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:	04 June 2026
Centre ID:	OSV-0005536
Fieldwork ID:	MON-0049225

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 4 June 2026	08:00hrs to 16:00hrs	Maureen Kennedy	Lead

What residents told us and what inspectors observed

The inspector spoke with residents, visitors and staff to elicit their opinion on the service being provided in Curragh Lawn Nursing Home. Residents reported that 'this is a great place to live', 'we are lucky to be here'. Family members who were visiting on the day, said there 'couldn't be a nicer place', and that the staff were 'all very helpful'. There were 38 residents living in the centre on the day of this unannounced inspection.

Throughout the day of inspection, staff were observed to be very interactive with the residents attending to their needs in an unrushed, kind and patient manner, and were respectful of residents' communication and personal needs. Staff who spoke with the inspector were knowledgeable about the residents they cared for and what their needs were.

Curragh Lawn Nursing Home was seen to be bright, clean and tastefully decorated throughout. Many of the residents' bedrooms were personalised with items that were important to them including their family photographs and souvenirs. The general environment, residents' bedrooms, communal areas and toilets inspected appeared clean, clutter-free and overall well-maintained by maintenance and housekeeping staff.

Resident's rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous. Activities were provided in accordance with the needs and preference of residents with the schedule on display in the sitting room. There were opportunities for residents to participate in group or individual activities. The inspector observed residents having their nails painted on the morning of the inspection and was informed of the annual trip to Lourdes which was greatly anticipated by residents and staff. There was access to advocacy with contact details displayed in the centre.

Residents' family and friends were observed to visit residents on the day of the inspection. Residents met their visitors in their bedrooms or in the communal spaces throughout the centre. Visitors confirmed they were welcome to the home at any time. They all praised the care, services and staff that supported their relatives in the centre.

The inspector noted that the dining experience was a calm and sociable time for residents, who sat together in small groups at the tables in the dining room or sat in the communal sitting room using single tables. At lunch there were different choices of meals on offer. The meal presentation appeared appetising and modified diets were prepared in accordance with the assessed needs of residents.

The inspector observed the meal time service to be well-managed and unhurried and there were sufficient numbers of staff available to assist residents during meal

times. Residents were complimentary about the food and confirmed that they were always afforded choice and provided with an alternative meal should they not like what was on the menu.

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 residents in the centre benefited from a well-run centre with good leadership and good governance and management arrangements in place. This inspection was carried out to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). The provider of Curragh Lawn Nursing Home is CLNH (Kildare) Limited.

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. It was evident that the centre's management and staff focused on providing a quality service to residents and promoting their well-being.

There was a schedule of regular team meetings in place including management and staff meetings. There was an annual review of the centre and a quality improvement plan in place. The residents' opinions and their views were taken into account when developing this annual review. The management team had developed audits that identified where improvements were required. They used these audits to implement improvement plans and drive quality care.

There was a training matrix in place in the centre and staff were facilitated and encouraged to attend both mandatory and other professional training offered in order to meet the needs of residents. All staff had up-to-date training in areas such as fire safety, manual handling, infection control and safeguarding.

Documentation requested for the inspection was available and provided in a timely manner. The records were a combination of electronic and paper and were observed to be stored securely. The policy on the retention of records was in line with regulatory requirements.

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely.

Judgment: Compliant

Regulation 19: Directory of residents

The inspector was provided with a hard copy directory of residents to review. It contained all information as required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspector on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were good management systems in the centre to monitor the effectiveness of care and services provided for residents.

The annual review for 2025 was reviewed and it met the regulatory requirements.

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 met. Residents and visitors voiced their satisfaction with the care provided in the home.

Residents had timely access to a general practitioner (GP) who attended the centre weekly. Additional professional expertise including specialist services and health and social care professionals, such as tissue viability nurse, physiotherapy, dietitian, speech and language and chiropody were accessible and available as required for residents.

Staff had access to relevant training on responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The designated centre's policy on caring for residents with these behaviours was available to staff. The use of any restraints was minimal and where deemed appropriate, the rationale was in accordance with national policy.

The environment was very clean and tidy on inspection day. The inspector observed good practices in relation to standard precautions to reduce the spread of infection. For example, waste and laundry linen were managed in a way to prevent the spread of infection. Linen was appropriately segregated at point of care. Staff were observed to have good hand hygiene practices.

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. There was evidence of good oversight of multi drug resistant organisms (MDRO) and antibiotic strewardship.

Regulation 18: Food and nutrition

Residents informed the inspector 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 27: Infection control

Infection prevention and control training was up to-date. The registered provider had adequate resources available to ensure safe infection prevention and control practices were effectively implemented. The inspector observed that equipment used by residents was in good working order and reusable equipment was cleaned and stored appropriately.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. There was good oversight with regular medication reviews carried out.

Judgment: Compliant

Regulation 6: Health care

Residents' health and well-being were promoted in the centre. They had access to their general practitioner (GP) and to multi-disciplinary healthcare professionals as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Each resident experienced care that supported their physical, behavioural and psychological wellbeing. The person in charge ensured that all staff had up-to-date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant