



# 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:	24 February 2026
Centre ID:	OSV-0000130
Fieldwork ID:	MON-0046059

## 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:	81
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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
Tuesday 24 February 2026	08:30hrs to 15:45hrs	Sheila McKeivitt	Lead

## What residents told us and what inspectors observed

This unannounced inspection was 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.

On arrival the inspector visited each unit of the centre and observed that residents in their bedrooms had access to their call bell and those requiring assistance were receiving it without any delay.

The centre was calm and peaceful. Residents' feedback about life in the centre was 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 and if they were not, they would report it to the person in charge who they knew by name.

There was a poster stating "adult abuse is never acceptable" on a number of notice boards positioned throughout the nursing home. The complaints policy was also on display and it included the contact details for advocacy services. Residents spoken with told the inspector that they brought any concerns they had to the attention of the person in charge and these were acted upon immediately. Complaints were on the agenda for the senior management team together with safeguarding.

Residents were actively involved in how the centre was run, one of the residents was a hand hygiene representative and reported directly to the person in charge. Residents had a meeting every month, with one scheduled for the day of inspection. Issues highlighted by residents were addressed promptly. At these meetings they planned their weekly activities including trips out and external groups coming in.

The inspector observed staff supervising residents in communal living areas and in the dining rooms 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 their bedroom and assisting a number of residents on an individual basis with their meals.

Staff were observed knocking on bedroom doors and seeking permission prior to entering residents' bedrooms and each bedroom and ensuite had a privacy lock in place. Each resident had access to adequate storage facilities within their bedroom for personal items including a secure storage facility for valuable items.

Residents had a choice of meals and drinks at mealtimes. There were a choice of snacks including chocolate bars, crisps, fruit and juices left out for residents in each of the open plan living rooms.

Mass was celebrated in the centre every Thursday and Holy Communion was offered to residents. There was an activities schedule on display which spanned over seven days a week. Residents spoken with said that they had the choice to participate or not and that their choice was respected by staff. Sometimes they looked on in the background and enjoyed this also. They told the inspector that the music and Zumba were by far their favourite activities. However, they also loved Wednesdays when the kids from the primary school across the road came in to play board games and read books with them.

The residents were also in the process of hatching their own chickens under controlled conditions with the support of staff. Everyone was looking forward to having baby chicks in the centre for Easter.

They also enjoyed the trips out and some spoken with mentioned the fun they had the previous week when they attended line dancing at a local centre. They could independently access the enclosed gardens.

The premises was clean, tidy, bright and airy. Residents said their bedrooms were cleaned on a daily basis and they were satisfied with the standard of cleaning.

Residents were unanimous in their view that the centre provided a safe and secure space in which their rights were upheld.

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 regulations.

## Capacity and capability

This centre has capacity and capability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). 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 unannounced inspection was 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.

The registered provider for Curam Care Home Dundalk is Dealgan House Nursing Home Ltd which is part of the Curam Care Group. There was a written statement of purpose that described the service and facilities that were provided in the centre. The statement of purpose described the current management structure of the designated centre. The senior management team had safeguarding and complaints

on the agenda of their monthly meetings. This assured the inspector that the centre had good leadership, governance and management arrangements in place which contributed to residents experiencing a quality service, where they were safeguarded from all forms of abuse.

There was evidence to indicate that the centre was well resourced. The centre was clean, warm and furnished to a good standard. There were sufficient numbers of staff on duty at the time of the inspection, the staff turnover was low and there were no positions vacant. Mandatory and relevant training was provided and completed by staff which contributed to the delivery of a high standard of care to residents.

The centre had a range of tools to monitor and audit the quality of care delivered to the residents such as call bells, incidents, falls, resident care plans and cleaning schedules. There was a revised audit schedule for 2026, the inspector noted that there was one call bell audit completed in 2025 with poor results that had not been repeated as per the audit schedule however, residents feedback on call bell response times was positive. The recruitment process was robust and effective in safeguarding the residents.

### Regulation 15: Staffing

Staffing levels were appropriate, having regard for the size and layout of the centre, and the individual and collectively assessed needs of the residents. The whole time equivalent staffing numbers on the day of inspection, were in line with those outlined in the centre's statement of purpose.

Judgment: Compliant

### Regulation 16: Training and staff development

The staff had access to appropriate training. Training records were maintained and updated and the inspector was assured that all staff working in the centre had completed all the required mandatory training in safeguarding vulnerable residents, those requiring updates were booked into training scheduled for the day following this inspection.

Staff were appropriately supervised on the day of the inspection. The management team were providing supervision and support to staff, residents and their relatives. A member of the management team had completed an unannounced night inspection to review practices at night.

Judgment: Compliant

### Regulation 21: Records

A sample of staff records were reviewed and found to contain the information required under Schedule 2 of the regulations, such as references and evidence of vetting from An Garda Siochana.

Judgment: Compliant

### Regulation 23: Governance and management

The governance of this centre was good. The person in charge and the provider representative met on a monthly basis and minutes of these meetings were available for review. The agenda and minutes showed that all areas were discussed including any safeguarding concerns and where necessary appropriate actions taken to address these concerns.

The person in charge had an audit schedule for the year and a review of a sample of audits completed in 2025 and 2026 assured the inspector that continuous auditing practices was leading to improved outcomes for residents.

The annual review for 2025 was in progress.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures that met the requirement of the regulations were in place and found to be implemented in practice. An easy to read summary of the main points of all the policies was also available to ensure staff had access and understood the centre's requirements and procedures to follow.

Judgment: Compliant

### Quality and safety

The quality of service and nursing care delivered to residents was of a high standard and this assured the inspector that residents were safeguarded against all forms of abuse.

A sample of care plans, reviewed demonstrated evidence of multi-disciplinary team input. The inspector saw evidence that each resident 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 those involved in safe-guarding incidents had detailed person-centred safe-guarding care plans in place. The care plans in relation to communication difficulties and responsive behaviours were also detailed and person-centred.

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 the use of psychotropic medication. The inspector observed that each resident with restraint in use had a risk assessment in place which outlined what, if any alternatives to restraint had been trialled prior to restraint being used.

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

There were robust policies in place to safe-guard residents against all forms of abuse and these were implemented in practice. Staff spoken with confirmed they had safeguarding training in place and those spoken with were knowledgeable on the topic and demonstrated zero tolerance for any form of abuse. The zero tolerance was reflected in the notifications of alleged abuse submitted by the provider and the robust actions that had been taken in response.

Residents' rights were upheld and there were good oversight systems and processes in place to protect them from all forms of abuse. This included a safeguarding forum for the Curam Care Group who met twice a year to review and trended all safeguarding issues within the each centre in the Curam Care group.

## Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

A sample of resident assessments and care plans were reviewed on this inspection. The assessments reflected the residents met during the inspection, and clearly identified their assessed needs. The care plans reviewed were person-centred and outlined the residents' wishes and preferences, particularly the safe-guarding and communication care plans.

The assessments and care plans reviewed were developed within 48 hours of admission and were updated on a four monthly basis.

There was evidence that residents were consulted about their care planning reviews.

Judgment: Compliant

## Regulation 6: Health care

Residents had a medical review completed within a four month time period, or sooner, if required. There was evidence that residents had access to to their general practitioner (GP) of choice and members of the allied health care team.

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 in-line with National policy.

Judgment: Compliant

## Regulation 8: Protection

There was a safeguarding policy in place. Staff had completed safeguarding training and were aware of what to do if they suspected any form of abuse. Any incidents

that had occurred in the centre were appropriately investigated and all residents reported that they felt safe and secure in the centre.

The provider acted as a pension-agent for a number of residents. Financial transactions were transparent and a separate account was in place for residents' finances. The processes for management of residents' petty cash were robust and reflected the centre's policy.

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 weekly activity schedule reflected a seven day schedule, it was on display for residents to view and residents were involved in person-centred activities throughout the day of inspection.

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 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
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