six remaining weeks. This was not available on the day of inspection, however the chief executive officer (CEO) of the company committed to submitting a schedule for the works to the Chief Inspector. In addition, some further improvements were required in respect of care plans which will be discussed in more detail under the relevant regulation.

This was an announced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

The provider was Dealgan House Nursing Home Limited which was part of a wider group. The management team was made up of the provider and the person in charge. In the absence of the provider representative, the CEO of Dealgan House Nursing Home Limited together with the facilities co-ordinator and the risk and compliance officer for the Curam Care group attended the inspection. The inspector 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.

The annual review of the quality and safety of the service for 2023. There was evidence that it was prepared in consultation with residents and their families. There was a quality improvement plan for 2024, included however it was not aligned with the inspection compliance plan response from the risk inspection completed in April 2023.

Staffing levels were adequate to the size and layout of the centre and the number of residents accommodated at the time of inspection. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Staff training records were maintained to assist with monitoring and tracking completion of mandatory and other training completed by staff. A review of these records confirmed that mandatory staff training in manual handling procedures, safeguarding and fire safety had been completed.

Overall, the documents reviewed met the legislative requirements including written policies and procedures, volunteer policy, information for residents and staff records.

Regulation 16: Training and staff development

Staff had access to appropriate training. All staff had attended the required mandatory training to enable them to care for residents safely. There was good supervision of staff on the day of the inspection.

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 and demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication. There were clear systems in place for the oversight and monitoring of care and services provided for residents.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the service and facilities provided in the centre. It had been updated within the last year.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers working in the centre, however there was a volunteers policy available. It stated that all potential volunteers would be garda vetted and provided with a written outline of their role and responsibilities prior to commencing in their role.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations. They were easy-to-read and understand so that they could be readily adopted and implemented by staff.

Judgment: Compliant

Quality and safety

The inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. However, the care plans for those receiving end-of-life care were not specific enough to ensure staff could provide person centred care. There was evidence of family involvement when residents were unable to participate fully in the care planning process.

It was observed that through ongoing comprehensive assessment resident's health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out-of-hours. Residents were facilitated to access the National Screening Programme, in line with their assessed needs.

The inspector was assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. Controlled drugs were stored safely and checked at least twice daily as per local policy. Checks were in place to ensure the safety of medication administration. There was good pharmacy oversight with regular medication reviews carried out.

Suitable fire systems and fire safety equipment were provided throughout the centre. Training records demonstrated that all staff received annual training in fire safety. Records were available to show that the emergency lighting and fire alarm had been tested by an appropriately qualified person. There were comprehensive Personal Emergency Evacuation Plans (PEEPS) developed for each resident and these included residents' mobility needs to inform staff of residents' needs in the event of an emergency evacuation. Fire exits were clear from obstruction.

The premises were found to be clean and tidy, however some areas had not been upgraded to date. The provider had provided a date of the 31 October 2024 for all the outstanding internal upgrading to be completed.

Good infection prevention and control processes were in place and the issues identified on the last inspection had been addressed. There was evidence of oversight of multi-drug resistant organisms (MDRO) and antibiotic stewardship. The infection control lead was in the process of commencing appropriate training.

Medicine management was observed to be in line with the requirements set out by the Nursing and Midwifery Board of Ireland (NMBI). The storage of medicine was safe and all medicines were reviewed by the general practitioner (GP) on a three monthly basis. The pharmacist provided a service where they were reviewing residents' medication and their contraindications to other medicines.

Regulation 12: Personal possessions

There was adequate storage in the residents' rooms for their clothing and personal belongings, including a lockable unit for safekeeping.

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.

The inspector 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.
- Woodwork such as doors, door frames and skirting boards were heavily chipped in some areas of the centre.
- A small number of clinical wash hand sinks were yet to be installed.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents guide was found to contain all of the requirements under the regulation.

Judgment: Compliant

Regulation 27: Infection control

Infection control practices were good. The issues identified on the last inspection report had been addressed.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable arrangements were in place in relation to promoting fire safety. Suitable fire safety equipment and systems was provided throughout the centre, and documentation reviewed evidenced services of the fire alarm and equipment were completed at appropriate intervals.

Fire exits were unobstructed and there was suitable means of escape for residents, staff and visitors. Fire evacuation procedures and signage were displayed at various points throughout the centre. Fire drills were being completed on a frequent basis with staff and the outcomes of each fire drill was outlined in the fire drill records reviewed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned.

The inspector observed good practices in how the medicine was administered to residents. Medicine was administered appropriately, as prescribed and dispensed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

End of life care plans did not contain the required enough detail to guide staff, for example: the palliative care medications prescribed for one resident were not referenced in their end of life care plan.

Judgment: Substantially compliant

Regulation 6: Health care

There was evidence of access to medical practitioners, through residents own GPs and out of hours services when required. Systems were in place for residents to access other healthcare care professionals as required.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	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 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Curam Care Home Dundalk OSV-0000130

Inspection ID: MON-0041679

Date of inspection: 10/09/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We will have completed the installation of seven HBN10 clinical hand wash sinks in various accessible locations by 31/10/2024. We have completed the repainting of forty-two bedrooms. We have replaced the flooring in thirteen bedrooms.</p> <p>As we outlined in Section 1 of our compliance plan (Regulation 17) following the inspection on 05/04/2023 we are continuing our refurbishment plan, and many areas have been addressed since we took over the centre in 2021. We have prioritised areas that are regularly used by residents in terms of the bedrooms and communal areas.</p> <p>We also focused on the provision of the clinical hand wash sinks in the interests of IPC improvement.</p> <p>We will now focus on the replacement of floor covering in the corridors as identified and we are in the course of engaging with contractors regarding these works. The corridor from Room 1 to Room 19 and the corridor outside the laundry will receive priority and have been designated a separate completion date in Section 2.</p> <p>We are also engaging with contractors with regard to repairing/replacing items of woodwork as required in the centre.</p> <p>We remain committed to continuing improvement of the physical environment in the best interests of our residents</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>The end-of-life care plan was identified, reviewed and updated to guide staff around the palliative care medication prescribed.</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	30/10/2025
Regulation 5(3)	The person in 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.	Substantially Compliant	Yellow	21/10/2024