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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:	Curam Care Home, Navan Road
Name of provider:	Knockrobin Nursing Home Limited
Address of centre:	Navan Road, Cabra, Dublin 7
Type of inspection:	Announced
Date of inspection:	11 June 2025
Centre ID:	OSV-0008033
Fieldwork ID:	MON-0044425

## About the designated centre

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

Curam Care Home, Navan Road can accommodate a maximum of 144 male and female residents in single en-suite rooms. The registered provider of Curam Care Home Navan Road is Knockrobin Nursing Home Ltd. The person in charge is supported by two assistant directors of nursing, clinical nurse managers, nursing staff and healthcare assistants. The centre can accommodate residents of low, medium or high dependency and provides long-term residential care, respite, convalescence, dementia and palliative care. The home is adjacent to the Deaf Village and Primary Care Centre with the Botanic Gardens and the beautiful landscape of the Phoenix Park within a 5km radius.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	142
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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
Wednesday 11 June 2025	08:00hrs to 17:25hrs	Mary Veale	Lead
Wednesday 11 June 2025	08:00hrs to 17:25hrs	Aisling Coffey	Support
Wednesday 11 June 2025	08:00hrs to 17:25hrs	Maureen Kennedy	Support

## What residents told us and what inspectors observed

This was an announced inspection which took place over one day by three inspectors. Over the course of the inspection, the inspectors spoke with residents, visitors and staff to gain insight into the residents' lived experiences in the centre. All residents spoken with were complimentary in their feedback and expressed satisfaction with the standard of care provided. The inspectors spent time in the centre observing the environment, interactions between residents and staff, and reviewed various documentation. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays while attending to residents' requests and needs on the inspection day.

Curam Care Home is a five-storey purpose-built designated centre registered to provide care for 144 residents in Cabra, Dublin. While the basement floor contained staff facilities, laundry and storage areas, resident accommodation was set out over the ground to the third floor. There were 142 residents living in the centre, of which seven were in hospital on the day of the inspection.

The premises were laid out to meet the needs of residents. There were appropriately placed handrails along corridors to support residents in mobilising safely and independently. Residents using mobility aids could move freely and safely through the centre. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was bright, warm, and well-ventilated throughout. Call bells were available in all areas and answered promptly.

There was a choice of communal spaces, which were seen to be used throughout the day of inspection by residents. Residents had access to a large dining room, a large day room, a smaller day room and a visitor's room on each floor. The smaller day room operated as a reflection room on the ground floor during the inspection. Residents also had access to a hair salon on the third floor. The environment was modern, homely, and tastefully decorated. Armchairs were available in all communal areas. The centre was found to be visibly very clean and tidy. Overall, the building was maintained to a high standard.

Bedroom accommodation comprised of 144 single bedrooms with en-suite toilet, shower and wash-hand-basin facilities. Residents' bedrooms were clean and suitably styled, with adequate space to store personal belongings. Residents were encouraged to decorate their bedrooms with personal items of significance, such as furniture, ornaments and photographs. With the resident's permission, a photograph of the resident with an accompanying life story was displayed outside their bedroom doors.

Residents had access to a secure garden to the rear of the building. The garden was attractive and well-maintained, with level paving, flower beds and garden benches. The garden was also home to the centre's two rabbits, Honey and Spice, who regularly featured in the pet therapy programme. A designated smoking shelter

within the secure garden was seen to have the necessary protective equipment, such as a fire retardant seating, fire blanket, smoking apron, call bell and ashtrays.

As the inspectors walked through the centre, residents were observed to be content as they went about their daily lives. The inspectors spent time observing staff and residents' interactions. Residents sat together in the communal rooms watching television, listening to music, participating in activities or simply relaxing. Other residents were observed sitting quietly, observing their surroundings. Residents were relaxed and familiar with one another and their environment and were observed to be socially engaged with each other and staff. Several residents were observed enjoying quiet time in their bedrooms. It was evident that residents' choices and preferences in their daily routines were respected.

Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas due to the limitations of their medical condition were supported by staff throughout the day. One resident told the inspectors that staff were always passing by their room and 'popping in' to see them. The inspectors observed that personal care needs were met to an excellent standard. Staff who spoke with the inspectors were knowledgeable about the residents and their needs. While staff were seen to be busy attending to residents throughout the day, the inspectors observed that staff were kind, patient, and attentive to their needs. There was a very pleasant atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff.

The inspectors spoke with 27 residents about life in the centre. Residents spoke positively about their experience of living in the centre. Residents commented that they were very well cared for, comfortable and happy living in the centre. Residents stated that the staff were kind and always provided them with assistance when it was needed. One resident said, 'It's a lovely place to live' and that 'the staff are brilliant'. Other residents told the inspectors that they 'were very happy' and that the 'staff are very good, second to none'. A number of residents explained their reasons for moving to the centre and told the inspectors that they were very happy with their decision. Residents said they felt safe and could speak with staff if they had any concerns or worries. There were some residents who were not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

Friends and families were facilitated to visit residents, and the inspectors observed many visitors in the centre throughout the day. The inspectors spoke with five visitors who were very happy with the care and support their loved ones received. One visitor informed the inspectors of the culture within the centre, which they described as being "person-centred" and "focused on inclusion". This visitor also spoke of how sensitive, kind and respectful staff and management were towards residents.

A range of recreational activities were available to residents seven days a week, including exercise classes, day trips, music, and bingo. The centre employed activities staff who facilitated group and one-to-one activities throughout the day.

Residents told the inspectors they could choose whether or not they participated. One resident told the inspectors that the day was not long enough and that they liked to walk, do their exercises, and read. Another resident said: 'I never said I wished I hadn't come', 'I like to read, knit and today I'm going out for the day with my daughter'. On the ground floor, the inspectors observed five residents enjoying a virtual football game using the magic table in the morning, an exercise class involving 21 residents was facilitated by the physiotherapist before lunch, and a French-themed quiz, with accompanying French food, in the afternoon. Flower arranging was enjoyed by residents on the second floor while a music session took place on the third floor. The inspectors observed that staff supported residents in being actively involved in activities if they wished. Residents also had access to television, radio, internet services, newspapers and books.

Inspectors observed staff communicating with 14 residents who were members of the Deaf community on the ground floor. Staff were seen to communicate through Irish Sign Language (ISL) and the use of a whiteboard, if required, to ensure Deaf residents could communicate freely. There was an ISL support worker available on the inspection day who worked in the centre three days per week to facilitate Deaf residents' inclusion and to support newly recruited staff in learning ISL. Activities staff informed the inspectors of the consultation that had taken place with Deaf residents to ensure that the activities programme was enjoyable and facilitated their inclusion. Inspectors were provided with whiteboards on the day of inspection to facilitate communication with Deaf residents.

The inspectors observed the lunch time meal experience and found that the meals provided appeared appetising and were served hot. Residents confirmed that they were always provided a choice and an alternative meal should they not like what was on the menu. Adequate numbers of staff were available and were observed offering encouragement and assistance to residents. While the overall feedback from residents was highly complimentary about the food, a small number of residents told inspectors they found the food bland and lacking variety in terms of their preferences.

The centre provided a laundry service for residents. All residents whom the inspectors spoke with on the day of inspection were happy with the laundry service, and there were no reports of items of clothing going missing.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was a well-run centre with strong management systems to monitor the quality of care and support provided to residents. It was evident that the centre's

management and staff focused on providing quality services to residents and promoting their well-being.

This was an announced inspection to monitor the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and to review the registered provider's compliance plan arising from the 13 August 2024 inspection. The inspectors also followed up on unsolicited information that had been submitted to the Chief Inspector of Social Services relating to staffing, supervision and governance, and found this information was not substantiated. The provider had progressed with the compliance plan following the last inspection in August 2024, and this inspection found improvements in regulatory compliance concerning governance and management, individual assessment and care planning, and infection control.

The registered provider for Curam Care Home, Navan Road, is Knockrobin Nursing Home Limited. This company comprised two directors, one of whom was the chief operations officer and represented the provider for regulatory matters. This company director attended onsite for the inspection. There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge is responsible for the centre's day-to-day operations and reports to the chief operations officer. The person in charge worked full time in the centre and was supported in their management of the centre by two assistant directors of nursing (ADON), four clinical nurse managers, a team of staff nurses, senior healthcare assistants, healthcare assistants, activities, administration, catering, household and maintenance staff. The assistant directors of nursing deputise for the person in charge. The person in charge also had support from the director of care & quality standards and the director of risk & compliance.

There were robust systems in place to monitor the quality and safety of care delivered to residents. Improvements have been made to the governance and management structure since the previous inspection. There was a member of the nursing management team on duty up to 8:00pm, seven days a week. Outside of these hours, a member of the nursing management team provided an on-call service from 8:00pm to 8:00am. The provider also informed inspectors of their plans to further enhance their management structure by rostering an additional clinical nurse manager at night.

Communication systems were in place between the registered provider and management within the centre and similarly between the person in charge and staff on each floor. Records of governance meetings, staff meetings and daily safety huddles were viewed during this inspection. Governance meetings took place monthly, and head of department meetings took place every second month. The monthly governance and management meetings discussed key performance indicators. The provider convened an antimicrobial stewardship forum every three months, which reviewed key aspects of the centre's infection control practices and procedures. Staff could discuss any safety concerns at the daily safety huddle.

The provider had an audit schedule covering areas such as complaints, safeguarding, fire safety, catering, health and safety, hospital transfers, falls,



wounds and weight loss. Where these audits identified deficits and risks in the service, the provider had a time-bound quality improvement plan. The provider had a risk register for monitoring and managing known risks in the centre. The provider oversaw incidents within the centre and had systems for recording, monitoring, and managing related risks. All notifiable incidents had been reported to the Chief Inspector within the required timeframes.

An annual review of the quality and safety of care delivered to residents took place in 2024 in consultation with residents and their families. Residents and families had been consulted in the preparation of the annual review through surveys and the residents' forum meetings. Within this review, the registered provider had also identified areas requiring quality improvement.

The staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support.

Staff were appropriately supervised and clear about their roles and responsibilities. There was evidence that newly recruited staff of all grades had received an induction covering key aspects of care and service provision, including fire safety, health and safety and the provider's policies. Records reviewed also confirmed that agency staff had undergone an induction before commencing work in the centre. Staff had access to a range of training programmes to support them in their respective roles, such as training in fire safety, managing challenging behaviour, safeguarding vulnerable adults from abuse and infection prevention and control. Records reviewed found further training programmes were scheduled to take place in the weeks following the inspection. The provider had also committed to providing ISL training for 12 staff in September 2025.

The provider had a robust complaints procedure, which staff spoken with were knowledgeable about. Residents and families said they could raise a complaint with any staff member and were confident in doing so if necessary. The inspectors reviewed the complaints log and found that records were maintained of complaints received, the outcome of any investigation into complaints, and actions taken on foot of a complaint. The inspectors found one gap in complaints management recording practices, whereby the provider had not followed their policy by issuing a written response to the complainant. However, the inspectors reviewed other records, which demonstrated ongoing communication with the complainant and the resolution of their complaint to their satisfaction.

## Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was a minimum of four registered nurses on duty at all times for the number of residents living in the centre at the time of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding vulnerable adults from abuse, managing challenging behaviours, and infection prevention and control. There was an ongoing training schedule in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported by the nursing management team.

Judgment: Compliant

### Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems effectively monitored the quality and safety of the centre. Clinical audits were routinely completed, examining key areas such as falls, nutrition, and quality of care. 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 in place to improve safety and quality of care.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents and reports, as set out in schedule 4 of the regulations, were notified to the office of the Chief Inspector within the required time frames. The inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider displayed the complaints procedure on the centre's website and prominently with the centre, in the entrance lobby and on each floor. Information posters on advocacy services to support residents in making complaints were also displayed. Residents and families said they could raise a complaint with any staff member and were confident in doing so if necessary. Staff were knowledgeable about the centre's complaints procedure. The provider maintained a record of complaints received, how they were managed, the outcome of complaints investigations, and actions taken on foot of receiving a complaint. The complaints officer and review officer had undertaken training to deal with complaints as required by the regulations.

Judgment: Compliant

### Quality and safety

The inspectors found that residents were supported and encouraged to have a good quality of life and saw evidence of individual residents' needs being met. Improvements were required to comply with infection prevention and control.

Improvements were found in care planning since the previous inspection. Care records were seen to be of a high standard. The person in charge had arrangements for assessing residents before admission into the centre. Comprehensive care plans were based on validated risk assessment tools. Care plans were seen to be highly person-centred and reflected the residents' assessed needs, preferences and wishes. There was evidence that care plans were reviewed on a four-monthly basis or earlier if required. Furthermore, these care plans were reviewed in consultation with the resident and, with the resident's consent, their family. Care planning records reviewed found the health of residents was promoted through ongoing medical review and access to a range of external community and outpatient-based healthcare providers such as chiropodists, dietitians, physiotherapy, occupational therapy, palliative care and mental health services and the recommendations of these healthcare providers was seen to be documented in the residents' care plans.

The inspector observed that some residents had difficulties communicating verbally while others residents had sensory needs impacting their communication. The centre was also home to 14 residents who were members of the Deaf community and who communicated through Irish Sign Language (ISL). Residents with communication difficulties had their communication needs documented in their care plan. The

inspectors also found that staff knew about these residents' communication needs. Where a resident required access to a communication device, the staff ensured these aids were available to enable the resident's effective communication and inclusion. Whiteboards and markers were seen in all communal rooms and the bedrooms of Deaf residents. Staff were observed using ISL to communicate with Deaf residents. The provider employed an ISL support worker three days per week. This worker supported ISL communication with respect to residents' daily needs and preferences, activities, outings, completing application forms and family communication. The provider also had access to the services of a professional ISL interpreter. This interpreter visited on the inspection day and explained their role in facilitating translation during medical visits, other professional visits, safeguarding discussions, care planning meetings and monthly residents' committee meetings. Residents who were members of the Deaf community expressed their satisfaction at being able to communicate through ISL.

The premises' design and layout met residents' needs. The centre was found to be inviting and pleasantly decorated to provide a homely atmosphere. The centre had a well-maintained internal courtyard garden. There were multiple comfortable and pleasant communal areas for residents and visitors to enjoy. The provider had suitable equipment available for residents' individual needs, for example, a specialist fire alarm alert system for Deaf residents.

The provider had systems to oversee the centre's infection prevention and control (IPC) practices. The provider had one registered nurse trained as an IPC link practitioner to guide and support staff in safe IPC practices and oversee performance. The provider had introduced a suite of IPC training modules for all staff. The provider had required staff to complete this training by 30/06/2025 and records reviewed found the majority of modules had been completed. The environment was very clean and tidy on inspection day. There was surveillance of healthcare-acquired infections. A targeted infection control auditing programme was undertaken. Hand sanitiser dispensers were conveniently located in all bedrooms and corridors to facilitate staff compliance with hand hygiene requirements. Staff were observed to have good hand hygiene practices. While there were a limited number of clinical handwash sinks available in the centre for staff use, the provider had conducted an audit and identified the location for the installation of 12 new clinical handwash sinks, conforming to HBN 00-10 specifications, within the centre by 31/05/2026. Notwithstanding these good practices, some areas for improvement were identified to ensure compliance with the *National Standards for Infection Prevention and Control in Community Services* (2018) and other national guidance concerning IPC, as discussed under Regulation 27.

There were systems in place to safeguard residents and protect them from the risk of abuse. Staff were supported to attend safeguarding vulnerable adults from abuse training. Staff were knowledgeable of what constituted abuse and what to do if they suspected abuse. Staff had An Garda Síochána (police) vetting disclosures on file. Incidents and allegations of abuse were investigated by the person in charge in line with the provider's policies. The provider was acting as a pension agent for 24 residents living in the centre. Records reviewed found these pensions were paid into a separate residents' client account to ensure residents' finances were safeguarded.

The provider issued quarterly statements regarding balances within the resident's pension agent account. The provider held small quantities of monies in safekeeping for 20 residents. The provider had a transparent system in place where all lodgements and withdrawals of residents' personal monies were signed by two staff and logged electronically. The provider also audited the balances monthly, in line with the centre's policies.

A choice of home-cooked meals and snacks were offered to all residents. A daily menu was displayed and made available to residents in the dining rooms. Menus were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Residents on modified diets received the correct consistency of meals and drinks. Meal times varied according to the needs and preferences of the residents. The dining experience observed was relaxed. There was adequate staff to provide assistance and to ensure residents' safety and nutritional needs were met. Residents' weights were routinely monitored.

There was a rights-based approach to care in this centre. Residents' rights and choices were respected. Resident feedback was sought concerning aspects of care provision, including healthcare, food and activities. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre, and records demonstrated that this service was made available to residents if needed. Residents had access to daily national newspapers, weekly local newspapers, internet services, books, televisions, and radios. Mass took place in the centre twice a month. The provider facilitated residents' access to community groups, including the mobile library and talks from the local fire and police services. Outings were organised twice monthly to multiple local attractions, including the zoo, Botanic Gardens, the National Gallery and Croke Park. Residents had completed a satisfaction survey from the Office of the Chief Inspector prior to this announced inspection to allow residents to provide feedback on what it is like to live in the designated centre. Satisfaction surveys showed overall high rates of satisfaction with all aspects of the service.

A comprehensive centre-specific policy was in place to guide nurses and carers on the safe management of medications. This policy was up-to-date and based on evidence-based practice. Through observation, the inspectors could see medicines were administered in accordance with the prescriber's instructions and in a timely manner. Medicines were stored securely in the centre and returned to the pharmacy when no longer required as per the centre's guidelines. Records showed that controlled drug balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centre's policy on medication management. A pharmacist was available to residents to advise them on the medications they were receiving.

## Regulation 10: Communication difficulties

The inspectors found that residents with communication difficulties had their communication needs assessed and documented in their care plan. Staff were knowledgeable about each resident's specialist communication requirements and ensured residents had access to any aids or supports to enable effective communication and inclusion. All residents had access to audiology, ophthalmology and speech and language services, as required.

Judgment: Compliant

### Regulation 17: Premises

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

Judgment: Compliant

### Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored and there was timely referral and assessment of residents by the dietician.

Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

### Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

- The inspectors were informed that the contents of urinals and urinary catheters were manually decanted into residents' toilets. This practice could result in an increase environmental contamination and cross infection.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four-monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The inspectors found that residents predisposed to episodes of responsive behaviours had a responsive behaviour care plan and other documentation to guide staff. Records reviewed found that behaviour observation charts, such as the Antecedent, Behaviour, and Consequence charts, were also being used to gain an understanding of the behaviour. The documentation reviewed was person-centred and described the behaviours, potential triggers for such behaviours, and de-escalation techniques to guide staff in safe care delivery.

The centre's restraint usage, such as bed rails, was in accordance with national policy published by the Department of Health.

The provider had a training programme in place to ensure all staff had up-to-date knowledge and skills appropriate to their role in responding to and managing challenging behaviour.

Judgment: Compliant

## Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Staff were subject to An Garda Síochána (police) vetting before commencing employment

in the centre. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. From the records seen, it was clear the person in charge had provided a robust and person-centred response when investigating and responding to these allegations. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported that they felt safe living in the centre. There were robust and transparent arrangements in place to safeguard residents' finances.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff, and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television, radio and internet service were available. Details of advocacy groups were on display in the centre.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Curam Care Home, Navan Road OSV-0008033

Inspection ID: MON-0044425

Date of inspection: 11/06/2025

## 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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The procedure for managing contents of urinals and urinary catheters has been reviewed. All contents of urinals and urinary catheters are now placed directly into the washer-disinfector, which will automatically empty, clean and disinfect. Poster guidance will be developed to support staff with this practice. Staff are updated and educated this practise in handovers, huddles and staff meetings. The home's IPC lead will monitor adherence to this procedure within the home.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/08/2025
Regulation 27(b)	The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.	Substantially Compliant	Yellow	31/08/2025