



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

## Issued by the Chief Inspector

Name of designated centre:	Dunboyne Nursing Home
Name of provider:	Dunboyne Nursing Home Limited
Address of centre:	Waynestown, Summerhill Road, Dunboyne, Meath
Type of inspection:	Unannounced
Date of inspection:	06 February 2025
Centre ID:	OSV-0000185
Fieldwork ID:	MON-0039718

## About the designated centre

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

Dunboyne Nursing Home Limited is the registered provider of Dunboyne Nursing Home. According to the statement of purpose, the nursing home provides residential care for long-term to short-term, respite and convalescence residents, as well as those with an intellectual disability, palliative care need, acquired brain injury and physical disability. The centre can accommodate a maximum of 61 residents. It is a mixed-gender facility, catering for dependent persons aged 18 years and over. The centre was purpose built. There are 47 single and seven twin rooms. The centre has multiple communal rooms that are accessible to residents at all times. Residents also have access to a central enclosed courtyard. The centre provides 24-hour nursing care to residents with low to maximum dependency needs. Additional therapeutic services are provided on site at the request and in the best interest of the resident, subject to appropriate GP referral as necessary, and access to the required resources.

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

Number of residents on the date of inspection:	60
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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
Thursday 6 February 2025	10:30hrs to 17:00hrs	Sheila McKevitt	Lead

## What residents told us and what inspectors observed

The inspector spent time throughout the day speaking with residents, staff and relatives as they went about their daily lives. Two residents and one relative expressed clear dissatisfaction with the standard of care. From interactions with all three groups and observations made on the day, it became clear that there was a delay in the delivery of care, particularly in the mornings. In particular, residents told the inspector they were not happy with the time delay in receiving care in the centre, with two mentioning that they had to wait until after lunch to get up and dressed. This meant that they were confined to their bedroom for the morning and had no option but to wait until staff were free to assist them. They said that the delays to the provision of care impacted their lives as they could not join in the morning activities and one resident went on to say that they were worried they would 'miss lunch in the dining room if they didn't come soon' as it was 13:00hrs and they still were not dressed.

Residents said there were not enough staff on duty to meet their needs and they said this was a regular occurrence. A relative, informed the inspector that it was the second day within a week that they had come in to see a resident between 12:30 and 13:00hrs and that they were still in their night wear waiting on staff to assist them to shower and dress.

The inspector observed a number of visitors entering and leaving the centre, and spoke with some of them. The relatives told the inspector they noted the pressure staff were under and said there was a shortage of staff.

Those residents who were more dependent appeared to be more negatively impacted by the shortage of staff. One resident showed signs of anxiety and distress when describing to the inspector how they felt while lying in bed for hours as the sun shone in the window, getting more and more frustrated, as they waited to be assisted out of bed. The resident said that although staff answered their bell, they always had to wait for them to come back and were told that all staff on duty could not use the hoist.

The inspector was informed that the team were short one staff member on the morning of inspection and this staff member shift had not been filled. The inspector observed that resident call bells were ringing for more than three minutes on three separate occasions and observed one staff member ignore the prolonged ringing of the bell as they walked past the display screen twice.

Residents said that once staff did come and tended to their needs they were warm and empathetic in their interactions and were respectful of their communication and personal needs.

There was one-to-one care being provided to one resident in line with their assessed needs, however the carer allocated to this resident was assisting other care staff

while the resident was resting on their bed, hence they were not providing the care that was prescribed in the resident's individualised care plan. This resident had complex and highly specialised care needs and it was of paramount importance that they were in receipt of one-to-one care as prescribed 24/7 to meet their individual and collective needs of the residents.

Residents were complimentary of the choice and quantity of food however, they expressed dissatisfaction with the quality of meals available in the centre. One resident described the food as bland, cold and repetitive. Another said the hot dish served in the evening was never hot when they got it. The inspector observed that the stainless steel dish that the hot evening meal was served from was not being kept hot during service. Although, all meals were freshly prepared and cooked in the centre's own kitchen, the meat served for lunch was not prepared appropriately and therefore did not appear appetising when offered and served to residents. The choice of snacks was reported as limited by some residents who explained that the variety of snacks made available to them had been reduced.

The inspector observed that the dining room tables were set with cutlery and condiments and staff were available to ensure that residents were supported to eat and enjoy their meals. Staff were observed to assist residents discreetly and respectfully.

The premises were clean and well-maintained and the inspector observed improvements in this respect since the last inspection, including the installation of clinical hand wash sinks. The inspector observed that premises had appropriate fire safety precautions in place.

The governance of the centre will be discussed under the following two sections, capacity and capability of the service and quality and safety of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## **Capacity and capability**

The level of compliance in this centre had deteriorated since the last regulatory inspection despite the governance and management arrangements in the centre remaining stable. The inspector found that a strengthening of the management and oversight of the following areas was required; these included staffing, training and staff development and the overall oversight of all areas of practice that were found to be not fully compliant with the regulations referred to in this report.

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. The inspector found that some

improvements had been made and that all of the compliance plans from the previous regulatory inspection had been addressed.

The management team of this nursing home was stable. There was a good open channel of communication between the provider and the person in charge. The person-in-charge gathered key performance indicators (KPI) each week and maintained an audit process for overseeing the standard and quality of care being provided. However, the audit process was not effective in ensuring regulatory compliance in some areas of practice, such as, staffing, training and staff development and assessment and care planning.

The centre was not well-resourced. The staffing levels on duty were not adequate to ensure the needs of residents were being met in a timely manner. This was having a negative impact on residents. In addition, staff were not being adequately supervised and this resulted in residents not receiving care in accordance to their wishes, as outlined in their person-centred care plan.

The training needs of staff were not being met in a timely manner. For example, a number of care staff working on the day of inspection had not completed the practical element of mandatory training in manual handling and, therefore could not assist their colleagues to provide care to dependent residents who required the use of a hoist. This had a negative impact on residents as they had to wait until staff who were trained to use manual handling equipment were available to assist.

Records reviewed, such as Schedule 5 policies, contracts of care and staff files were fully compliant with the legislative requirements, however, the directory of residents required review to ensure it contained all the required data.

## Regulation 15: Staffing

The number and skill-mix of staff was not appropriate having regard to the needs of the residents, assessed in accordance to Regulation 5, and the size and layout of the designated centre. This was evidence by the following;

- There was a delay in answering call bells; on three separate occasions call bells were observed to remain unanswered for more than three minutes on the morning of inspection.
- The inspector was informed that the centre was short one health care assistant on the morning of the inspection. This absence was not replaced in a timely manner.
- One relative and one resident voiced concerns in relation to the delay in receiving assistance with hygiene needs in the morning. Both parties said they had to wait until between 12:30 and 13:20 to get washed and dressed and they said they were not satisfied with this standard of care. Both parties stated this had been an issue over the past couple of weeks.

· A resident who was funded to have dedicated one-to-one care 24 hours per day, did not have this care in place (that is the resident was not in the line of vision of the member of staff allocated to provide care only for that resident) on two separate occasions during this inspection.

Judgment: Not compliant

## Regulation 16: Training and staff development

Staff did not have access to mandatory training in a timely manner:

The inspector cross referenced the training records provided with the actual roster and found that some staff working with residents did not have mandatory training in place. For example,

- Five health care staff who had commenced employment between November 2024 and February 2025 had not completed the physical element of their manual handling training.
- Eight staff who had commenced employment between November 2024 and the end of January 2025 had not completed fire training.

Staff were not appropriately supervised. For example, one resident did not have one to one care in place (that is the resident was not in the line of vision of a member of staff) on two separate occasions during this inspection.

Judgment: Not compliant

## Regulation 19: Directory of residents

The directory of residents did not include all the information specified in paragraph 3 of Schedule 3. For example,

- The marital status was not entered for six residents.
- The sex of the resident was not identified for three residents
- The general practitioner (GP) address was not entered for three residents.

Judgment: Substantially compliant

## Regulation 21: Records



The records requested for review under Schedule 2, 3 and 4 were made available to the inspector. Those reviewed were compliant with the relevant legislative requirements.

Judgment: Compliant

### Regulation 23: Governance and management

The management systems in place were not sufficient to ensure the following areas of practice had appropriate oversight and required strengthening to ensure these areas of practice are brought into compliance with the legislative requirements:

- the auditing process in place for the new directory of residents had failed to identify the gaps observed during this inspection, and as evidenced under Regulation 19: Directory of residents, it did not contain all the required data.
- the processes in place to manage staff shortages due to unplanned absences was inadequate and was having a negative impact on residents and therefore required review.
- staff training was not made available to staff in a timely manner; this negatively impacted residents as some care staff on duty on the day of inspection were not trained to use a hoist which further delayed the delivery of care to residents with high and maximum dependency needs.
- person-centred care was not provided to all residents on the day of inspection; many residents would not receive care as per their preference and clearly outlined in their care plan.
- the food made available and being served to residents required review.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each were signed by the resident, their next-of-kin or power of attorney. The weekly fees charged to the resident were clear and any possible additional charges were outlined. The room occupied by the resident and how many other occupants, if any, were reflected in those contracts reviewed.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaints procedure was on display. The complaints policy and procedure identified the complaints officer and review officer, in line with legislative requirements. The inspector was informed that there were no open complaints.

Contact details for advocacy services were also on display in the centre.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The policies outlined in Schedule 5 were all available for review and all those reviewed had been updated within the past three years. The medication management and complaints policy had been updated since the last inspection.

Judgment: Compliant

#### Quality and safety

Although, the inspector was assured that resident felt safe and secure in the centre, there was evidence that residents needs were not being met in a timely or person-centred manner.

From a review of records, residents' and relatives' feedback as well as direct observation, the inspector was not assured that residents' needs were being met to a high standard. Comprehensive assessments and corresponding person-centred care plans were available for each resident. However, following conversations with some residents and relatives it was determined that residents were not receiving care in accordance to their individualised care plan. This had a negative impact on these residents, as they were confined to their bedroom until after midday and this was not their preference.

Lunch was served to residents in the dining room where staff were available to assist them with their meal. Residents had a choice of food, however, the preparation of some the food being served required review to ensure it was safely prepared and served for the older person to eat. This is further detailed under Regulation 18: Food and nutrition.

The premises was well-maintained. Fire doors and corridors were free from obstruction, hand rails available on both sides of the corridors facilitated residents to mobilise independently. Staff had access to clinical wash hand sinks which had been

installed since the last regulatory inspection. Staff were observed using these throughout the day of inspection and overall infection control practices were good.

Fire safety equipment was serviced within the required time frame and fire safety checks were being completed on a daily, weekly and monthly basis.

Medication management had improved since the last inspection. A review of medication storage, dispensing, prescribing, administering, and return of unused medication showed good levels of compliance and that practices in the centre were safe.

### Regulation 11: Visits

There were no restrictions for visitors in the centre. There were suitable communal facilities for residents to receive a visitor.

Judgment: Compliant

### Regulation 18: Food and nutrition

The meat offered to residents at lunch was not safely prepared or served for the residents to eat. The cooked ham being served had fat and grizzle attached to the meat which posed a potential a risk of choking to an older person. Many residents voiced dissatisfaction with the quality of food they received on a regular basis.

A shortage of snacks was reported to the inspector, such as, yogurts, fruit and general snack food.

Judgment: Substantially compliant

### Regulation 27: Infection control

There were processes in place to mitigate the risks associated with the spread of infection and to limit the impact of potential infectious outbreaks on the delivery of care. Clinical wash hand sinks were accessible to staff and the inspector observed some examples of good hand hygiene practices. Appropriate systems were in place to ensure the regular cleaning and/or decontamination of communal equipment between each use.

Judgment: Compliant

<b>Regulation 28: Fire precautions</b>
<p>Suitable arrangements were in place in relation to promoting fire safety. Fire safety equipment and systems were serviced within the required time frames.</p> <p>Fire exits were unobstructed and there was suitable means of escape for residents, staff and visitors. Fire evacuation procedures and signage were displayed at various points throughout the centre.</p>
Judgment: Compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
<p>The medication administration was in line with current best practice. The inspector was assured that measures were in place to ensure residents were protected by safe medicine management procedures and practices. Medication was stored and dispensed in line with the regulations.</p>
Judgment: Compliant
<b>Regulation 5: Individual assessment and care plan</b>
<p>The assessed needs of residents were not being met in a timely manner which had a negative impact on their quality of care and quality of life. Residents informed the inspector they were not receiving care as they had requested and outlined in their care plan. This was also observed by inspector on the day.</p>
Judgment: Not 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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant

# Compliance Plan for Dunboyne Nursing Home OSV-0000185

Inspection ID: MON-0039718

Date of inspection: 06/02/2025

## 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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Following the inspection, a full review of resident dependency levels was conducted on the same day. As a result, additional HCA hours were allocated in both the morning and evening shifts to ensure timely and appropriate care in line with residents' care plans. We remain committed to maintaining adequate staffing levels to meet the needs of our residents and ensure full compliance with Regulation 15: Staffing.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Following the inspection, a full review of our training matrix was conducted the next day. It was identified the staff members who had not completed manual handling and fire training. To address this, all training sessions required have been scheduled, ensuring full compliance with Regulation 16: Training and Staff Development. Going forward the training matrix is audited weekly, and training sessions are booked as required.	

Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>To ensure full compliance with Regulation 19: Directory of Residents, we have implemented an auditing process. Going forward, on the day of admission, the CNM/DPIC will review the Directory of Residents to ensure all required information is accurately recorded in the electronic system.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Directory of Residents, we have implemented a new auditing process. On the day of admission, the CNM/DPIC reviews the Directory of Residents to ensure all required information is accurately recorded in the electronic system.</p> <p>A review was completed on the day of inspection regarding staffing levels. Additionally, agency staff were arranged immediately to support the increased staffing levels required, were bank staff cannot support unplanned absences, the PIC will organize agency cover. All training sessions required have been scheduled, ensuring full compliance. Going forward the training matrix is audited weekly, and training sessions are booked as required.</p> <p>To ensure all residents receive care as outlined in their care plans, additional HCA hours have been allocated for both the morning and night shifts. This adjustment will ensure that all residents' needs are met in a timely manner and in full accordance with their care plans.</p> <p>A full review was commenced regarding food preferences, this incorporates residents direct involvement and discussion around the planned menu.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Following the inspection, immediate actions were taken to ensure compliance with Regulation 18: Food and Nutrition. The management reviewed the existing offer of snacks throughout the day. Prior to the inspection day the range of snacks already offered by staff were yogurt/fresh fruit/ a selection biscuits at 11am/3pm/7pm+9pm. Residents can access any snacks on request throughout the day/night and this continues</p>	



<p>to be facilitated. Following the inspection a resident meeting was held to support any food quality improvements.</p> <p>Following lunch and teatime meal service, a selection of residents continues to be asked for feedback. This feedback process was implemented in October 2024 and is reviewed daily by management. Any issues identified are resolved immediately.</p> <p>The catering staff have also been advised regarding resident food safety, in respect of the meat products served, while still adhering to resident rights/ choices.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Following the inspection, a full review of resident dependency levels was conducted. To ensure all residents receive care as outlined in their care plans, additional HCA hours have been allocated for both the morning and night shifts. This adjustment will ensure that all residents' needs are met in a timely manner and in full accordance with their care plans.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	07/02/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	01/04/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	07/02/2025
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food	Substantially Compliant	Yellow	07/02/2025

	and drink which are properly and safely prepared, cooked and served.			
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	07/02/2025
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	07/02/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	15/04/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	07/02/2025