



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

Issued by the Chief Inspector

Name of designated centre:	Curam Care Home Carrigaline
Name of provider:	Knockrobin Nursing Home Limited
Address of centre:	Janeville, Carrigaline, Cork
Type of inspection:	Unannounced
Date of inspection:	10 June 2024
Centre ID:	OSV-0008711
Fieldwork ID:	MON-0042658

About the designated centre

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

Curam Care Carrigaline is a designated centre situated in a residential area in the outskirts of the Cork city suburb of Carrigaline. It is registered to accommodate 111 residents. The centre is laid out over four floors. Resident accommodation is located on three floors and non-residential facilities such as laundry, storage, main kitchen and staff facilities are located in the lower ground floor. Resident accommodation comprises single occupancy bedrooms, all with en suite facilities of shower, wash-hand basin and toilet. Additional toilet facilities are located throughout and in close proximity to communal areas of dining room, day, room and seating areas. Each floor has a separate day room. dining room and smaller day room with kitchenette with tea and coffee making facilities. Other seating areas are available on each floor. The quiet reflection room is located on the ground floor. Lift and stairs are on either side of the building to facilitate movement between floors. There is a large landscaped enclosed garden with walkways and seating; the smoking shelter is located in the garden. Curam Care Carrigaline provides long-term, respite, convalescence, dementia and palliative care to older adults.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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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
Monday 10 June 2024	08:45hrs to 17:30hrs	Breeda Desmond	Lead
Monday 10 June 2024	08:45hrs to 17:30hrs	Catherine O'Shea	Support

What residents told us and what inspectors observed

This unannounced inspection took place over one day in Curam Care Carrigaline. Overall, there was a pleasant atmosphere and residents were relaxed and comfortable in their surroundings. Inspectors met many of the residents on inspection and spoke with eight residents in more detail to gain insight into their lived experience in the centre. Residents gave positive feedback about the centre and were complimentary about the care provided and the attentiveness of staff. Six visitors were spoken with and they too gave positive feedback on their experience of visiting the centre and the care their relative received. It was evident to inspectors that the person in charge was familiar with residents, and their care needs. The person in charge was well known to residents and visitors coming to the centre; she knew all by name and vice versa, and lovely interaction was observed throughout the day.

On arrival for this unannounced inspection, inspectors noted that signage was displayed in the entrance foyer advising of a COVID-19 outbreak in the centre. Other information displayed here included the complaints procedure, advocacy services, health and safety statement, and the activities programme. The main fire panel and certification, and registration certificate were displayed. Directional advisory signage was displayed throughout the centre advising residents of communal rooms and bedrooms to prevent confusion and disorientation.

Curam Care Home Carrigaline is registered to accommodate 111 residents and is laid out in a four-storey building. Resident accommodation was over three floors, and non-clinical amenities such as staff facilities, storage, main kitchen and laundry were located in the lower ground floor. There were lifts and stairs on either side of the building to facilitate movement between floors. Bedroom accommodation comprised single bedrooms with en suite facilities of shower, toilet and wash-hand basin. Personal storage space in bedrooms comprised double wardrobes, bedside locker with lockable storage and chest of drawers; some residents had additional shelving and storage which they brought with them on admission. Residents bedrooms were personalised with memorabilia from home. All bedrooms had a TV, call bell and over-bed lighting. Outside each bedroom was a lovely photo frame with information displayed such as the resident's name, hobbies, interests and photographs, depending on the wishes and preferences of residents. Specialist mattresses and cushions, low low bed facilities and a variety of hoists were available. There was good storage space to store and charge large equipment items. There were additional toilet facilities on each floor, in close proximity to communal rooms such as dining and day rooms; and a bath should residents choose to have a bath rather than a shower. Residents spoken with said they were very happy with their bedroom and their ability to bring in so much of their personal belongings to make their room homely.

On each floor, communal space included dining and day rooms, and a smaller sitting room. There were large seating areas by the nurses station, and seating by large

windows with views of the surrounding areas. Day rooms had a kitchenette area with tea and coffee, fruit and baking for residents and relatives to enjoy independently. The visitors' room was beautifully decorated, and the person in charge explained that this room is often used by families, as well as the GP facilitating family meetings with residents and their next-of-kin.

The quiet reflection room was a lovely space for residents to relax. The enclosed outdoor gardens were well laid out with walkways and ample seating including sheltered spaces should residents prefer to stay out of direct sunlight; shrubbery and trees were planted and the lawn sowed. The smoking shelter with seating was located in the far side of the garden; it contained a fire extinguisher, fire blanket and call bell.

The centre was seen to be decorated beautifully throughout; residents and relatives gave positive feedback about the surroundings and how 'tastefully' it was decorated. Laundry was seen to be segregated at source. Alginate bags were available as part of infection control practices. There was signage on the laundry doors indicating the entrance door and the exit. There were three industrial washing machines and three industrial dryers available; there was a clinical hand-wash sink and non-clinical sink available to staff here.

Inspectors observed mostly positive interactions between staff and residents during the inspection and it was evident that most staff were knowledgeable of residents' needs, and were observed to be respectful, kind and caring in their approach. At the start of the inspection and throughout the morning residents were seen coming to the dining room for their breakfast following personal care delivery, and some residents were served their meals in their bedrooms depending on their preference. Residents were seen to have choice for their meals. Later in the morning and mid afternoon, a member of staff offered residents a choice of juices or tea, and snacks and then called to residents in their bedrooms offering them refreshments. In addition to this, residents and visitors were routinely offered a beverage upon entry to the main day room on the ground floor.

Serving of the main meal started at 12:45pm. Dinner and deserts were beautifully presented and residents commented that they loved the desert sundae glassware. The inspectors observed that three dinners were on the trolley going to bedrooms where residents were in isolation; these meals were not covered completely and the inspectors were concerned that these were not served at an optimum temperature which is outlined further in the report.

Mealtime was observed on the ground floor and first floor. In general, lovely interaction was observed where many staff actively engaged with residents before, while serving and between courses. However, some staff were seen not to engage with residents, and stood and observed the room with little or no interaction with residents, including when serving the meal. Mealtimes were not protected as medication was administered during the mealtime. On one occasion, the inspectors observed that the medication trolley was left unattended, with keys insitu and the trolley unsecured.

Small group activities and one-to-one engagement was observed throughout the day and this was resident-led and very personalised. The activities staff actively engaged with residents and it was evident that she knew residents, their past interests and hobbies and gently encouraged residents to participate in social interaction. As there was a COVID-19 outbreak in the centre, the live music was cancelled in the afternoon and mass scheduled for the day following the inspection was also cancelled in line with current infection control guidance.

The inspector found that the centre was visibly clean. Two additional clinical hand wash sinks were installed on the first and second floors following the findings of the registration inspection. Wall-mounted hand hygiene dispensers were available between each bedroom with advisory signage explaining hand hygiene technique. Staff were observed to complete hand hygiene following personal care delivery and don appropriate personal protective equipment (PPE) on entry into bedrooms of residents diagnosed COVID-19 positive. Dani centres were easily accessible throughout most of the centre with personal protective equipment of disposable aprons, masks and gloves; these were not available in sluice rooms and boxes of gloves and plastic bags were stored on ledges alongside the sluicing sink, this is outlined further in the report.

Rooms such as the nurses' station, laundry and household cleaners room were securely maintained to prevent unauthorised access to chemicals for example. When not in use, medication trolleys were stored in the secure medication rooms and were locked and secured to the wall. Other medication presses, the medication fridge and presses with clinical equipment and residents' documentation were secured. The external clinical storage space was securely maintained, preventing unauthorised access.

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

There was a clear management structure in place for Curam Care Carrigaline. As this was a recently registered service, governance and management systems would take time to embed to enable quality improvement. Findings of this inspection showed that action was necessary to ensure that management systems were enhanced to support the service to be adequately monitored to enable safe, appropriate, consistent and effective care.

Curam Care Home Carrigaline is a residential care facility operated by Knockrobin Nursing Home Limited. The governance structure comprises two directors, with one of the directors nominated as the person representing the registered provider. This service is part of a group of five centres, and the director of care quality and service, the risk and compliance manager, human resources team and practice development,

support the service. On site, from a clinical perspective, care was directed by the person in charge and she is supported by a team comprising the assistant director of nursing, registered nurses, healthcare assistants, domestic, catering, activities and maintenance staff. Deputising arrangements are in place for times when the person in charge is absent from the centre.

This unannounced inspection was part of on-going regulatory monitoring of the service and to follow up on the actions from the findings of the inspection to inform registration of the centre. The inspector found that actions required from that inspection relating to medication management, aspects of fire safety precautions, aspects of infection prevention and control, issues relating to the premises, some Schedule 5 policies were addressed. On this inspection, improvements were required in relation to governance and management, medication management, tray service to bedrooms, staff supervision, staff training, and fire safety precautions. Evidence of these findings will be discussed throughout the report under the relevant regulations.

The provider representative explained that there was ongoing recruitment to ensure staffing levels were at the complement agreed to on the registration inspection in January 2024; currently they were recruiting additional staff to ensure compliance with that commitment. On the day of inspection there were adequate numbers and skill mix of care staff rostered.

A review of staff training was undertaken. All staff had up to date training regarding fire safety, safeguarding, falls prevention, moving and handling and restrictive practice. While clinical staff had completed training relating to dementia awareness and managing behaviours that challenge, non-clinical staff had not completed this training. This was discussed with the provider representative at the meeting feedback and assurances were provided that non-clinical staff would complete this training, to ensure the safety of residents and staff.

The centre was monitored by CCTV. It was reported to the inspectors that only the person in charge and maintenance had access to this, however, as this was in the main reception, other staff such as reception and administration staff had access to the views. Some of the views were seating areas where residents would have the reasonable expectation of sitting in private with their visitors; this was highlighted on inspection and the administrator adjusted the views to ensure the privacy of residents.

Residents had contracts of care and they contained the specified information as required in legislation. Schedule 5 policies and procedures were available; they required updating to ensure regulatory compliance. The complaints procedure was updated on inspection to ensure it was easily accessible for residents and visitors, and was in line with a rights-based approach to care delivery. A review of recording of complaints was necessary to ensure it complied with specified regulatory requirements.

A schedule of audit was in place for 2024, and results of audits completed showed nearly 100% compliance, however, this inspection findings reflected that the audit

system was not sufficiently robust to ensure a thorough review and oversight of the service to ensure regulatory compliance and influence quality improvement as their audit results showed an inadequate appraisal of the service to inform a quality improvement strategy.

Regulation 14: Persons in charge

There was a person in charge of the centre, who worked full-time. She was a registered nurse with the requirements as specified in Regulation 14.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, the number and skill mix of staff was appropriate to the assessed needs of residents, and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Action was necessary regarding staff training and supervision as follows:

- non-clinical staff had not completed training relating to dementia awareness and managing behaviours that challenge
- oversight of staff supervision was required to ensure residents received a positive dining experience; this is further discussed under Regulation 18, Food and Nutrition.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained. It was updated on inspection to ensure compliance in line with the requirements specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

While management systems were in place, they were not sufficiently robust to ensure the service was safe, appropriate, consistent and effectively monitored, as follows:

- a schedule of audit was in place for 2024, and results of several audits completed showed nearly 100% compliance; this was an inadequate appraisal of the service as evidenced by inspection findings detailed throughout this report,
- oversight of medication management required action, as detailed under Regulation 29, Medicines and pharmaceutical services
- further oversight of policies and procedures as some did not reflect best practice professional guidelines such as the National Nursing and Midwifery Board Ireland (NMBI) and the Health Protection Surveillance Centre (HPSC).

Regarding risk:

- further oversight of fire safety precautions was required as detailed under Regulation 28, Fire precautions.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents had a contract of care, signed and agreed at the time of admission. Contracts detailed the specified regulatory requirements including room number, fees to be charged and possible additional fees that may be charged.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints records were examined and there were no complaints recorded, however, issues recorded as concerns were complaints but had not been recorded in line with requirements specified under Regulation 34.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

While Schedule 5 policies and procedures were available, some required updating and implementation as follows:

- implementation of the complaints policy to reflect SI 628 of 2022 as issues were recorded as concerns and not complaints
- policies to be centre-specific as one policy in the sample reviewed, had the name of another centre within the group
- the medication management policy did not reflect the guidance issued by NMBI regarding administration times; staff had signed the policy indicating they read and understood the policy, however, it was not identified that this information was contradictory to NMBI guidelines.

Judgment: Substantially compliant

Regulation 21: Records

Action was necessary to ensure records were maintained in line with Schedule 3 of regulatory requirements:

- staff did not record discarded medications in line with best practice professional guideline.

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found that, in general, staff strove to provide a good standard of care in Curam Care Carrigaline. Inspectors observed that the care team knew the residents and their individual needs and preferences. Nonetheless, some improvements were required regarding elements of quality and safety, as described under the relevant regulations.

The inspector was assured that residents' health-care needs were met. Residents had access to two general practitioner (GPs) from the same practice; they attended the centre on a weekly basis. Residents had timely access to allied health professionals such as occupational therapy, physiotherapy, and speech and language therapy for example.

Prescriptions and medication administration records were electronically maintained and a sample of these were reviewed. Records showed that medication was not consistently administered in line with professional guidelines and this resulted in a medication error, identified on inspection. Regarding controlled drugs, while these were checked twice daily by nurses, it could not be determined when the check occurred as the time of checking was not recorded. These and other issues are discussed under Regulation 29, Medicines and pharmaceutical services and Regulation 21 Records.

While validated risk assessments formed part of residents' care documentation, these were not comprehensively completed to reflect the holistic needs of residents, consequently, care planning documentation was not comprehensive to inform individualised care. This is further discussed under Regulation 5, Individual assessment and care plan.

Certification was available in relation to servicing of fire safety equipment. Emergency evacuation floor plans were displayed on each unit with a point of reference, primary and secondary evacuation routes, evacuation exits and location of fire fighting equipment. Training records evidenced that drills were completed, cognisant of night duty staffing levels. Fire safety checks were reviewed and gaps were seen in these fire safety checks. Issues relating to compartment evacuations and other fire safety precautions requiring attention are further discussed under Regulation 28, Fire precautions.

Regulation 11: Visits

There was ample space for residents to receive their visitors in private if they wished. Some visitors chatted with their relative in the seating areas by nurses' stations on both floors; others joined their relative in the day room and actively engaged in the activities programme. Visitors were seen coming and going throughout the day; they were warmly welcomed by staff and were known to staff. Staff were seen to take time to chat with visitors and provide care and welfare updates on their relative. Staff offered visitors refreshments and provided them assistance when necessary. Visitors were familiar with the infection control precautions and donned face masks and completed hand hygiene.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to a minimum of double wardrobes and bedside lockers as part of their personal storage space; some residents had additional storage space of chest of drawers and shelving units; some residents had brought in some of their

own furniture from home on admission to the centre. One resident reported to inspectors that she was so happy to have so much of her own belongings with her in her bedroom.

There was a laundry on site and no issues were raised by residents regarding the laundry service provided.

Judgment: Compliant

Regulation 17: Premises

The premises was beautifully decorated; facilities available such as communal day rooms, dining rooms, smaller sitting rooms and comfortable seating areas supported residents to live in a gorgeous environment which supported their independence. Access to the outdoor garden area could be accessed from different locations, and these access points were open enabling independent access. Residents had a quiet reflection room as well as a visitors room for private visiting if preferred. In each day room and smaller sitting room there were tea and coffee, fruit and fresh baking for residents and visitors to avail of independently.

Judgment: Compliant

Regulation 18: Food and nutrition

Action was required to ensure residents meals were appropriately served:

- serving of the main meal started at 12:45pm with staff delivering trays to residents in isolation. The inspector observed that three dinners were on the trolley going to bedrooms where residents were in isolation; these meals were not covered completely, and as these residents were in isolation, the staff member had to don PPE which further delayed serving to these residents, consequently their meal was not kept at an optimal temperature,
- some staff were seen not to engage with residents during mealtimes, and stood and observed the room with little or no interaction with residents, including when serving meals
- mealtimes were not protected as medication was administered during the mealtime.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The transfer letter of residents recently transferred to acute care were examined and these were seen to contain comprehensive information to enable the receiving service care for the resident in accordance with their current needs. Medical records showed that transfer letters were in place when a residents was admitted or transferred back to the centre.

Judgment: Compliant

Regulation 27: Infection control

The inspector identified the following issues fundamental to effective infection prevention and control:

- boxes of disposable gloves were stored on the ledge alongside the non-clinical sink in the sluice room as there was no shelving for such items to be safely stored and easily accessible for staff; there was risk of splashing contamination of these gloves due to their position; hazard bin liners were stored here in one sluice room
- precautions regarding Legionella were not in line with current national guidelines issued by the HPSC as all outlets were flushed regardless of whether they were infrequently used or in daily use; the records showed that flushing was for 2 minutes, however, HPSC guidance states that water outlets are to be flushed for a minimum of 3 minutes weekly (3 minutes for cold water outlets, and 3 minutes from time when water is hot in hot water outlets); relevant staff were unfamiliar with this guidance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following fire safety concerns required action to ensure the safety of residents, staff and visitors:

- while personal emergency evacuation plans were in place with details of evacuation requirements for day time evacuation, the night-time requirements were not detailed to ensure the appropriate assistance could be provided if necessary
- in the fire records given to the inspector, while a full compartment evacuation was completed as part of training, other full compartment evacuations of the largest compartments were not seen to be completed, so it could not be assured that a compartment could be evacuated in a timely manner to ensure the safety of residents and staff. The drill and simulated evacuation records

were not comprehensively maintained, for example, the number of residents and/or staff were not consistently detailed,

- the external fire safety trainer recommended that "additional fire drills and evacuations should be completed to improve on evacuation times", and following review of fire drill and evacuation records, the inspectors concurred with the recommendation,
- one fire door to a kitchenette was seen to be held open with a chair.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Action was necessary regarding medication management as follows:

- one medication, prescribed four times a day was administered to a resident within 2.5hours of receiving the first dose which was 1.5 hours earlier than the manufacturers' instructions; this is outside the guidelines issued by the professional body NMBI which states that medication is administered at the prescribed time and prescribed intervals. This resulted in the resident requiring medical attention,
- on one occasion, the medication trolley was left unattended, with keys in-situ and the trolley doors open so resident could access the medication trolley.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was required to ensure assessments and care planning were completed in line with regulatory requirements, examples as follows:

- medical histories did not consistently inform assessment and care planning process to ensure residents were cared for in accordance with their physical, medical and social care needs, for example, two residents with significant cardiac histories did not have this identified in their assessment to inform care planning; or another resident had a medical devise, and the care for this was not detailed in the relevant care plan
- while a resident had a care plan for infection, the associated assessment was not completed to inform individualised care planning process
- a resident with episodes of challenging behaviours did not have this detailed as part of their assessment to inform individualised care, such as distraction techniques, de-escalation methods to prevent re-occurrence of behaviours and to protect other residents and staff.

- while a resident's medical records had specified decisions and wishes, this care directive did not inform the resident's end-of-life care plan
- a recent audit of care planning showed full compliance, however, inspection finding demonstrated that improvement was necessary to ensure individualised person centered care.

Judgment: Not compliant

Regulation 6: Health care

The service was supported by a local GP practice and a GP attended the centre every Tuesday and Thursday. The service was also supported by out-of hours GPs. Residents notes showed they had timely referrals to specialist services and allied health professionals.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to meaningful activation in accordance with their wishes and preferences. Activity staff provided one-to-one engagement and small group activities with residents; residents were observed to enjoy the interaction and the activities person gently encouraged residents to engage in the different activities of sing-song, reminiscence, reading and drawing for example.

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 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 21: Records	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Curam Care Home Carrigaline OSV-0008711

Inspection ID: MON-0042658

Date of inspection: 10/06/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff will receive training relating to Dementia Awareness and Managing Behaviours that challenge. Curam Care Homes Training and Development Officer is booked for the following dates 21st, 22nd and 23rd August; this will capture approximately 30 of the current staff including those working in non-clinical departments.</p> <p>Across departments training for Dementia Awareness and Managing Behaviours will continue for new starters regardless of departments.</p> <p>Each meal time (breakfast, lunch and tea) will have a meal and meal time experience monitoring observation tool completed, this will capture oversight of staff supervision to ensure residents received a positive dining experience.</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>Audits are a snapshot in time on a given day with a specific sample size. Curam Care Homes constantly review audits to adequately appraise the service and home. The current audit schedule will be supported with observational monitoring tools and spot checks to enhance the current quality improvement rolling framework of Curam Care Home Carrigaline.</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: All complaints are now recorded in line with requirements specified under Regulation 34.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The complaints policy is fully implemented and all complaints will be recorded in line with SI 628 of 2022.</p> <p>Schedule 5 Policies and Procedures reviewed, the one Schedule 5 Policy which identified another centre within the group has been amended and re- issued to staff.</p> <p>The Medication Management Policy has been updated to capture NMBI’s guidelines on administration times.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The inspector correctly identified there is no specific column in the Controlled Drugs Record Book to record discarded medications.</p> <p>We are recording the discarding of controlled drugs in the margins after signature two column.</p> <p>We will endeavor to source a controlled drugs register book that provides a specific for recording details of discarded medications in conjunction with the homes pharmaceutical service provider.</p>	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Curam Care Home Carrigaline operates a protected mealtime experience for residents. Medications will not be administered at mealtimes unless there is a specific instruction (to be given with food) or in emergency situations. This has been communicated to nursing staff.</p> <p>Curam Care Home Carrigaline will complete a further 3 Meal and Mealtimes Experience Monitoring (observational) tools, this will capture staff interactions with residents at mealtimes, medication administration during meal times (if any) and the overall dining experience for residents including room service.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Legionella protocol and documentation has been reviewed and is now in line with the guidelines issued by the HPSC.</p> <p>All gloves and bin liners have been removed from the ledge alongside the non-clinical sink in the sluice room.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Staff reminder communication sent not to hold open any fire door that is required to be kept closed.</p> <p>All future drill records will include all relevant details as outlined on the simulated drill record report.</p> <p>All resident Personal Emergency and Evacuation Plan have been reviewed and now capture the nighttime requirements to ensure the appropriate supervision/ assistance is</p>	

provided.

To date there have been five full compartment evacuation drills completed within an acceptable Safe Evacuation Time. Full Compartment fire drills will continue to be completed routinely to ensure that staff can complete fire drills and compartment evacuations effectively.

All Simulated Fire Drill Reports are reviewed and monitored by the Registered Provider Representative, Risk and Compliance Manager, the Group Facilities Coordinator and the PIC and additional learning requirements identified and actioned.

Fire Safety is an agenda item on all monthly Home Governance and Management Meetings.

Training is provided by in-house trained staff and an external specialist provider.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Communication sent to each nursing staff regarding the medication trolley, the medication trolley should never be left unattended, the keys of the medication trolley to be kept with the nurse at all times with the medication trolley securely locked.

Each nurse has/will completed/undergo a competency assessment for medication management which is /will be repeated on an annual basis.

On the 21st – 23rd August Curam Care Homes Training and Development Officer will provide refresher medication management training to nursing staff.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Resident assessments and care plans are currently in the process of a four monthly review. This review will capture the resident's medical history to inform the plan of care for the resident's physical, medical and social care needs.

A spot check of care plans will be undertaken also.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/08/2024
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	31/08/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by	Substantially Compliant	Yellow	30/09/2024

	the Chief Inspector.			
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	23/07/2024
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	23/07/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	23/07/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are	Substantially Compliant	Yellow	23/07/2024

	aware of the procedure to be followed in the case of fire.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	23/07/2024
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	30/08/2024
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and	Substantially Compliant	Yellow	23/07/2024

	distinct from a resident's individual care plan.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	23/07/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	23/07/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	31/07/2024
Regulation 5(3)	The person in charge shall prepare a care	Not Compliant	Orange	30/09/2024

	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.			
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