



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:	14 April 2025
Centre ID:	OSV-0000130
Fieldwork ID:	MON-0041680

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. An extension was added in 2016, 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, 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:	78
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 14 April 2025	08:50hrs to 15:30hrs	Sheila McKevitt	Lead
Monday 14 April 2025	08:50hrs to 15:30hrs	Maureen Kennedy	Support

What residents told us and what inspectors observed

The inspectors walked around the centre, speaking with a number of residents and their relatives during this inspection. Residents described the centre as a good and safe place to live.

All residents spoken with said they were well cared for. They described the staff as 'kind and attentive' and said there was always enough nursing staff on duty to meet their needs. They also said they saw their general practitioner (GP) on a frequent basis.

There were enough staff on duty to meet the needs of residents and residents said their call bells were always answered promptly. Staff were observed supervising residents in communal areas, including the dining room, where they provided assistance to residents when required.

The inspectors observed that residents were well groomed and relatives spoken with said this was always the case. Inspectors observed the hairdresser was in on the morning of the inspection and residents were having their hair done.

Residents were seen receiving visitors throughout the course of the inspection. Visitors were asked to sign in at reception and those spoken with said there were no restrictions on visiting.

Residents' rights were upheld. Residents said they were given choices in relation to food and drinks offered at each mealtime. They had access to fresh drinking water, a choice of hot and cold drinks between and after their meals. They also had access to a variety of snacks.

Residents had access to daily newspapers, televisions, radios and internet services within the centre. Some residents were observed reading the daily newspapers provided. Residents told the inspectors that the activities provided on a daily basis were good and varied and they could opt in or out of activities as they pleased. A weekly activity schedule was delivered to each resident in their bedroom.

The premises was clean. The inspectors observed house-keeping staff busy cleaning residents' bedrooms and communal areas. Residents told inspectors their bedrooms were cleaned each day.

The inspectors saw that flooring had been replaced in a number of corridors and a number of corridor walls and woodwork throughout the centre had been repainted. There was a re-furbishment plan in place for 2025, which the maintenance team were working their way through.

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 regulation.

Capacity and capability

The registered provider was providing a service compliant with the regulations and this is reflected in this compliant inspection report.

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection followed up on the compliance plan from the last inspection in September 2024 and found that the provider continued to provide a high standard of care to residents in a centre where residents said they had a good quality of life.

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. The centre had a newly appointed person-in-charge, who was supported in their role by an assistant director of nursing (ADON). Other staff included clinical nurse managers, staff nurses, care assistants, housekeeping, activities, laundry, maintenance and catering staff.

Established management systems were effective in ensuring the centre was operating in compliance with the regulations. They included thorough governance and management oversight through staff meetings, committees, service reports, monitoring key performance indicators (KPIs), and auditing. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre, which was evident by the ongoing action plans that were in place to improve safety and quality of care.

Documents requested including the certificate of insurance, staff rosters, contracts of care and the directory of residents were all made available on request and met the regulatory requirements.

Regulation 14: Persons in charge

The person in charge is a registered nurse with experience in the care of older persons in a residential setting. They hold a post-registration management qualification and work full-time in the centre. The inspectors found that the person in charge had a continuous quality improvement strategy in place to deliver safe consistent services for residents.

Judgment: Compliant

Regulation 15: Staffing

The inspectors reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill-mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained. On review it was found to contain all the information specified in paragraph (3) of Schedule 3 for each of the 78 residents living in the centre.

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 resident's property.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each were signed by the resident or their next-of-kin. The weekly fees charged to the resident were clear and any possible additional charges were outlined. The room occupied by the resident and how many other occupants, if any, were reflected in the contracts reviewed.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the notifications of incidents since the last inspection assured the inspectors that all those required to be notified had been notified to the Chief Inspector of Social Services within the required time frame as set out in Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

The quality of service and nursing care delivered to residents was of a good standard and improvements had been made to the premises since the last inspection.

The premises was going through a period of upgrading. Several areas had been repaired, with the replacement of floor covering in a number of corridors and the repainting of several walls, wooden door frames and skirting boards.

Inspectors saw evidence that each resident now had a comprehensive assessment in place which was reviewed on a four-monthly basis. The sample reviewed were detailed and reflected the current status of the residents. They contained personalised detailed information about the resident which facilitated the creation of comprehensive person-centred care plans where required.

Care plans, reviewed demonstrated evidence of multi-disciplinary team input. The care plans in relation to food and nutrition, demonstrated input from dietitians and speech and language therapists where there was a nutritional concern.

Some residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The registered provider had dementia and challenging behaviour training available and a policy in place to guide staff on the management of residents with responsive behaviours including psychotropic medication. Inspectors observed person-centred and discreet staff interventions during the inspection.

Visitors were being welcomed into the centre and this was having a positive impact on residents; there were no restrictions in place.

Documents requested were available for review. These included a copy of the residents' guide, together with transfer and discharge letters for those transferred

into and out of the service. The national transfer document had been implemented and had been used during the most recent transfer to the local acute hospital.

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

The internal and external areas of the centre were found to be in a good state of repair. There was a maintenance schedule for 2025 which included the replacement of floor covering and the repainting of woodwork such as doors, door frames and skirting boards in some areas of the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents informed inspectors that there was a good choice of food available to them and that they can access food and snacks whenever they want. The service of food was good and residents had a choice at each mealtime. The food served was found to be in accordance with the residents' assessed needs.

Judgment: Compliant

Regulation 20: Information for residents

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

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Inspectors saw evidence that all relevant information accompanied residents who were transferred out of the centre to another service, such as completed nursing referral letters.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A sample of resident care plans were reviewed. Each resident had an person-centred end-of-life care plan in place; this assured the inspectors that the residents' needs in the end-of-life stage could be met in the centre. Assessments were completed within 48 hours of admission and all care plans updated within a four month period or more frequently, where required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The designated centre'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

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 22: Insurance	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant