Health Information and Quality 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:	Dunlavin Nursing Home
Name of provider:	Dunlavin Nursing Home Limited
Address of centre:	Dunlavin Lower, Dunlavin, Wicklow
Type of inspection:	Unannounced
Date of inspection:	18 August 2025
Centre ID:	OSV-0005381
Fieldwork ID:	MON-0047895

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:	60

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
Monday 18 August 2025	08:40hrs to 15:50hrs	Aoife Byrne	Lead

What residents told us and what inspectors observed

From the inspectors observations and conversations with residents, it was noted that Dunlavin Nursing Home is a pleasant place to live. Residents expressed satisfaction with their living conditions and highlighted the kindness of the staff. One resident informed the inspector that staff had encouraged them to be creative and has recently experienced a new source of joy in art. The inspector saw a lot of the residents art was displayed throughout the centre.

Dunlavin Nursing Home is situated on the outskirts of Dunlavin, Co. Wicklow. The centre was purpose-built and provided suitable accommodation for residents, which met residents' individual and collective needs in a comfortable and homely way. The centre accommodates a maximum of 64 residents. The accommodation is arranged over one floor and consists of 62 single bedrooms and one double occupancy bedroom. There were 60 residents living in the centre on the day of inspection.

The inspector observed that the atmosphere in the centre was relaxed and calm. The centre was tastefully decorated and mostly well maintained. There was an ongoing programme of refurbishment works to improve the premises that was seen on the day of inspection. The inspector found that the temperature, in some parts of the centre, was excessively warm, noting that the electronic thermostat monitor in some areas showed readings as high as 31 degrees Celsius. Some residents, visitors and staff spoken with during this inspection told inspectors that the building was uncomfortably hot. Management informed the inspector that this was due to the heat wave in recent days. This will be discussed further under Regulation 17: Premises.

The lunchtime meal was observed to be a pleasant and enjoyable experience for residents. Residents said they could choose whether to come to the dining room, or have their meals in the privacy of their bedrooms. There was a choice of ham or shepherds pie for lunch. Staff were available to provide support and assistance to residents with their meals.

Residents living in the centre were supported to enjoy a good quality of life. There was plenty of activities available for residents such as knitting, choir, music bingo, and sing-a longs. The centre was planning a fashion show on the 19 August. Residents spoken with were excited and picking out clothes to wear as models for the show. On the day of inspection, chair yoga and dog therapy was organised and residents and staff were seen interacting and enjoying the activity together.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This 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), following an application by the registered provider to renew the registration of the centre. The information supplied within the application was verified during the course of the inspection. The centre has a history of good regulatory compliance and the inspector found that this was a well-managed centre, which ensured that residents were provided with good standards of care to meet their assessed needs. However, findings from this inspection identified that action was required in respect of premises, fire precautions, governance and management and care plans.

Dunlavin Nursing Home is operated by Dunlavin Nursing Home Limited and is the registered provider of this designated centre, which is part of the wider Silverstream Healthcare group who operates a number of other designated centres nationally. The person in charge is supported in their role by an assistant director of nursing and a senior management team. A local team of staff nurses, health care assistants, activities, administrative, catering and domestic personnel complete the complement of staff supporting residents in the centre.

The inspector reviewed the minutes of management and staff meetings and saw that topics such as quality and safety, risk, safeguarding, care planning and infection prevention and control were regularly included in governance and staff meeting agendas. An annual review had been completed for 2024, with targeted action plans for quality improvement for 2025 and included residents' feedback. A number of audits had been carried out with action plans developed to inform quality improvement and oversee the service. However, the inspector found areas that required improvement which had not been identified by the provider's own internal auditing systems. This is further discussed under Regulation 23: Governance and management.

While staffing levels on the day of this inspection were adequate to meet the needs of the residents the inspector observed, on four occasions, that there were no staff present in the communal areas to provide assistance to residents should they require it. This is further discussed under Regulation 23: Governance and management.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of the registration within the required time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the relevant experience and qualifications to undertake this role. It was evident that the person in charge knew the residents and was familiar with their needs. They demonstrated a strong commitment to the provision of a safe and effective service.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to ensure oversight of the quality and safety of the service provided to residents was not fully effective in a number of areas. This was evidenced by the following findings:

- Auditing systems were not fully reliable in identifying and responding to areas for improvement. For example, the audits carried out on care planning did not identify the findings of this inspection. An audit in July 2025 outlined the centre received 100 percent compliance in this area, while this inspection found that care planning was not completed in line with regulatory requirements.
- There was poor oversight of the ventilation within the centre to ensure that the designated centre was at a comfortable temperature. The provider had not ensured a temperature log was maintained for individual areas within the centre, and therefore it was unclear if this issue affected the entire building or only specific areas. In addition, although the inspector was informed that there were fans available, these were not seen to be in use on the day of inspection.
- The inspector observed on four occasions where residents were left unsupervised in communal areas, although there was sufficient resources as per the statement of purpose.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents living in Dunlavin Nursing Home were receiving a good standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were satisfied with their access to health care, and reported feeling safe and content living in the centre. There was a person-centred approach to care, and residents' well being and independence were promoted.

The inspector reviewed a sample of residents' assessment and care planning documentation across all floors. Good practice was seen in a number of records, with evidence that a person-centred approach was applied to some care plans. However, a number of care plans were generic and did not guide the care for residents, as outlined under Regulation 5: Individual assessment and care plan.

Residents were facilitated with timely access to general practitioner (GP) services as required or requested. Where residents were assessed as requiring additional health and social care professional expertise, there was a systems of referral in place.

The provider had measures in place to safeguard residents from abuse. An updated safeguarding policy was in place. Staff spoken with were knowledgeable regarding what may constitute as abuse and the appropriate actions to take, should there be an allegation of abuse made. Prior to commencing employment in the centre, all staff were subject to Garda vetting.

Although some areas of the centre were suitably decorated and laid out to meet the individual and collective needs of the residents, some parts of the centre were found to be in a state of disrepair or requiring maintenance. However, there was evidence through the maintenance records that the registered provider had identified these area for improvement and a programme of refurbishment works were ongoing in the centre to enhance the premises. This is further discussed under Regulation 17: Premises.

Regulation 17: Premises

Following up on the compliance plan from the last inspection, improvements were seen to the premises. However some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations as follows;

- Paintwork was seen to be chipped on bedroom doors, skirting boards and architraves
- Wear and tear to architraves throughout the corridors and bedrooms.
- Walls in bedrooms were marked and scuffed.
- The courtyard was not well maintained for residents use.

Ventilation required review in some areas of the designated centre. Inspectors noted that some areas of the building was very warm on the day of the inspection. Residents and staff spoken with confirmed that at times the premises was uncomfortably warm.

Judgment: Substantially compliant

Regulation 27: Infection control

Following up on the compliance plan from the last inspection the provider addressed all issues identified and now meet the requirements of Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018).

Judgment: Compliant

Regulation 28: Fire precautions

Following up on the compliance plan from the last inspection the provider had addressed all actions.

However, the inspector observed three fire doors that had excessive gaps. This created a pathway for the potential spread of fire and smoke into the escape route. The registered provider confirmed there was a schedule of fire door works for 2025 and these doors were identified. The inspector did not receive confirmation of the scheduled fire door works at the time of inspection or thereafter.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While all residents had care plans in place that were initiated within 48 hours from admission and reviewed at regular intervals, from a review of a sample of residents' records, inspectors found that not all care plans were updated or person centred to reflect the current care needs of the residents. This was evidenced by the following;

- A nutrition care plan contained historical information in relation a food chart from June 2023. Therefore it was difficult to determine what information was relevant to the resident's current needs.

- Mobility care plans contained historical information in relation to physiotherapy assessments from 2024. Therefore it was difficult to determine what information was relevant to the resident's current needs.
- Each resident had a combined safeguarding, human rights and behavioural support care plan. These care plans were pre-populated with human rights and safeguarding information and contained the same information for a sample of five residents reviewed. These did not reflect the individual needs of the resident.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical and health and social care professional support to meet their needs.

Services such as physiotherapy, speech and language therapy, occupational therapy, tissue viability nursing expertise and dietitian services were available to residents through a system of referral.

The recommendations from health and social care professionals were acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

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 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dunlavin Nursing Home OSV-0005381

Inspection ID: MON-0047895

Date of inspection: 18/08/2025

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
To ensure compliance the Registered Provider will have the following implemented and actioned as required:
• The auditing system has been reviewed to ensure that going forward audits reflect findings and identify areas requiring action.
A member of the RPR Clinical Governance Team during the weekly meeting will review and cross-check audit findings to ensure accuracy and accountability. Action plans will be reviewed weekly by a member of the RPR Clinical Governance Team. A sample of care plans are reviewed weekly with the PIC and the RPR Clinical Governance Team, with agreed actions followed up and outcomes recorded.
• To ensure there is oversight of the ventilation and temperature of the building to the home will be at an ambient temperature. The home has a sufficient supply of portable electric fans for cooling purposes. On days when weather conditions are particularly warm, staff will remind residents that fans are available to them if they wish to have additional cooling to their rooms.
• The staff allocation sheet has been updated to include clear guidance re supervision of our communal spaces. The Management Team, ADON/CNM/Staff Nurses ensure compliance. When a member of the RPR Clinical Governance Team is on site this will be verified.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
To ensure compliance the Registered Provider will have the following implemented and actioned as required:
• A detailed painting schedule is in place that will ensure that any chipped bedroom doors, skirting boards, architraves and bedroom walls are painted. A copy of records was shared with the inspector on the day which provided strong evidence that there was a program in place for proactively making progress with painting works as required. It was noted that over 50 doors had been painted to date. A number of resident rooms have since been painted and this will continue to happen when the rooms become available. Door architraves and skirting boards etc will also continue to be painted as required.
• The courtyard has been attended too and is fit for residents to use; this includes new seating and refreshing artificial grass. All weeds removed. Painting work to the courtyard walls will be actioned when weather is permitting and will continue to progress until complete.
• To ensure there is oversight of the ventilation and temperature of the building, the home will be at an ambient temperature, staff will routinely monitor temperature and comfort levels and take necessary steps to put in place supplementary cooling where required and when requested. Staff will remind residents that additional cooling is available to them whenever needed.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
To ensure compliance the Registered Provider will have the following implemented and actioned as required
• Silver Stream Healthcare Group have a dedicated fire door contractor that assesses and maintains the fire doors.
• A schedule of the fire doors works is in place and is currently being actioned by the specialist contractor.
• Silver Stream Healthcare Group have an inhouse fire door engineer that carries out repair works to all fire doors within the group on a continual basis.
• Silver Stream Healthcare Group fire door engineer carries out detail auditing on all fire doors at Dunlavin Nursing Home. The fire alarm system and emergency lighting systems at Dunlavin Nursing Home have routine testing and preventative measure checks carried out as required and statutory certificates for both systems are current and compliant.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

To ensure compliance the Registered Provider and PIC will have the following implemented and actioned as required

• A review of all care plans had commenced prior to inspection and will continue to ensure that historical information is archived appropriately and that active care plans reflect only the resident's current needs, interventions, and preferences. Progress will be tracked at the weekly meeting with a member of the RPR Clinical Governance Team.

• All nutritional and mobility care plans are being reviewed to ensure they contain only relevant and current information that guides and supports care. These are then reviewed weekly with a member of the RPR Clinical Governance Team.

• Safeguarding, Human Rights and Behaviour Support care plans will be separated and fully individualised for each resident who requires them. Generic, pre-populated statements will be removed. Evidence of consultation with residents and/or families will be documented at each review.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2026
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	12/12/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/01/2026

Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	12/12/2025