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:	Curam Care Home, Navan Road
Name of provider:	Knockrobin Nursing Home Limited
Address of centre:	Navan Road, Cabra, Dublin 7
Type of inspection:	Unannounced
Date of inspection:	14 May 2026
Centre ID:	OSV-0008033
Fieldwork ID:	MON-0048387

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

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 14 May 2026	09:20hrs to 17:00hrs	Sinead Lynch	Lead
Thursday 14 May 2026	09:20hrs to 17:00hrs	Maureen Kennedy	Support

What residents told us and what inspectors observed

This was an unannounced monitoring inspection conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

Residents' feedback about life in the centre was overwhelmingly positive. Residents said their rights were upheld and they felt safe and secure living in the centre. Those spoken with said they were always treated with dignity and respect by staff.

The inspectors observed staff supervising residents in the main communal living area and in the dining room at lunchtime. On several occasions during the day staff were observed being attentive to residents' individual needs, such as, assisting a resident to mobilise to the dining room or obtaining items they requested. Staff were observed knocking on bedroom doors, and seeking permission prior to entering residents' bedrooms and each bedroom had a privacy lock in place.

Mass was made available to residents in the communal room via the television on a daily basis. There was a good attendance for this and some residents informed inspectors that they enjoyed this time of reflection and prayer.

Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided.

Residents had access to an enclosed garden with wheelchair accessibility. There was sufficient seating and a smoking shelter made available for those that requested this.

Resident bedrooms were neat and organised. Residents who spoke with the inspectors were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Residents said their clothes were laundered for them. They were returned clean and folded within a short space of time.

Staff demonstrated good communication skills with residents which were observed to be both respectful and courteous at all times. Staff were aware of residents' communication needs and appeared patient and understanding in their interactions with residents.

There was an activity schedule in place that reflected the activities taking place while the inspectors were present. The inspectors observed group activities, which the residents appeared to enjoy.

A record of complaints was maintained in the centre, and appropriate action appeared to be taken to address any concerns. There was one open complaint at the time of inspection. Residents spoken with confirmed that they would not hesitate to speak with a staff member if they had any complaints or concerns.

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 affect the quality and safety of the service being delivered.

Capacity and capability

Overall, this inspection found that the management team were striving to improve practices and services. The provider and person in charge were providing residents with a good quality service where their individual social, religious and healthcare needs were being met.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). This inspection had a specific focus on the provider's performance with respect to safeguarding vulnerable adults.

The registered provider for Curam Care Home, Navan Road, is Knockrobin Nursing Home Limited. 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 three assistant directors of nursing (ADON), three clinical nurse managers, a team of staff nurses, senior healthcare assistants, healthcare assistants, activities, administration, catering, household and maintenance staff.

There was evidence to indicate that the centre was well-resourced. The centre was clean, warm and furnished to a high standard.

Staffing levels in place on the day of inspection were sufficient to meet the assessed needs of the residents. There was appropriate clinical supervision in place.

Staff training records were maintained to assist with monitoring and tracking completion of mandatory and other training completed by staff. A review of training records indicated that the majority of staff were up-to-date with mandatory training, with a small amount of staff, who were due refresher training, booked into upcoming dates.

The centre had a range of tools to monitor and audit the quality of care delivered to the residents such as incidents, falls, resident care plans and cleaning schedules. The recruitment process was robust and effective in safeguarding the residents.

The centre had a complaints policy in place and the inspectors saw that there was one open complaint on the day of the inspection.

The person in charge had notified the Chief inspector of Social services where there was any allegation of confirmed abuse in the centre. The management team had completed investigations where required, and identified learning with robust action plans implemented. The management team were open and transparent in relation to notifications.

Regulation 15: Staffing

On the day of the inspection there were adequate staffing levels available to meet the needs of the current residents, taking into consideration the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role. Staff demonstrated an appropriate awareness of their training and their role and responsibility in recognising and responding to allegations of abuse.

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 management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The registered provider had agreed in writing with each resident, on admission the terms, including terms relating to the bedroom to be provided to the resident and the number of occupants of that bedroom.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of Social Services of any allegations or confirmed abuse within the required time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an up-to-date complaints procedure in place. There was one open complaint on the day of inspection which was being managed in line with the centre's policy.

Judgment: Compliant

Quality and safety

Overall, the inspectors were assured that residents received a good standard of service and that their health care needs were met. Residents' rights were upheld in a dignified and respectful manner.

The inspectors found that appropriate staffing levels and effective systems of governance and management impacted positively on the quality and safety of consistent person-centred care to residents.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. The inspectors reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. Safeguarding care plans reflected a person-centred approach while ensuring residents' rights were upheld at all times. There was evidence that that they were completed within 48 hours of admission and reviewed at four monthly intervals.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans in place which largely reflected trigger factors, if identified for individual residents, and de-escalation techniques that staff should use to prevent the behaviour escalating.

The use of restraint was monitored within the restraint register. Residents had individual risk assessments in place to reflect the restraint in use. There was minimal restraint in use in the centre.

Residents had access to a full multi-disciplinary team. There was no delay in referring residents to members of the team and where changes were recommended or prescribed these updates were implemented in the resident's care plan.

All staff had garda vetting in place prior to commencing in their role. All staff had completed safeguarding vulnerable adults training completed and updated as required.

Residents' finances were well-managed within the centre. The registered provider was a pension-agent for a number of residents and protective measures were in place to ensure these residents' finances were safeguarded and protected.

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. Care plans were updated within a four month period, or more frequently where required and were sufficiently detailed to guide the residents' care.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that all residents had access to appropriate medical and health care, including a general practitioner (GP), physiotherapy, speech and language therapy and dietetic services.

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 which reflected the residents' individual needs, known triggers and known de-escalation techniques. The use of restraint was minimal.

Judgment: Compliant

Regulation 8: Protection

There were robust policies and procedures in place for preventing, detecting and responding to all forms of abuse or neglect.

The provider acted as a pension-agent for a number of residents and a separate account had been created to protect residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

Residents had access to meaningful activities. The activity schedule was on display and residents were involved in person-centred activities throughout the day.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant