



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

Issued by the Chief Inspector

Name of designated centre:	Dunlavin Nursing Home
Name of provider:	Dunlavin Nursing Home Limited
Address of centre:	Dunlavin, Wicklow
Type of inspection:	Unannounced
Date of inspection:	25 July 2024
Centre ID:	OSV-0005381
Fieldwork ID:	MON-0044380

About the designated centre

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

Dunlavin Nursing Home is located within walking distance from Dunlavin town. The centre is a 64 bed purpose-built facility. Residents' accommodation is arranged into three units. Stream unit is secured and provides accommodation for 18 residents who have dementia. Railway unit has accommodation for 25 residents and Market House unit has accommodation for 21 residents. All units in the centre accommodate male and female residents over 18 years of age. All residents reside in single bedrooms with full en suite facilities and there is one twin bedroom with full en suite facilities. Each unit has a day-room and a dining room. Other sitting rooms and seating areas are located in Railway and Market House units. A seating area is available by the nurses' station in Stream unit. All units have access to secure landscaped gardens. The centre caters for residents with long term care, convalescence and palliative care needs. The service provides 24 hour nursing care for residents, with low, medium, high and maximum dependency needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	63
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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
Thursday 25 July 2024	08:45hrs to 15:30hrs	Yvonne O'Loughlin	Lead
Thursday 25 July 2024	08:45hrs to 15:30hrs	Sinead Lynch	Support

What residents told us and what inspectors observed

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. The inspectors spoke with ten residents and three visitors. The overall feedback from residents was one of high satisfaction with the quality of care in the centre. Residents spoke very positively about the staff and management in the centre.

There was a good variety of activities for residents to choose from. All activities available were displayed on notice boards around the centre. Some residents that spoke with the inspectors said they 'looked forward to mass in the centre every Friday', while other residents preferred the weaving and knitting classes. There was also one-one activities available for residents who did not want to join in the group activities. One resident who spoke with the inspectors said the chair yoga was their 'saviour' and it helped them to settle into the centre so well.

There was a display in reception of completed jig-saws that were framed. The person in charge informed the inspectors that they had a competition with the residents and there was great interest and participation in the evenings from residents.

Dunlavin Nursing Home was purpose built and provided suitable accommodation for residents that met residents' individual and collective needs in a comfortable and homely way. Bedroom accommodation in the centre comprised of 62 single rooms and one twin room, all with en-suite toilet and shower facilities. Residents' bedrooms were well laid out with adequate storage space for their personal belongings. The inspectors observed that the residents all looked well and were well groomed. The hairdresser attended the centre in a nicely decorated salon at the reception area.

The centre was clean and tastefully decorated and there was an on-going plan of works to continually improve the premises. The person in charge showed the inspectors paint colour testers on the wall with bright but calming colours that they were choosing. Residents were involved in the decision process around the colour and decor in the centre. Each resident was also given the opportunity to pick the decor for their own bedrooms.

Residents had easy access to a secure internal courtyard, which was paved and had seating areas for residents and their visitors to use and enjoy. This area was well maintained and provided ample space for residents to relax in the fine weather.

There was an information notice board for residents and visitors close to reception. This was to inform residents of the services available to them whilst being a resident in the centre. Advocacy and other supports services were displayed with their contact details.

It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. The inspectors observed that residents' rights and dignity was supported and promoted with examples of kind, discreet, and person-centred interventions between staff and residents throughout the day.

The main kitchen was clean and adequate in size to cater for the resident's needs. Residents were complimentary of the food choices and homemade meals made on site by the kitchen staff. Toilets for catering staff were in addition to and separate from toilets for other staff.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being provided.

Capacity and capability

This unannounced inspection focused on the infection prevention and control related aspects of Regulation 5: Individualised assessment and care planning, Regulation 6: Healthcare, Regulation 9: Residents rights, Regulation 11: Visits, Regulation 15: Staffing, Regulation 16: Training and staff development, Regulation 17: Premises, Regulation 23: Governance and management, Regulation 25: Temporary absence and discharge, Regulation 27: Infection control and Regulation 31: Notification of incidents.

There was a clearly defined management structure in place and this inspection identified it was a well-run centre with a culture which promoted person-centred care. Overall, the registered provider was striving to provide a service compliant with the regulations. Some opportunities for improvements were identified in the area of infection prevention and control (IPC) which is further discussed within this report. On the day of the inspection there were 63 residents living in Dunlavin Nursing Home and there were no vacancies.

Dunlavin Nursing Home Limited is the registered provider for Dunlavin Nursing Home. This centre is a part of the Silverstream Healthcare Group, which has a number of nursing homes throughout Ireland. The local management team consisted of the person in charge and one assistant director of nursing and each were aware of their role and responsibilities. There were clear management systems in place with regular meetings held to oversee and discuss the day to day operation of the centre.

The Director of Nursing had overall responsibility for IPC and antimicrobial stewardship (AMS). The provider had also nominated the assistant director to the role of IPC link nurse who aims to complete the link practitioner course this year. This link practitioner was enthusiastic in their role and had protected time for IPC.

The inspectors followed up on the compliance plan from the previous inspection in January 2024 and found that all areas had been addressed.

The registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. Inspectors observed skilled staff providing care for residents and staff were knowledgeable regarding the residents needs. Residents' call bells were answered promptly and residents were appropriately supervised in communal areas.

An annual review was in place for 2023. The inspectors noted that quality improvements for 2024 that were taking place had not been highlighted.

Housekeeping services were provided by an external company. Inspectors found that the centre had an adequate number of housekeeping staff to fulfill its infection prevention and control needs. This observation was supported by reviewing staff rosters and through conversations with the housekeeping staff. There were two housekeepers rostered on the day of inspection. These staff members were knowledgeable in cleaning practices and processes with regards to good environmental hygiene.

The centre had a schedule for conducting IPC audits, carried out by the management team. The audits covered various areas such as hand hygiene, linen management, equipment, environmental cleanliness, laundry and waste management. Audit scores were high which reflected what the inspectors observed on the day of inspection.

IPC policies were available at each nurses station to guide staff, these included the new national policy *National Clinical Guideline No.30-(IPC) 2023*.

Staff working in the centre had managed two small respiratory outbreaks this year. A review of the notifications submitted found that the outbreaks were managed, controlled and reported. The most recent outbreak reported was in July 2024.

Documentation reviewed relating to *Legionella* control provided the assurance that the risk of *Legionella* was being effectively managed in the centre. For example, unused outlets were regularly flushed and routine monitoring for *Legionella* in the hot and cold water systems was undertaken.

Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of residents living in the centre.

There was a registered nurse on duty at all times as confirmed by the person in charge and staff rosters.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to IPC training that was relevant to their role. For example, trained staff had completed training in AMS. Staff were appropriately supervised on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. An annual review, which included consultation with the residents was in place. There were effective management systems in place to ensure the service was safe, appropriate, consistent and effectively monitored, as demonstrated by sustained levels of compliance across the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Quality and safety

Residents were receiving a high standard of care in an environment which supported and encouraged them to enjoy a good quality of life. Residents were found to be receiving care and support in line with their needs and preferences. However, further improvements were required in relation to infection prevention and control and antimicrobial stewardship which will be discussed under their respective regulations.

Some good examples of antimicrobial stewardship (AMS) practice was identified. The volume of antibiotic use was monitored each month which enabled easy trending and staff had completed AMS on-line training. However, overall the AMS programme needed to be further progressed and strengthened in order to develop. On the day of inspection staff had limited knowledge of "Skip the Dip", the national programme to stop the routine use of urine dipsticks to test for urine infections. This is discussed under Regulation 6: Healthcare.

The inspector observed that equipment used by residents was in good working order and reusable equipment was cleaned and stored appropriately.

There were no visiting restrictions in place on the day of the inspection. Visits and social outings were encouraged with practical precautions in place to manage any associated risks.

Hand hygiene sinks were available at each nurses station to enable staff to have easy access to hand hygiene facilities and in all sluice rooms and clinical rooms. These sinks did not comply with the required specifications for a clinical hand hygiene sink. The inspectors were assured on the day of inspection that new sinks had been purchased and were awaiting installation. This was evidenced by signage indicating where the new sinks should go. Hand sanitisers were conveniently located throughout the centre to help staff sanitise their hands between episodes of care.

Vaccination records for residents were kept up to-date and there was a high vaccine uptake for *COVID-19* and *Influenza*.

Overall, the facilities and premises were observed to be clean and tidy and adequate for the needs of the residents. Inspectors observed that the management of the storage areas was adequate on the day of the inspection.

The ancillary facilities generally supported effective infection prevention and control but improvements were required for a safe and effective service. There was one dedicated housekeeping room for the storage and preparation of cleaning trolleys and equipment. This room was shared with the kitchen staff for storage of their equipment also. On the day of inspection both the kitchen mop and the mop used for general housekeeping had the same colour handle this could lead to confusion and increase the risk of cross contamination. This is discussed further under Regulation 27: Infection control. The three sluice rooms were within close proximity to resident bedrooms for the reprocessing of bedpans, urinals and commodes. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. There was a dedicated clean utility room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. These areas were well-ventilated, clean and tidy and well maintained.

The inspectors identified several examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. Ample supplies of PPE were available. Appropriate use of PPE was observed during the course of the inspection. However, improvements were

required in the management of sharps. For example, the provider had not substituted traditional unprotected sharps/ needles with a safer sharps device and some temporary closures on sharp boxes were open. This increased the risk of needle stick injuries and is discussed under Regulation 27: Infection control.

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. Visitors spoken with by the inspectors were complimentary of the care provided to their relatives and were happy with the visiting arrangements in place.

Judgment: Compliant

Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations (2013). The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs.

Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained. The ancillary facilities generally supported effective infection prevention and control.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that there was effective communication within and between services when residents were transferred to or from hospital to minimise risk and to share necessary information. The transfer document and the pre assessment document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018), but further action is required to be fully compliant. For example;

- Staff did not have access to safety engineered devices on needles used in the centre this increased the risk of a needle stick injury.
- Some of the sharps boxes did not have the temporary closure mechanism engaged, this increased the risk of a sharps injury.

Equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by:

- The kitchen did not have its own designated cleaning store room. This meant that kitchen cleaning equipment was stored alongside the housekeeping equipment for the rest of the centre, this increased the risk of infection spread in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of care plans found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents that were colonised with an infection and those residents that had a urinary catheter.

Judgment: Compliant

Regulation 6: Health care

The inspector identified some examples of good antimicrobial stewardship. Antibiotic consumption data was analysed each month and used to inform infection prevention practices. Improvements were needed to be fully compliant. For example; staff showed limited awareness of the "Skip the Dip" campaign, which focuses on avoiding the improper use of urine dipstick tests. On the day of inspection the inspectors observed that on the handover sheet for the nursing staff that there were instructions to dip stick the urine routinely every second Sunday. These unnecessary tests can lead to over prescribing antibiotics, which does not help the resident and could lead to harmful outcomes like antibiotic resistance.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were supported to access recommended vaccines, in line with the national immunisation guidelines. The inspectors observed kind and courteous interactions between residents and staff on 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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dunlavin Nursing Home OSV-0005381

Inspection ID: MON-0044380

Date of inspection: 25/07/2024

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>To ensure compliance the register provider will have the following implemented and actioned as required:</p> <ul style="list-style-type: none"> • Staff now have access to safety engineered devices on needles that are used in the centre this will decrease the risk of a needle stick injury. • All sharps boxes now in place have the temporary closure mechanism engaged, this increased the risk of a sharps injury. • The kitchen now has its own designated cleaning store room. This will ensure that kitchen cleaning equipment is no longer stored alongside the housekeeping equipment for the rest of the centre, and will reduce the risk of infection spread in the centre. Housekeeping now also has its own designated cleaning 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>To ensure compliance the register provider and PIC will have the following implemented and actioned as required:</p> <ul style="list-style-type: none"> • All nursing staff have been informed to cease the testing of urine without symptoms being present. Samples taken and sent to lab as indicated and required. 	

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	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	26/08/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord	Substantially Compliant	Yellow	26/08/2024

	Altranais agus Cnáimhseachais from time to time, for a resident.			
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