



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

Issued by the Chief Inspector

| | |
|----------------------------|---|
| Name of designated centre: | Knockrobin Hill Care Home |
| Name of provider: | Knockrobin Nursing Home Limited |
| Address of centre: | Knockrobin, Port Road, Wicklow, Wicklow |
| Type of inspection: | Unannounced |
| Date of inspection: | 10 February 2026 |
| Centre ID: | OSV-0005774 |
| Fieldwork ID: | MON-0045276 |

About the designated centre

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

Knockrobin Hill Care Home is situated in Knockrobin, County Wicklow. Residents' accommodation is situated on three floors of the facility and accommodates 99 residents. It is a purpose built facility and accommodation comprises of 99 single rooms, all of which have spacious ensuite bathrooms. Each ensuite bathroom consists of a toilet, hand sink and shower facilities. The centre has communal sitting and dining rooms all floors and there is a safe garden area for residents to use and enjoy. The centre can accommodate both female and male resident with the following care needs: general long term care, palliative care, convalescent care and respite care. The age profile of each resident maybe under or over 65 years but not under 18 years with low to maximum dependency care needs.

The following information outlines some additional data on this centre.

| | |
|--|----|
| Number of residents on the date of inspection: | 99 |
|--|----|

I

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 10 February 2026 | 06:50hrs to 14:40hrs | Aoife Byrne | Lead |
| Tuesday 10 February 2026 | 06:50hrs to 14:40hrs | Sarah Armstrong | Support |

What residents told us and what inspectors observed

Based on the observations of the inspectors, and discussions with residents and staff, Knockrobin Hill Care Home was a nice place to live. Inspectors found that residents living in this centre were well cared for and well supported to live a good quality of life by a dedicated team of staff that knew them well. Residents were complimentary about staff and the care they provided. One resident told inspectors "the staff are brilliant" and that they were "always there and help me when I need it". Another resident described the staff as "kind" and residents spoken with told inspectors that they felt safe and secure living in the centre.

Knockrobin Hill Care Home is located in Knockrobin, Co. Wicklow. The centre is a purpose built three storey building. The centre is registered to provide care for 99 residents, and there were 99 residents living in the centre on the day of the inspection. The design and lay out of the premises met the individual and communal needs of the residents'.

Inspectors arrived at the centre early in the morning in order to meet with staff who had worked on night duty. There was a staff nurse working on each floor overseeing the care and service at night. Inspectors walked through the centre and observed that the atmosphere was relaxed and calm. Some residents were observed to be up and about while others were in bed asleep. Inspectors found the premises was bright and clean throughout.

Residents' bedrooms were spacious, appropriately furnished and were clean and tidy. One resident told inspectors "I brought photos and things from home when I came to live here. I have them in my room". Inspectors observed that outside each resident's bedroom, there was information displayed about that resident. This included information about the residents likes and dislikes and their life stories and promoted an opportunity for informed and meaningful conversation between staff and residents.

Residents were observed participating in a range of meaningful activities on the day of inspection, which were aligned to their individual capacities and interests. These activities included magic table and exercise class. In the afternoon, inspectors observed a number of residents making cookies for Valentine's day. Large pictorial activities schedules were displayed on each floor of the centre to inform residents about the activities on offer each week. Residents also had access to other activities in the centre including pub night, zumba, bingo and knitting club. Outside of the organised group activities, some residents were also observed engaged in their own individual hobbies and pastimes such as knitting and reading the daily papers. The hairdresser was available in the centre in the afternoon. This was observed by inspectors to be a social occasion, with residents sitting and chatting together in the salon.

Residents provided good feedback on the food available in the centre. One resident told the inspectors "the food is great, I've no complaints", residents also told the inspectors that they are always offered a choice at meals and one resident said "if i don't like it they'll have something else for me, I won't go hungry here!". Inspectors observed the meal time experience for residents and found that residents were seated at nicely set tables and staff were attentive to their needs. Menus were displayed in the dining room to enable residents to choose their preferred meal. There was sufficient staff available to assist and supervise residents at meal times.

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 one-day, unannounced inspection. The purpose of the inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The actions the registered provider committed to taking in the compliance plan following the previous inspection in January 2025 was also reviewed and it was evident action was taken in respect to infection prevention and control and staff training and development.

Knockrobin Hill Care Home is operated by Knockrobin Nursing Home Limited who is the registered provider of this designated centre. The company comprises two directors, and one of the directors is the named provider representative. This centre is a part of the Curam Care Homes Group which has a number of nursing homes throughout Ireland. The person in charge was supported in their role by two assistant director of nursing (ADON), clinical nurse managers (CNMs) and a full complement of staff, including nursing and care staff, activity coordinators, housekeeping, catering, administrative and maintenance staff.

Inspectors saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from senior management team. The systems included a comprehensive auditing programme, which was overseen by the person in charge. Both clinical and non-clinical audits were completed on a monthly and quarterly basis and quality action plans were in place to address any issues identified. Audits included care plans, falls prevention and management, restrictive practice and infection prevention and control.

Residents' views on the quality of the service provided were sought through satisfaction surveys, feedback events and resident meetings.

All policies and procedures required under Schedule 5 of the regulations were available in the centre and had been updated in line with the required time frame.

Staff had access to policies and procedures through an online portal and were alerted by email when policies were revised. Staff working in the centre demonstrated an awareness of the policies and procedures in place. However, inspectors found that the policy on protection of residents' accounts and personal property' had not been fully implemented in practice. This finding is discussed further under Regulation 4: Written policies and procedures.

A review of staffing levels showed that a number of new staff across all disciplines had been recruited in recent months. Staff were visible in the various areas of the centre and were attentive towards the residents. Call bells were answered quickly. There was a minimum of one qualified nurse on duty at all times. Generally, there were two nurses on each day on each floor, and one nurse on each floor overnight.

There was an ongoing schedule of training in the centre and the person in charge had good oversight of mandatory training needs. Following up on the compliance plan from the last inspection staff were up to date catheter care training. Inspectors reviewed staff supervision records and it was evident that staff were appropriately supervised.

There was a complaints policy in place that reflected the requirements of the regulations. The complaints log was well-maintained. The complaints procedure also provided details of the nominated complaints and review officers. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Regulation 15: Staffing

Inspectors reviewed planned and worked rosters which identified that there was a sufficient number of staff employed in the centre. Based on the centre's layout, and the dependency needs of the residents, there was an appropriate number and skill-mix of staff rostered on a daily basis, across all departments, to ensure the residents' needs were met.

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, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training 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.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was reviewed and it was found to contain all the required information as detailed in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Overall management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and safeguarding. 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.

However, further oversight was required in relation to the protection of residents finances as per the centres own policy. This is further discussed under Regulation 4: Written policies and procedures.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place, which was displayed throughout the designated centre. The records showed that complaints were recorded and investigated in a timely manner and that complainants were advised of the outcome. There was also a record of the complainant's satisfaction with how the complaint had been managed.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, all policies and procedures required under Schedule 5 of the regulations. However, in relation to the policy on protection

of residents' accounts and personal property, the provider had not implemented their own policy in practice. This policy requires that where a resident withdraws their money from the safe, that the resident and two staff members will sign to confirm the transaction. However, in practice, only one staff member was signing this record.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found that the residents living in Knockrobin Hill Care Home were being well cared for by a team of committed staff who supported them to enjoy a good quality of life. Feedback received from residents and visitors was all positive, particularly in respect of the staff who worked in the centre and the activities available.

Inspectors reviewed the laundry arrangements in the centre. All residents' clothing, bed linens and towels are laundered on site, daily. Inspectors learnt that there had been some complaints about the laundry services since the last inspection, particularly in respect of missing clothing items or delayed return of laundered clothes. However, the provider had been pro-active in addressing this issue and feedback from residents about the laundry services was all complimentary on the day of inspection. Some residents wished to have other personal items with them in the centre, including money and jewellery. There was a system in place to ensure that residents valuables could be securely stored whether in their bedrooms or in the safe. Where residents opted to have their money held in the safe, they could access this money at any time they wished, including at weekends. However, in practice the provider had not implemented their own policy where two staff members are required to confirm transactions from the safe.

There was a clear process in place in the centre for the management of risks. Inspectors also reviewed the centre's risk register and it was found that all risks were being appropriately recorded on the register. In addition, there were suitable control measures identified and implemented for each risk.

The registered provider had completed all actions committed to in their compliance plan from the previous inspection, to address findings in relation to Regulation 27: Infection prevention and control. A total of eight new clinical hand wash basins had been installed in the centre to improve and promote good hand hygiene practices amongst staff. Traditional needles had been replaced by needles fitted with a safety device which reduced the likelihood of staff sustaining needle stick injuries. In addition, inspectors observed that urinals were washed and clean, and free from staining. The centre was overall clean and free from clutter on the day of inspection.

The inspectors reviewed staff training records in respect of training in safeguarding vulnerable adults. There was a 100% compliance rate with this training amongst staff. Staff spoken with were knowledgeable about recognising signs of abuse and the reporting of alleged abuse. Inspectors followed up on a number of safeguarding notifications submitted to the Chief Inspector since the last inspection. From this review, inspectors found that where an allegation of abuse was made, the person in charge completed an investigation into the allegation and identified outcomes and learnings. Learnings and recommendations from the investigations were shared with the staff team, residents and family members as appropriate, and residents' care plans were updated as required to improve outcomes and care experiences for residents.

The registered provider was acting as a pension agent for 10 residents in the centre. There was a separate pension account established for residents into which their pensions were paid and appropriate policies and procedures were in place to ensure the safeguarding of residents finances in the centre.

Regulation 12: Personal possessions

Residents had access to and retained control over their own personal property. Residents' clothing was laundered onsite daily and returned to residents in a timely manner. Residents had adequate space to store their belongings in their rooms, which included the option of secure storage space for valuable items.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had established a risk management policy which set out all the information required by the regulations. From a review of the centre's risk register, inspectors observed that all risks were being appropriately documented and corrective actions were identified to manage the risks.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had completed all actions committed to from their previous inspection's compliance plan. New clinical handwash sinks had been installed, the

provider had replaced the use of traditional needles with safety needles and the stained urinals had been replaced with new, clean urinals.

Judgment: Compliant

Regulation 8: Protection

All staff were up to date with safeguarding training. Incidents and allegations of abuse had been appropriately investigated by the person in charge.

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 19: Directory of residents | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Substantially compliant |
| Quality and safety | |
| Regulation 12: Personal possessions | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for Knockrobin Hill Care Home OSV-0005774

Inspection ID: MON-0045276

Date of inspection: 10/02/2026

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 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The implementation of the policy on Resident Accounts and Personal Property has been re-communicated to all relevant staff. More robust oversight systems in the form of Non Clinical Observation Tools have been put in place including site visits incorporating review of the signatures for all cash withdrawals. This will be overseen by the central Finance Team. In addition, as part of the current residents funds reconciliation procedure, the central Finance Team reconcile the residents funds (both pocket money and pension agent funds) on a monthly basis including sign off on the movements in epicare records.</p> <p>]</p> | |
| Regulation 4: Written policies and procedures | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The implementation of the policy on Resident Accounts and Personal Property has been re-communicated to all relevant staff with particular emphasis on the requirement for two staff signatures for all cash withdrawals from the resident safe. All resident cash transactions are now being completed in line with the policy.</p> <p>]</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 23(1)(d) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Substantially Compliant | Yellow | 31/03/2026 |
| Regulation 04(1) | The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5. | Substantially Compliant | Yellow | 31/03/2026 |