



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Dunshaughlin Care Home
Name of provider:	Dunshaughlin Care Home Limited
Address of centre:	Dublin Road, Dunshaughlin, Meath
Type of inspection:	Unannounced
Date of inspection:	19 September 2024
Centre ID:	OSV-0008713
Fieldwork ID:	MON-0043267

About the designated centre

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

Dunshaughlin Care Home is made up of 96 beds, all of which are all single rooms with en-suites and in line with regulatory requirements. There are five lounges and five dining room areas and four additional toilets all of which are wheelchair accessible. The designated centre provides care service for residents both male and female over the age of 18 years with the following care needs: Care of the Older Person, End of Life Care, Palliative Care and Dementia Care. The home provides nursing care for low, medium, high and maximum dependency residents and it is divided into three floors- Ground Floor (Fern Unit) accommodating 20 res, First Floor (Ivy Unit) accommodating 38 residents and Second Floor (Violet Unit) with 38 residents.

Dunshaughlin Care Home is located in the commuter town of Dunshaughlin, with convenient access to Dublin. It is serviced by nearby restaurants, public houses, library, cinemas, community halls, a large variety of local shops, and historical sites of interest and amenities throughout Co. Meath such as the Boyne Valley as well as ease of access to multiple attractions in Co. Dublin.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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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 19 September 2024	08:05hrs to 14:05hrs	Helena Budzicz	Lead
Thursday 19 September 2024	08:05hrs to 14:05hrs	Aislinn Kenny	Support

What residents told us and what inspectors observed

From what inspectors observed and what residents said, Dunshaughlin Care Home was a nice place to live. Residents were happy with their surroundings and were complimentary of the staff team and the care they received in the centre.

On the day of inspection, the inspectors observed the early morning routine: most residents were in their bedrooms, and some were walking around the corridor or eating their breakfast in the dining room. There was a calm and relaxed atmosphere as staff were assisting residents with personal care and accompanied them to the dining room. A resident spoken with told inspectors they were going for their morning walk around the grounds of the centre before sitting down to enjoy their breakfast. Inspectors observed a variety of breakfast choices being served to residents according to their preferences. A list of residents' preferences was available to staff preparing the breakfast trays. There were pictorial menus available in a folder in the main dining room, and an outline of the types of meals available was displayed on each individual table. A menu with the actual meal choices was displayed outside the dining room in a small frame. Inspectors were told that this was shortly going to be displayed electronically for residents to view on their televisions.

Residents were all accommodated in the Violet Unit on the second floor of the designated centre. Their bedrooms were clean, nicely decorated and bright. Residents spoken with said they were happy with their surroundings and spoke about how clean the centre was. Inspectors observed staff attending to residents in a timely manner. There were senior staff present in the unit, and they were observed providing direction and supervision to other staff.

The Violet Unit and wider centre were bright and welcoming. There were large windows in communal areas that looked out at the surrounding areas and provided natural light to the communal areas. On the ground floor, the coffee dock area was observed being used by residents and their families. Staff appeared to know residents well, and staff and residents were observed engaging in meaningful conversation with one another. There was a hairdressing area available for residents to have their hair done, and a local barber visited the centre as needed.

Throughout the day, residents were observed in their bedrooms, receiving visitors in communal spaces on the ground floor and attending activities. A schedule of activities were available to residents and many residents were seen enjoying the sunshine together in the back garden. Residents' artwork was displayed in the activities room, and the area was nicely decorated and welcoming. Visitors were observed coming and going on the day of the inspection and some visitors were seen assisting their loved ones at mealtimes which provided a homely atmosphere.

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 delivered.

Capacity and capability

Overall, the provider had strengthened the management systems required to provide a safe and high-quality service to residents. The inspectors found that available resources had been increased to ensure there was appropriate supervision of staff and a renewed focus on building the new staff team.

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection followed up on the compliance plan from the last inspection in July 2024. It was also carried out to inform a response to an application to vary conditions 1 and 3 of the centre's registration to increase the occupancy of the centre to 96 residents (full occupancy) and to remove condition 4 in respect of the appropriate governance and management of their registration certificate.

Dunshaughlin Care Home Limited is the registered provider for Dunshaughlin Care Home. It is registered to accommodate 38 residents. The provider company is registered with two directors, both of whom are the nominated persons representing the provider. The senior management structure provided operational and management oversight and leadership in the designated.

The centre had a full-time person in charge. The person in charge was supported in their role by a regional manager and assistant director of nursing (ADON). Other staff included clinical nurse managers, staff nurses, care assistants, housekeeping, activities, laundry, maintenance and catering staff.

Management systems were strengthened, and they included thorough governance and management oversight through staff meetings, committees, service reports, monitoring KPIs, and auditing. These audits informed ongoing quality and safety improvements in the centre. For example, a nutrition audit had been carried out by a dietitian and recommendations from this were seen to be implemented. Staff were also trained in infection control (IPC) and the provider had regular IPC audits in place to monitor compliance with associate action plans in place as required. There was a proactive management approach in the centre, which was evident by the ongoing action plans that were in place to improve safety and quality of care.

There were sufficient resources in place in the centre to ensure effective care delivery. There was an ongoing training schedule in the centre, and management had a good oversight of mandatory training needs.

Records of incidents and accidents that had occurred were reviewed and had been appropriately notified to the office of the Chief Inspector as required by the regulation.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

A completed application for the variation of conditions 1 and 3 and to remove condition 4 of the centre's registration had been received by the office of the Chief Inspector prior to the inspection. This information was reviewed at the time of this inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge at the time of this inspection fulfilled the requirements of the regulations. They had the appropriate experience and management qualifications.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their roles and responsibilities. There was an ongoing training schedule in place to ensure all staff had relevant training to enable them to perform their respective roles. Inspectors observed that staff were appropriately supervised and supported on the day of the inspection.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover against injury to residents and other risks, including damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place, and the management team demonstrated their awareness of their lines of authority and accountability. From the review of the centre's key performance indicators (KPIs) and audits completed, inspectors observed that the current management systems in place were adequate to ensure that an effective and consistent service was provided to the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

An updated statement of purpose was available in the designated centre, which contained the information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors reviewed records of incidents and accidents occurring in the centre and found that notifications for incidents specified in the regulations were submitted within the required time frames.

Judgment: Compliant

Quality and safety

The findings of this inspection evidenced that management and staff strived to provide a good quality of life for the residents living in Dunshaughlin Care Home and that residents living in the centre were supported to live a meaningful life.

Communication care plans were developed following the completion of a validated nursing assessment tool to establish individual residents' communication needs and aspects of their communication that required support from staff. The centre had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs, wishes and preferences.

Residents were provided with lockable storage spaces in their bedrooms and had space to store their personal belongings. There was a laundry system in place to cater to the 38 residents and residents' clothing was laundered in the designated centre. The registered provider had arrangements in place to support residents to manage their finances in the centre if they wished.

Improvements had been made to the residents dining experience since the previous inspection. Inspectors found that residents' dining and meal preferences along with their dietary requirements were documented, up-to-date and available for staff to ensure residents were served in an appropriate and timely manner. The registered provider had extended the breakfast meal time since the last inspection and the atmosphere observed in the unit at this time was calm and relaxed. The registered provider had a policy in place to guide staff in the area of food and nutrition and this area was also discussed at residents meetings.

The residents guide required review to ensure that information for residents was available within the guide such as the complaints procedure specific to the designated centre, the contact details for the Ombudsman and details on advocacy services.

Infection prevention control (IPC) practices were observed in the unit. The cleanliness of the unit was maintained to a high standard. Staff were observed engaging in hand hygiene throughout the day and there were hand sanitizers available throughout the centre. Cleaning systems and appropriate sluicing arrangements were in place and staff spoken with were knowledgeable about infection control. Staff were trained in infection control and the provider had regular IPC audits in place to monitor compliance with quality improvement plans in place as required.

There was a risk management policy and safety statement in place in the centre. The registered provider had ensured there was a plan in place for responding to major incidents in their emergency plan.

Residents had access to pharmacy services. Medication administration charts and controlled drug records were maintained in line with professional guidelines. Medication administration practices were being monitored well, and areas for improvement were identified and actioned.

Regulation 10: Communication difficulties

All care plans reviewed for residents with communication difficulties reflected the actual needs of the residents, and there was clear guidance for staff on how to approach residents to help them communicate clearly.

Judgment: Compliant

Regulation 12: Personal possessions
Residents were supported to have access to and retain control over their personal property, possessions and finances. Residents had adequate space to store their clothing and other personal possessions.
Judgment: Compliant
Regulation 13: End of life
The care records for residents regarding end-of-life care demonstrated that residents were consulted with respect to their end-of-life care wishes and preferences.
Judgment: Compliant
Regulation 18: Food and nutrition
Residents voiced their satisfaction with the quality of food provided. Food was seen to be freshly prepared and cooked on site. Choice was offered at meal times, and adequate quantities of food and drink were provided. Residents had access to refreshments throughout the day.
Judgment: Compliant
Regulation 20: Information for residents
The residents' guide did not contain the complaints procedure specific to the designated centre, details of the Ombudsman or information on advocacy services.
Judgment: Substantially compliant
Regulation 26: Risk management

There was a comprehensive risk management policy in place. Identified risks (potential and actual) were assessed, and the measures and actions in place to mitigate and control such risks were outlined. An up-to-date health and safety statement was also available.

Judgment: Compliant

Regulation 27: Infection control

The registered provider ensured that procedures consistent with the *National standards for Infection Prevention and Control in Community Services (2018)* were implemented by staff. The centre was visibly clean, and the inspectors observed good infection prevention and control practices in use by staff.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors were assured that medication nursing rounds were completed according to the direction of the general practitioner (GP), and nurses completed medication rounds without unnecessary interruption.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant

Compliance Plan for Dunshaughlin Care Home OSV-0008713

Inspection ID: MON-0043267

Date of inspection: 19/09/2024

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 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The resident's guide has been updated to include the complaints procedure specific to the centre as well as Ombudsman details and information on advocacy services. This was completed in October 2024.</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 20(2)(e)	A guide prepared under paragraph (a) shall include information regarding independent advocacy services.	Substantially Compliant	Yellow	01/10/2024
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	01/10/2024