



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

Issued by the Chief Inspector

Name of designated centre:	Duleek Care Centre
Name of provider:	Arnotree Limited
Address of centre:	Duleek Nursing Home, Downestown, Co Meath, Meath
Type of inspection:	Unannounced
Date of inspection:	15 July 2026
Centre ID:	OSV-0008238
Fieldwork ID:	MON-0047529

About the designated centre

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

Duleek Care Centre is located in a rural setting just outside the village of Duleek which is in the east of County Meath. Duleek is just 7.5kms from Drogheda and 17kms from Navan. The aim of the nursing home is to deliver high standards of quality care to a maximum of 121 residents. The centre offers an extensive range of short stay, long stay and focused care options. Each of the 121 bedrooms are single ensuite bedrooms and residents have access to a number of communal rooms spread over two floors. Residents have access to a number of landscaped garden areas which are safe and secure for residents to use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	120
--	-----

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
Wednesday 15 July 2026	06:55hrs to 16:30hrs	Sheila McKevitt	Lead
Wednesday 15 July 2026	06:55hrs to 16:30hrs	Maureen Kennedy	Support

What residents told us and what inspectors observed

Residents' feedback about life in the centre was mostly positive about the care they received. However, some did voice their concerns in relation to the manner in which food and drink was served to them.

The inspectors viewed occupied bedrooms on both floors and found that they were warm, bright and homely spaces. They were personalised with personal furniture, ornaments, soft furnishing and photographs. Each single bedroom had sufficient storage space for residents' clothing and personal possessions. Many residents told inspectors that they were satisfied with their accommodation, including the support they received from staff to keep their bedroom clean. Although bedrooms were kept clean some areas of the building were showing signs of wear and tear and as evidenced under Regulation 17: Premises a more proactive rather than reactive approach to the overall maintenance of the building was required.

The design and layout of the centre promoted a good quality of life for the residents. Residents reported that they enjoyed walking in the corridors and the enclosed gardens. One resident said they used it daily and inspectors observed that sun-screen dispensers had been installed in communal areas near the doors leading to the garden.

There were information boards available for residents' information. There was also information available on the complaints procedure, advocacy services and activities available. Residents knew the person in charge by their first name and said that if they had a complaint they would say it to the person in charge or any member of staff.

Residents spoken with told inspectors that the quantity and quality of the food they received was good and that they received a choice at each meal. Residents could attend the individual dining rooms or have their meals in their bedroom if they preferred. The daily menu was displayed on a white board outside the main dining rooms, however residents sitting at the dining room tables did not know what was for lunch. Inspectors observed that residents could not refer to a menu within the dining room to remind them what was for lunch. Residents described the food as "good" and one resident said the service was "shocking", the inspectors observed that the service provided on the day of this inspection was not at an appropriate standard, as evidenced under Regulation 18: Food and Nutrition.

Residents who spoke with the inspectors were very positive about the support received from the staff working within the centre saying that they were "respectful" and maintained their privacy and dignity at all times. One resident said the carers made it feel like home and they were very happy with the care and attention received.

Residents reported to feel safe within the centre and said that staff responded to their requests for assistance promptly. Staff greeted visitors by name and residents were seen to enjoy the company of staff.

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 an unannounced monitoring inspection. This centre has capacity and capability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). Residents social, religious and healthcare needs were being met. However, improvements were required across a number of regulations in particular in relation to the service of food, the maintenance of the premises, nursing documentation and the overall governance and management of these areas of practice.

The governance and management arrangements remained stable. The statement of purpose described the current management structure of the designated centre. The provider of Duleek Care Centre is Arnotree Limited. The provider, person in charge and persons participating in management attended the closing meeting and demonstrated a willingness to address the areas for improvement identified on this inspection. They demonstrated a good understanding of their roles and responsibilities with the lines of accountability clearly reflected in the statement of purpose.

There was an audit schedule in place for 2026 and a range of tools were used to monitor and audit the quality of care delivered to the residents such as call-bells, incidents, assessments and care plans, falls, and medication management, although stronger oversight of some audits was required, as further outlined under Regulation 23: Governance and management.

There was evidence to indicate that the centre was well-resourced. There were sufficient numbers of staff on duty at the time of the inspection and there were no vacancies.

The purpose and function of some rooms was not reflective of the statement of purpose attached to the current certificate of registration.

Records reviewed such as, the resident's guide, the certificate of insurance, contracts of care, notification of incidents, staff files and staff rosters met the regulatory requirements.

Regulation 15: Staffing
The staffing numbers and skill-mix were good. They enabled staff to meet the assessed needs of the 120 residents in a holistic manner. Staff were attentive towards residents and were available to supervise residents in communal areas.
Judgment: Compliant
Regulation 21: Records
The records requested for review under Schedule 2, 3 and 4 were made available to the inspectors. Those reviewed were compliant with the relevant legislative requirements.
Judgment: Compliant
Regulation 22: Insurance
The nursing home had insurance in place which met the regulatory requirements.
Judgment: Compliant
Regulation 23: Governance and management
<p>The standard of oversight of some practices was not robust enough to ensure that all areas of practice met the regulatory requirements, as follows:</p> <ul style="list-style-type: none"> • the overall maintenance of the building was not adequate to ensure the building was well-maintained inside. • the audits of fire records required strengthening to ensure they included all the required details so that they could identify gaps in practice. • some rooms were not being used for there purpose and function as outlined in the centres statement of purpose examples are provided under Regulation 17: Premises. • the service of food at mealtimes was not being appropriately monitored by a person with the appropriate skills or knowledge to ensure the service provided met the needs of all residents. For example, there was poor

<p>coordination of the service of food which was not identified by the qualified person supervising the dining room at the time.</p> <ul style="list-style-type: none"> inspectors observed gaps in the oversight of the premises and delays in acting on issues identified by staff. For example, stainless steel water fountains in communal living rooms were not functioning correctly or at all, although they had been reported some time ago. These issues were addressed by the management team before the end of the inspection, however a more proactive approach to maintenance issues was required.
Judgment: Substantially compliant
Regulation 24: Contract for the provision of services
<p>A sample of contracts of care were reviewed. Each were signed by the resident or their next-of-kin. The weekly fees charged to the resident were clear and any possible additional charges were outlined. The room occupied by the resident was reflected in those contracts reviewed.</p>
Judgment: Compliant
Regulation 31: Notification of incidents
<p>All incidents and accidents had been submitted within the correct time frame as per the regulatory requirements.</p>
Judgment: Compliant
Regulation 34: Complaints procedure
<p>The complaints policy met the legislative requirements. There were no open complaints. The complaints officer and review officer were managing complaints in line with the complaints policy. Records of complaints were available for review.</p>
Judgment: Compliant
Quality and safety

Overall, the inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were met. Residents and visitors voiced their satisfaction with the care provided in the home. However, inspectors found that the serving of food and the mealtime experience had a negative impact on residents. Improvements were also required in relation to individual assessment and care planning and ensuring that all areas of the premises were appropriate to the needs of the residents and promoted their comfort.

The inspectors found that residents were receiving a good standard of healthcare. Additional professional expertise including chiropody was accessible and available as required for residents. Care planning documentation was available for each resident. An assessment of each resident's health and social care needs was completed on admission and ensured that resident's individual care and support needs were being identified and could be met. However, further improvements were required in relation to individual assessment and care planning which will be discussed under Regulation 5.

The inspectors observed the lunchtime experience and found that the meals provided appeared appetising, however the service was poor. While there were adequate numbers of care staff available to observe and offer encouragement and assistance to residents at mealtime, there was an ad-hoc approach and no co-ordination of those staff serving the meals to residents as evidenced under Regulation 18: Food and Nutrition.

There was information on the notice boards for residents and visitors on display at the entrance and throughout the centre. These informed residents of how to make a complaint, contact details for advocacy support and other support services were displayed. The resident information guide was given to each resident on admission, which included a summary of services and facilities available to residents. There was a residents committee which met on a monthly basis, and was chaired by an independent advocate.

Appropriate arrangements were in place to ensure that when a resident was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure their safety. Staff confirmed that they completed and sent 'The National Transfer Document' with the resident to the hospital, copies of these were kept in the resident's file.

Fire procedures, the servicing of fire equipment and fire training were all in place and met the regulatory requirements. The automatic fire door stopper on some dining room fire doors were not functioning properly in the morning however, these were repaired on identification and were working properly by lunchtime.

A risk management policy and risk register was available for review by the inspectors. The risk register was in the process of moving from a paper to an electronic format. It was reviewed regularly and included potential risks identified in

the centre and the management of risks such as abuse, choking and accidental injury.

Regulation 11: Visits

Residents' families and friends were observed to visit residents on the day of the inspection. Residents met their visitors in their bedrooms or in the communal spaces throughout the centre. Visitors confirmed they were welcome to the home at any time. They all praised the care, services and staff that supported their relatives in the centre.

Judgment: Compliant

Regulation 17: Premises

Some rooms in the centre were not in use for the purpose and function outline in the statement of purpose, for example:

- on the first floor the physiotherapy room was being used as a store room, the therapy room was being used as an office.
- a portion of the main dining room on the ground floor was being used as a store room for the kitchen.

Some areas of the premises were not well-maintained and some areas were not meeting the needs of residents, for example:

- in one day room there appeared to be a lack of furniture, two table lamps were resting on the floor of this room, which did not provide a welcoming environment. the windows throughout the centre were not clean inside or outside.
- The windows throughout the centre were not clean inside or outside.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Notwithstanding the fact that residents had a choice at mealtimes and received good quality food, the service provided was not adequate and the dining experience did not provide a dignified meal experience for all residents. For example:

- The inspectors observed that the dining room on the ground floor was not conducive to a relaxed and calm experience for the residents as follows:
 - Almost one third of the ground floor dining room was being used to store kitchen items such as, crockery, napkins, tray trolleys. Therefore, this space was not available for residents' use. Catering staff told inspectors that there was not enough storage space in the kitchen.
 - Trolleys to serve residents in their rooms were being moved through the dining room during mealtime, disturbing the mealtime experience.
 - Residents seated together were served at different times. Some residents finished their meal prior to another resident being served.
 - Staff were clearing plates from tables while other residents at the same table were still eating or had not received their lunch and were scrapping the leftovers on plates into a plastic waste container in the dining room while residents dined.
- Residents did not know the menu or the choice of food on the day of inspection. Residents advised the inspectors that they would appreciate a menu displayed on the tables.

The manner in which the food was served required improvement, inspectors observed the following:

- While variety of cold drinks were offered to residents prior to their meal, tea was also served at this time. Residents told the inspectors that they would prefer the tea to be served after their meal.
- Tea was served to residents with milk already added. Residents were not offered the opportunity to add milk or sugar to their beverage themselves to enable them to maintain their independence.
- Residents did not have tea spoons available to them on their saucer therefore, they could not stir their tea. The inspectors observed the residents use their knife and fork handles for this purpose.
- The hot meal trolley was left unattended for a prolonged period on one corridor. The desert trolley was brought to the same corridor, while the main meals had not been served. The hot desserts were getting cold and the cold desserts were melting.
- There was no cutlery on the dining trays used to serve residents their meal in the dining room. Staff were lifting cutlery from a large unhygienic container and putting them on trays one by one as they served meals to residents in their bedrooms.

Judgment: Not compliant

Regulation 20: Information for residents

The provider maintained a written 'Residents Guide'. It was available to all residents and contained all the requirements of the regulation.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre, it was done in a planned and safe manner.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and risk register in place which assessed all identified risks, and outlined the measures and actions in place to mitigate and control such risks.

Judgment: Compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire exit doors were clearly sign- posted and were free from obstruction. Fire doors were tested on a weekly basis. Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly and annual basis by an external company. The fire drills practiced with staff were available for review.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents' care plans found that they were not fully in line with the requirements of the regulations. For example;

- For a resident at risk of absconsion, the care plan did not reflect the requirement for safety checks to be carried out. While staff were advised at handover to perform hourly safety checks for this resident, records were not appropriately maintained.

- A resident with a deep tissue injury pressure ulcer did not have a repositioning care plan in place.
- One resident who had displayed behaviours that challenge did not have a behaviour observation chart, such as ABC (Antecedent, Behaviour, Consequence) chart completed to reflect the behaviours displayed, triggers or de-escalation techniques that worked for the resident in question to direct all staff. Staff could not locate this completed chart prior to the end of the inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Records showed that residents had access to medical treatment and expertise in line with their assessed needs, which included access to a range of healthcare specialists.

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 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Duleek Care Centre OSV-0008238

Inspection ID: MON-0047529

Date of inspection: 15/07/2026

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A single governance action tracker will be maintained for all actions relating to maintenance, room use, fire-record audits, mealtime services and care planning. Each action will have an identified responsible person, completion date and evidence of verified closure. Overdue actions will be escalated to the PIC. The fire-record audit tool will be revised to ensure all required information is reviewed. A named nurse or CNM will coordinate each dining service. Weekly premises reviews will identify maintenance issues and confirm that completed work has been checked before closure. The PIC and ADON will review the action tracker weekly until all actions are completed and monthly thereafter. Repeated findings will result in an immediate corrective action and focused follow-up audit.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The physiotherapy room reviewed on the day of inspection has been repurposed to allow for more communal space for residents. All rooms are now accurately reflected in the updated statement of purpose. Stored items will be relocated to appropriate designated storage areas. Kitchen items will be removed from the ground-floor dining room to make the full dining space available to residents. The affected day room will be reviewed and provided with sufficient suitable furniture. Table lamps will be placed safely on appropriate furniture or removed. Internal and external window cleaning will be completed and incorporated into the planned environmental and maintenance schedule. The PIC or delegated manager will review the premises weekly for four weeks and monthly thereafter. Any defect or inappropriate use of a room will be recorded, assigned and followed through to verified completion.	

Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>With immediate effect, a named nurse or CNM will coordinate each meal service. A pre-meal allocation and readiness check will confirm staff responsibilities, resident assistance requirements, table preparation, meal distribution, beverages and clearing arrangements. Menu or appropriate visual prompts will be available within dining areas. Tables and meal trays will be prepared in advance with the required cutlery, teaspoons, condiments and drinks. Residents seated together will be served in a coordinated and timely sequence. Plates will not be cleared while other residents at the table are still eating or awaiting their meal. Food waste will not be scraped into the dining room containers. Tea will be served at the resident's preferred time, and residents will be offered individual choices regarding milk and sugar. Meal and dessert trolleys will be appropriately supervised and timed to prevent disruption or deterioration in food temperature. Weekly observational audits will be completed across both floors for six weeks. Resident feedback will be included, and any identified deficiency will be corrected immediately.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Care plans for residents assessed as being at risk of absconson will clearly identify the required frequency of safety checks and how those checks must be recorded. Records of completed safety checks will be maintained contemporaneously and reviewed by the responsible nurse. Residents with tissue-viability or pressure-related risks will have an individualized repositioning care plan that clearly identifies the required interventions, frequency of repositioning and monitoring arrangements. Existing behaviour-observation documentation will be completed contemporaneously and stored in an agreed location so it can be produced promptly. Records will include the antecedent or trigger, behaviour, consequence, intervention and outcome. Behaviour-support care plans will be updated where patterns, risks or effective de-escalation approaches change. An ADON will validate all amended care plans. Weekly sample audits will continue until two consecutive audits demonstrate full compliance, after which monthly monitoring will begin.</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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/10/2026
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	31/10/2026
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is	Not Compliant	Orange	31/10/2026

	provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.			
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	26/08/2026
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).	Substantially Compliant	Yellow	30/09/2026