Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Curragh Lawn Nursing Home
Name of provider:	CLNH (Kildare) Limited
Address of centre:	Kinneagh, Curragh, Kildare
Type of inspection:	Unannounced
Date of inspection:	24 July 2025
Centre ID:	OSV-0005536
Fieldwork ID:	MON-0047715

About the designated centre

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

Curragh Lawn Nursing Home is situated on the edge of the Curragh, approximately two kilometres from the village of Athgarvan. The towns of Kilcullen and Newbridge are in close proximity and offer shopping and other local amenities. Curragh Lawn Nursing Home provides accommodation and nursing care for 39 residents. The home is surrounded by gardens and grounds amounting to approximately five acres. There are outdoor areas for residents to sit outside and enjoy the scenic views, and there are walkways around the nursing home that residents can also avail of and enjoy. There is a purpose-built enclosed garden that has been designed in line with dementia-inclusive principles and incorporates high colour contrast seating and safe, suitable pathways. Curragh Lawn Nursing Home accommodates both male and female residents aged 18 years and over. The service provides full-time nursing care and caters for the health and social care needs of residents requiring dementia care, respite care, convalescent care and general care in the range of dependencies low/medium/high and maximum.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38

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
Thursday 24 July 2025	07:55hrs to 16:05hrs	Maureen Kennedy	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector met with many residents and spoke with visitors to gain insight into their experience of living in Curragh Lawn Nursing Home. All residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents reported that the staff were kind and caring, that they were well looked after and they were happy in the centre. Visitors told the inspector that "this place is splendid", "we are so lucky" to have our family member here.

There were 38 residents living in the centre on the day of the inspection. There was a homely feel on entering the centre which was nicely decorated with an abundance of art work and picture collages on the walls. The entrance hall/reception area has information available for residents and a comment box for residents and family. Fresh flowers in vases and potted plants were observed in communal spaces and some bedrooms.

All residential accommodation was on the ground floor with single and twin bedrooms in the original building, some of which are en-suite and four single en-suite bedrooms in the extension to the centre. The doors to bedrooms, toilets and shower rooms were painted different colours and all the toilet seats were red in colour to aid visualisation for the residents. There was adequate storage in all of the bedrooms for residents to store their clothes and personal possessions, and all bedrooms had lockable storage space if they wished to use it.

There was three interlinking communal sitting rooms with a kitchenette and access to an enclosed garden. The dining room was connected to the sitting rooms and opened to a small enclosed courtyard. The enclosed garden was well maintained with clear pathways, nicely planted flowers and shrubs and seating areas for residents to use. A selection of colourful 'fairy doors' randomly placed added to the ambiance. The garden has a comfortable wooden cabin which could be used all year round to provided further space for residents and family to enjoy. There was a second cabin at the front of the centre observed being used by a resident and their family on the day of inspection.

Throughout the day the inspector observed a relaxed atmosphere within the centre. Some residents were observed mobilizing independently as they went about their daily routines while others required assistance to mobilize which they received in an unhurried and respectful manner. It was obvious that the staff knew the residents and were aware of their needs. Residents were seen relaxing in the communal areas watching television, reading newspapers and chatting with each other and with staff. Some residents chose to remain in their bedrooms throughout the day where they were observed being supervised and attended to by staff and visited by family.

The inspector observed that mealtime in the centre's dining room was a relaxed and social occasion with music playing in the background. Some residents sat together in

small groups at the dining tables while others preferred to dine in the communal sitting room using cushioned lap trays or single tables. The inspector was informed that a catering assistant meets each resident daily and the day's menu is shared. If a different preference is required, this will be accommodated. The pictorial menu choice was displayed by the dining room entrance and the food served was seen to be wholesome and nutritious with a homemade chocolate dessert on the day of inspection. A variety of drinks were being offered to residents with their lunch. Residents' independence was promoted with easy access to condiments on each dining room table. The inspector observed adequate numbers of staff available patiently assisting and offering encouragement to residents as needed. Water and drinks were available throughout the day in the kitchenette and snacks were available outside of mealtimes if required.

An activity schedule was available and residents could choose to take part or pursue their own interests. Prior to lunch the residents routinely said 'the rosary' and a live music event was in session on the afternoon of the inspection attended by residents, family and staff. Participation of residents in dancing and singing was observed. An annual event is participation in a pilgrimage to Lourdes with six residents attending in September.

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 impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that this was a well-managed centre with a defined management structure and effective management systems in place. It was evident that the home's management and staff focused on providing quality service to residents and promoting their wellbeing.The provider of Curragh Lawn Nursing Home is CLNH (Kildare) Limited. There were clear roles and responsibilities outlined with oversight provided by the person in charge who was supported by an assistant director of nursing, a team of nurses and healthcare support staff. Management meetings and staff meetings were held regularly in the centre, as per records reviewed by the inspector.

There was good governance systems in place to monitor the centre's quality and safety. There was evidence of an ongoing schedule of audits in the centre which reviewed areas such as infection, prevention and control (IP&C), antibiotic stewardship, hand hygiene, falls and medicine management. The annual review 2024 was available for review by the inspector. It was prepared in consultation with the residents. Residents' views were sought through satisfaction surveys and residents' meetings.

A compliance plan from the previous inspection regarding written policies and procedures was followed up by the inspector. Comprehensive documents were reviewed, with each signed as read by the appropriate staff. The inspector noted that following the last inspection, the registered provider had in place a complaints procedure containing all the required information under the regulation. Records of concerns and complaints were available for review by the inspector. Concerns and complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew how to make a complaint if required.

There appeared to be sufficient staff on duty on the day of the inspection to support the needs of the residents. The staff were visible within the centre tending to residents' needs in a respectful manner. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted with the application form.

Judgment: Compliant

Regulation 15: Staffing

The inspector 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 23: Governance and management

There was a clearly defined governance and management structure in place with lines of authority and accountability. There were systems in place for the oversight and monitoring of care and services provided for residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was within date, available in the centre and contained the prescribed information as set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process, including nominated review officer, should the complainant be dissatisfied with the outcome of the complaints process. Reference was made to independent advocacy services available for residents who needed support with the complaints process.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as required in Schedule 5 of the regulations were available for review, and had all been updated within the last three years.

Judgment: Compliant

Quality and safety

Overall, 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.

Care planning documentation was available for each resident in the centre and a sample of resident care plans were reviewed. Of the sample reviewed, there was evidence of individualised and assessed health, personal and social care needs of residents. Care plans were reviewed in consultation with the residents who signed

the care plan document. The inspector was told that the provider was in the process of changing from a paper to an electronic system of care planning.

The inspector found that all reasonable measures were taken to protect residents from abuse. A notice board had all relevant information available on advocacy service, ombudsman, complaints officer, and residents' rights service. There was a policy in place which covered all types of abuse and the inspector saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse. Staff had An Garda Síochána (police) vetting prior to starting work in the centre. The registered provider was not currently a pension-agent but the inspector observed that should this be required, a residents' account was in place, in line with the Social Protection Department guidance.

Overall, the premises was designed and laid out to meet the needs of the residents. The general environment and residents' bedrooms, communal areas and toilets inspected appeared clean and clutter-free with surfaces, finishes and furnishings that readily facilitated cleaning. The provider was proactive in maintaining and improving facilities and physical infrastructure in the centre through ongoing maintenance and renovations. For example, there was an ongoing plan in place for upgrade of fire doors and lighting in the entrance area as well replacement of flooring.

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. 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.

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

Regulation 20: Information for residents

The provider maintained a written 'Information Booklet and Residents Guide'. It was available to all residents and contained all the requirements of the regulation.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety arrangements in the centre were in line with the regulation and the registered provider had taken adequate precautions to ensure that residents were protected from the risk of fire.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had care plans that were person-centred, and reviewed and updated regularly.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. All staff had completed safeguarding training and those spoken with detailed their understanding of putting this training into practice. Garda vetting was found to be completed on each staff member.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant