



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

## Issued by the Chief Inspector

Name of designated centre:	Dunboyne Nursing Home
Name of provider:	Dunboyne Nursing Home Limited
Address of centre:	Waynestown, Summerhill Road, Dunboyne, Meath
Type of inspection:	Unannounced
Date of inspection:	09 November 2022
Centre ID:	OSV-0000185
Fieldwork ID:	MON-0036677

## About the designated centre

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

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

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

Number of residents on the date of inspection:	56
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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
Wednesday 9 November 2022	10:30hrs to 16:45hrs	Sheila McKeivitt	Lead

## What residents told us and what inspectors observed

The inspector observed staff supervising residents while walking throughout the corridors, ensuring their independence was maintained. The inspector observed good staffing levels on the day of inspection.

The inspector observed that the standard of nursing documentation did not reflect a high standard of nursing care. There was an absence of appropriate assessments and care plans for residents within 48 hours of admission. The oversight of nursing documentation practices and of the procedure followed for managing residents' finances required strengthening.

The inspector observed that residents were well groomed. However, residents told the inspector there were not enough staff on duty some days. They said that on the days when there were not enough staff on duty it could be after 12 pm before they were assisted with washing and dressing. Two residents expressed their dissatisfaction with this standard of care.

Staff spoken with confirmed that there were staff shortages and that vacant shifts were usually filled by agency staff. However, they said that sometimes agency staff did not report for duty and on these days they were left short of staff. The inspector sought and gained assurances that the vacancies had been filled and personnel would be starting employment once all the required documentation was received.

Residents' rights were upheld. Residents spoken with said they were given choices in relation to food offered at each mealtime and also what activities they attended. However, their choice of getting up in the morning was at times negatively impacted by staff shortages.

Residents' right to privacy was maintained. There were privacy locks on each bedroom, en-suite, communal bathroom and toilet door.

Laundry facilities were available on site. Residents informed the inspector that they sent their laundry for washing and received it back clean and fresh. Clothing was labelled with the resident's name to prevent loss.

The premises was clean and tidy with corridors free from clutter. Fire exits and escape pathways were noted to be clear from obstruction. The floor covering in two communal rooms appeared worn in one and unclean in the other, however it was difficult to tell which.

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 risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the legislative requirements and review the application to renew registration of the centre for further three years. Overall, this was a well-managed centre, however the oversight of nursing documentation and the management of residents finances required strengthening.

Dunboyne Nursing Home Limited is the registered provider of Dunboyne Nursing home. The centre is part of the Arbour Care Group which forms part of the Evergreen Care Group. The centre was appropriately managed. The management team included the person in charge who was being supported by the assistant director of nursing and the regional operational manager. The procedures in place to oversee some areas of practice required review to ensure they identified areas for improvement in a prompt manner.

The inspector found that adequate resources were available to ensure the service provided was safe, appropriate, consistent and effectively monitored. There were enough staff on duty to meet the needs of residents. There were staff vacancies, however vacant shifts were being covered by agency staff and the inspector was assured that these vacant posts were in the process of being filled. The inspector was informed that job offers had been accepted, however some of the required schedule 2 documents remained outstanding for these new employees and for this reason they had not yet began working in the centre.

Training was adequately resourced. Staff had completed mandatory training prior to commencing work in the centre or on induction.

Records reviewed including the residents guide, directory of residents, insurance and contracts of care met the legislative requirements. The statement of purpose and floor plans required further review to ensure all outer buildings were included in these documents.

## Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted with the application form. On review, some minor discrepancies between the floor plans and the statement of purpose were identified and the provider was requested to submit revised copies of both together with a floor plan declaration form.

Judgment: Substantially compliant

### Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely.

There was good supervision of staff across all disciplines.

Judgment: Compliant

### Regulation 19: Directory of residents

The residents directory was reviewed and it was found to contain all the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

### Regulation 22: Insurance

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

Judgment: Compliant

## Regulation 23: Governance and management

The inspector was not fully assured that the service was adequately monitored:

- the standard of nursing documentation required improvement to provide an overall picture of a resident's health and wellbeing such that any clinician could quickly identify indicators of deterioration and implement preventative measures.
- the audit process in particular the analysis of findings, action plans, identification of responsible person and time frames required improvement to ensure practices improved as a result of repeated audits being completed.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

There were contracts for the provision of service available for inspector to view. These were in line with the regulations.

Judgment: Compliant

## Regulation 30: Volunteers

There were no persons involved on a voluntary basis with the designated centre.

Judgment: Compliant

## Regulation 32: Notification of absence

The provider was aware of the requirement to give notice in writing of the proposed absence of the person in charge from the designated centre for a period of more than 28 days.

Judgment: Compliant

## Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre



There had been no notice of the absence of the person in charge from the designated centre since the last inspection. However, the provider was aware of the regulatory requirement inform to the Chief Inspector of Social Services of details of the procedures and arrangements that had been put in place for the management of the designated centre during the absence of the person in charge.

Judgment: Compliant

## Quality and safety

Improvements to the quality and safety of care provided to residents was required to ensure residents received a high standard of quality care as stated in the registered provider's statement of purpose and to ensure all procedures were in place to safeguard residents.

The inspector found that residents were not appropriately assessed on admission to the centre. A comprehensive assessment and other relevant clinical risk assessments were not in place for residents who had been admitted to the centre. In addition, a number of residents did not have care plans in place to reflect their identified care needs and guide staff in the provision of care in line with multidisciplinary assessment. The failure to comprehensively assess a resident on admission and outline the care they required in a person-centred care plan had the potential to negatively impact the quality of care delivered to residents.

The premises was well laid out to enable orientation and independence, such as space for residents to walk around freely, with good lighting, safe floor coverings and handrails along both sides of the corridors. However the flooring in two communal rooms appeared unclean or worn, and it was difficult to identify which. The layout and type of furniture was appropriate to meet residents needs. There was access to an enclosed outdoor area.

The inspector observed that upgraded fire resistant doors had been installed in the older section of the premises. The signage on these bedroom doors needed to be re-installed.

There was a safeguarding policy in place, and all staff had received the required appropriate training in the protection of vulnerable residents prior to starting work in the centre. An Garda Síochána (police) vetting disclosures were secured prior to staff commencing employment, for the protection of residents. The provider was a pension agent for a small number of residents. A full review of the procedure followed was required to ensure monies collected on behalf of the residents was safeguarded at all times.

Infection control practices were good. The issues identified on the last inspection had been addressed. All cleaning equipment was safely stored within the cleaners

room with separation between clean and dirty items. It contained shelves with finishes that could be cleaned appropriately a locked storage unit for chemicals, a wash-hand basin and a janitorial sink.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected, including receiving visitors in private. Residents were receiving visits as and when required and they assured the inspector their right to visitors was being upheld.

### Regulation 11: Visits

There were no restrictions on visitors. There was space for residents to meet their visitors in areas including and other than their bedrooms. There was a visitors book which visitors were requested to sign prior to entering and on departing the centre.

Judgment: Compliant

### Regulation 12: Personal possessions

There was adequate storage in the residents' rooms for their clothing and personal belongings, including a lockable unit for safekeeping. Residents had access to a laundry in each unit which enabled them to do their own laundry, if they wished.

Judgment: Compliant

### Regulation 17: Premises

- The flooring in the communal dining room and sitting room appeared unclean or worn.

Judgment: Substantially compliant

### Regulation 20: Information for residents

A residents guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The documentation completed for the temporary discharge of a resident to hospital was reviewed. All relevant information about the resident was sent to the receiving hospital. On return from the hospital, medical and nursing discharge letters, together with other relevant documentation was received and available for review in individual record files.

Judgment: Compliant

### Regulation 27: Infection control

The inspector found that processes were in place to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks on the delivery of care. Improvements were implemented further to the last inspection to ensure all precautions in place thus preventing the potential spread of transmissible infections.

Judgment: Compliant

### Regulation 28: Fire precautions

Safe precautionary signage was now in place to alert personnel to areas where oxygen was being stored. Oxygen was observed to be stored safely.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans were reviewed all of whom had been admitted to the nursing within the previous week. Each resident did not have a comprehensive assessment completed and some did not have risk assessments completed to reflect their needs. The care plans in place for these residents related to visiting and COVID-19 only. There were no care plans in place to reflect each of the residents individual needs. The records reviewed showed that residents did not

have assessment and care plans completed within 48 hours of admission.

This issue had been identified on the previous inspection in January 2022. The compliance response plan submitted had not been implemented.

Judgment: Not compliant

### Regulation 8: Protection

The centre was a pension agent for a small number of residents living in the centre. There were clear processes in place for the management of residents' pensions and monies held on behalf of residents. However, these processes were not in line with the requirements published by the Department of Social Protection as the residents' monies were being lodged into a business account and not into a residents' account in line with the requirements published by the Department of Social Protection.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Dunboyne Nursing Home OSV-0000185

Inspection ID: MON-0036677

Date of inspection: 09/11/2022

## 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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:                      The floor plans are currently being revised ,as requested . Once completed the statement of purpose will also be amended ,and submitted with the floor plan declaration form.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:                      Following the HIQA inspection, all registered nurses were instructed to ensure all comprehensive assessments/risk assessments and appropriate care plans are completed within 48 hours of admission.                      Compliance is monitored daily by the Deputy /+Person in charge.</p> <p>As discussed, each audit has been amended to include an analysis of the audit findings, clearly defined action plans, identification of each responsible person to follow up on required actions and specific time frames.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: New flooring will replace the existing lounge/dining room area, as identified during the inspection.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>On 14.11.22 a Staff Nurse meeting was held clear instruction was given regarding completion of appropriate documentation and record keeping in a timely manner. Specifically, all nurses were instructed to ensure all new admissions must have all comprehensive /risk assessments and care plans completed within 48hours.</p> <p>During each daily handover the nurse in charge will communicate clear responsibilities to the nurse on duty.</p> <p>The Deputy and Person in Charge continue to monitor daily to ensure full compliance is achieved.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: In line with the Department of Social Protection requirements, the residents' monies will now be lodged into a residents' account.</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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	16/12/2022
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	01/04/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	12/12/2022

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	12/12/2022
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	01/02/2023