

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

Issued by the Chief Inspector

Name of designated centre:	Mount Tabor Nursing Home and Care Centre
Name of provider:	Dublin Central Mission CLG
Address of centre:	Mount Tabor, Sandymount Green, Sandymount, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	02 April 2026
Centre ID:	OSV-0000071
Fieldwork ID:	MON-0050170

About the designated centre

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

Mount Tabor Nursing Home and Care Centre is a purpose built nursing home, which was completed in 1998. It is situated in Sandymount Green on the grounds of the Methodist church. It is in a tranquil setting, with the amenities of Sandymount village close by. The registered provider is Dublin Central Mission Designated Activity Company (DCM DAC) and is both a limited company and a registered charity. Mount Tabor accepts residents regardless of their denominational background. The centre provides full-time nursing care and has access to the specialist services of the nearby hospitals and hospice services. Mount Tabor can accommodate 46 male and female residents, across two floors. The ground floor consists of the Gilford area, for 14 residents; and the Martello area, for 17 residents. The first floor is called Seafort, and can accommodate 15 residents. There is a pleasant central courtyard garden, and several lounges throughout the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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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
Thursday 2 April 2026	08:15hrs to 15:30hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

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 focused on the provider's compliance with infection prevention and control oversight, practices and processes.

The inspector met with the majority of the 43 residents living in the centre, and spoke with seven residents and six visitors in more detail to gain a view of their experiences in the centre. Residents were complementary of the person in charge, staff and the services they received. One resident told the inspector that they received 'five star care' and all confirmed that they felt safe in the centre. Visitors also complimented the standard of care provided to their relatives and friends by staff.

There was a calm and welcoming atmosphere in the centre over the course of the inspection. Those residents who could not communicate their needs appeared comfortable and content. Staff were seen actively engaging with residents in a respectful and kind manner, ensuring their needs were responded to. Staff were seen to promote and protect resident's privacy and dignity.

Residents also gave very positive feedback regarding the quality and choice of food available. The inspector observed the lunchtime meal on the day of inspection. Tables were tastefully set with bright tablecloths and decorative Easter themed centre pieces.

Staff served meals to the residents from a bain marie in the dining room which allowed home cooked meals to be served quickly and in portions that suited resident's individual preferences and dietary requirements. A choice was of two main courses was offered and modified diets were seen to be well presented and appetising. Several residents required assistance and the inspector saw that those who did, were provided with it, in a respectful and unhurried manner.

The weekly activity schedule was provided to all residents. Residents confirmed that there was a wide range of activities taking place, seven days a week. Residents were encouraged to engage in meaningful activities throughout the day of the inspection. On the afternoon of the inspection a large number of residents were seen enjoying music and singing. A small number of residents said that they preferred their own company but were not bored as they had access to newspapers, books, radio and television.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe, secure with appropriate lighting, heating and ventilation. Overall, the

general environment, residents' bedrooms, communal areas and bathrooms inspected appeared clean and well maintained with some exceptions.

For example, the décor and flooring in some areas of the centre was showing signs of minor wear and tear. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through a programme of ongoing maintenance. Funding had been approved for replacement of flooring, and a flooring contractor was on-site conducting a consultation on the day of the inspection.

There was a variety of communal spaces available to residents. Communal areas were seen to be supervised at all times and call bells were answered promptly.

The outdoor courtyard and garden area was well maintained and readily accessible with appropriate seating available, making it easy for residents to go outdoors independently or with support, if required.

The centre comprised of a two storey building with 40 single bedrooms and three double bedrooms. The ground floor comprised the Gilford area which accommodated 14 residents and the Martello area which accommodated 17 residents. Seafort, which was located on the first floor, accommodated up to 15 residents.

All of the bedrooms were en-suite with a shower, toilet and wash hand basin. Many resident bedrooms were personalised with items of significance, such as soft furnishings and ornaments.

Ancillary areas were also generally well-ventilated, clean and tidy. The infrastructure of the on-site laundry on the ground floor supported the functional separation of the clean and dirty phases of the laundering process. Staff had access to a dedicated housekeeping room in each area for storage and preparation of cleaning trolleys and equipment.

The sluice room, located in the Gilford area, was equipped with a bedpan washer for the reprocessing of bedpans, urinals and commodes. However, three bedpans were visible stained. Discussions with staff also identified that procedures of the management of urinals and commodes did not support effective infection prevention and control. Findings in this regard are presented under Regulation 27; infection control.

An additional hand washing sink had been installed in the main dining room to support effective hand hygiene. A dedicated staff hand washing sink was also available in each unit. However, staff access to and location of alcohol hand gel dispensers did not promote effective hand hygiene. Findings in this regard are presented under Regulation; 27 infection control.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted 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

The inspector found that the registered provider was committed to the provision of a safe and high-quality service for the residents. The majority of infection prevention and control actions outlined in the compliance plan from the previous inspection had been addressed and a plan was in place to address outstanding issues. For example; storage in communal bathrooms had been addressed, storage rooms had been de-cluttered and individual moving and handling slings were stored in residents bedrooms where required. However, further action is required to be fully compliant with Regulation 5; individual assessment and care plan, Regulation 23; governance and management and Regulation 27: infection control.

Dublin Central Mission CLG is the registered provider for Mount Tabor Nursing Home and Care Centre. There are 13 company directors, and a senior management team in place who supported the daily operation and oversight of the centre. The senior management team included a Chief Executive Officer, Head of Older Person Services and Head of People, all of whom supported the person in charge.

The inspector found that that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. The person in charge worked full-time in the centre and was further supported in their role by an assistant director of nursing, a clinical governance manager, nurses, healthcare assistants, activity coordinators, catering, housekeeping, laundry, maintenance and administrative support.

The provider had nominated the clinical governance manager to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

The staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. The team providing direct care to residents consisted of at least two registered nurses on duty at all times, and a team of healthcare assistants. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support.

There were also sufficient numbers of housekeeping staff assigned to meet the needs of the centre on the day of the inspection. Housekeeping staff were found to be knowledgeable in cleaning practices and processes within the centre. The provider had a number of assurance processes in place in relation to the standard of

environmental hygiene. These included cleaning specifications and checklists and colour coded cloths to reduce the chance of cross infection.

A schedule of infection prevention and control audits was in place. Infection prevention and control audits covered a range of topics including, environment hygiene, sharps management, policies, staffing and training. Audits were scored, tracked and trended to monitor progress. The high levels of compliance achieved in recent audits were reflected on the day of the inspection.

Key performance indicators were collected and included information to monitor and track incidence of pressure ulcers, antibiotic use and infections on a monthly basis. However, a review of documentation found that multi-drug resistant organism (MDRO) colonisation surveillance records were not accurate. As a result accurate information was not recorded in two resident care plans and appropriate infection control and antimicrobial stewardship measures may not have been in place when caring for these residents.

A large construction site was located next to the designated centre. During excavation phase of construction works there is an increased risk of airborne fungal spores, including those associated with aspergillosis pneumonia, being dispersed into the environment. In the context of a nursing home setting, this posed an infection risk to residents that may be immunocompromised. However, the inspector was informed that an aspergillosis risk assessment had not been undertaken and appropriate dust control and mitigation measures had not been implemented. For example, the windows adjacent to the building site had remained open during the excavation works. Findings in this regard are presented under Regulation 23.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. Records viewed confirmed that staff had received mandatory infection prevention and control training to enable them to perform their respective roles.

Staff in the centre had recently detected and managed a respiratory outbreak. Line listings for symptomatic staff and residents were maintained and Public Health had been notified of the outbreak. The outbreak had been declared closed and staff continued to monitor residents for any signs and symptoms and were vigilant in reporting concerns. A review of the management of the outbreak to ensure preparedness for future outbreaks had been completed. A review of notifications also found that the person in charge of the designated centre had notified the Chief Inspector of the outbreak as set out in paragraph 7(1)(d) of Schedule 4 of the regulations.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of

staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed training in infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported by nurse management.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements generally ensured the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship; however, further action is required to be fully compliant. For example;

- Records of MDRO colonisation were not accurately monitored and recorded. Staff and management were unaware that two residents were colonised with MDROs including Extended Spectrum Beta-Lactamase (ESBL) and Vancomycin-resistant Enterococci (VRE). This could potentially impact accurate communication on resident transfer to hospital and the early identification and control of MDROs within the centre.
- The provider had not undertaken an aspergillosis risk assessment or implemented appropriate aspergillosis risk reduction measures to protect at-risk residents during the ongoing renovations at a site adjacent to the centre. As a result appropriate dust control measures were not in place during the excavation phase of the building works.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre had notified the Chief Inspector of outbreaks of notifiable infection as set out in paragraph 7(1)(d) of Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by the care staff and residents had daily opportunities to participate in group or individual activities.

Visitors were observed to be welcomed by staff and it was evident that staff knew visitors by name and actively engaged with them. Visits took place in communal areas and residents bedrooms where appropriate.

Residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as palliative care, tissue viability, physiotherapy and dietitian as required. Records showed effective oversight of residents' conditions, including regular review by GPs.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example, the volume of antibiotic use was also monitored each month. Individual records of antibiotic use were maintained in resident files. This enabled staff to monitor treatment effectiveness and supported traceability in prescribing practices.

There was a low level of prophylactic antibiotic use within the centre, which is good practice. Nursing staff were also engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing.

A sample of care plans and assessments for residents were reviewed. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents.

However, some end of life care plans had been developed in the context of COVID-19 and required updating to ensure they reflected resident's personal preferences in a holistic and person-centred manner. Details of issues identified are set out under Regulation 5; individualised assessment and care plan.

Records of residents transferred from acute hospitals confirmed that information regarding infection and colonisation status was provided to the designated centre by the acute hospital to enable the safe transfer of care back to the designated centre.

The premises were designed and laid out to meet the needs of the residents. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained with some exceptions. For example, flooring in some areas was damaged. However, a plan was in place to address this.

The inspector identified some examples of good practice in the prevention and control of infection. Staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment and safe handling and disposal of sharps.

Notwithstanding the many good practices observed, a small number of issues were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, improvements were required in linen and waste segregation. Waste and linen from rooms accommodating residents with a history of MDRO colonisation were unnecessarily routinely segregated and bagged as infectious waste and linen. National guidelines advise that standard infection control precautions are generally sufficient when caring for residents with a history of MDRO colonisation.

In addition, appropriate 'contact precautions' signage was not displayed on the bedroom door of a resident being cared for with transmission based precautions. Findings in this regard are presented under Regulation 27; infection control.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the individual and collective needs of residents. The centre was clean and well maintained and it met the requirements

of Schedule 6 of the regulations. There were sufficient communal spaces for residents and their visitors to enjoy.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that when residents were transferred to hospital from the designated centre, relevant information was provided to the receiving hospital. Upon residents' return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging service or hospital.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; infection control and the National Standards for infection prevention and control in community services (2018). However, further action is required to be fully compliant. This was evidenced by;

- Alcohol hand rub was not readily available at point of care (within or directly outside each resident bedroom). This may impact the effectiveness of hand hygiene.
- Staff informed the inspector that commodes and urinals were manually emptied into the sluice prior to decontamination in the bedpan washer. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- Appropriate signage was not displayed on a bedroom door to provide a clear visual alert to staff and visiting healthcare professionals that contact precautions, including the use of appropriate personal protective equipment, were required before entering the room.
- Waste and linen belonging to all residents with a history of MDRO colonisation were not segregated in line with the recommended standard infection control precautions. The inappropriate use of disposal pathways may lead to confusion regarding implementation of standard precautions and increased the costs associated with unnecessary escalation of infection control measures.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. However, further action is required to be fully compliant. For example;

- Some end-of-life care plans required review to ensure they provided comprehensive, holistic guidance for end of life care beyond a COVID-19 specific context.
- A review of care plans found that accurate infection prevention and control information was not recorded in two care plans to effectively guide and direct the care of residents that were colonised with an MDRO.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. There was evidence of ongoing referral and review by allied health professional including, palliative care, tissue viability, dietitian, and physiotherapy as appropriate.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, internet, television and radio was available.

Measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. The recent outbreak report confirmed that visiting was facilitated during the recent outbreak with appropriate infection control precautions in place.

Judgment: Compliant

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Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Tabor Nursing Home and Care Centre OSV-0000071

Inspection ID: MON-0050170

Date of inspection: 02/04/2026

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: The 2 residents identified in the inspection with MDRO colonisation have now been added to the centre's MDRO list. Same has been communicated to all staff. (Complete). Aspergillosis Risk Assessment has now been completed and included on our risk register. Additionally, previous communication by the Senior Management Team and the building site Project lead in 2024/25, they reassured DCM that building works will only affect the centre until March 2026. They also confirmed they have dust and noise monitoring in place and report the data monthly to Dublin city council. They agreed they will alert NH management for any issues/concerns, to date the centre's management has not received any such alerts. The building site project lead has also agreed to share the dust and noise monitoring reports with our facilities manager and will ensure that we are alerted to any health & safety risks that may impact our residents. Internally, staff are encouraging the closure of windows and daily cleaning/dusting of bedrooms including windowsill areas by housekeeping staff.]	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Alcohol dispensers have now been re-installed in all rooms to facilitate effective and timely hand hygiene. (Complete).	

Staff were reminded through clinical meetings of the policy and best practice guidelines on the proper handling and decontamination of commodes and urinals. Adherence to the guidelines will be monitored by the local management during routine and ad hoc walk-arounds. The Bed pan washing machine has recently been inspected/serviced to ensure effective decontamination. IPC audits will continue to review the sluice room to ensure adherence and effectiveness.

Appropriate signage was immediately placed for the resident on contact precaution. Same has been reminded to all staff. (Complete).

Routine segregation of waste and linen as infectious for residents with history of MDRO colonization has now ceased in line with National guidelines. A new system of identifying residents with colonized MDRO has now been introduced and communication of same has been done for all staff. (Complete).

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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:

End-of-life care plans for residents have been reviewed and amended to reflect care beyond the context of the pandemic. (Complete).

IPC care plan is now in place to effectively guide and direct care for the 2 residents with history of MDRO colonization. Same has been communicated to all staff. (Complete).

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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 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	31/05/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/05/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for	Substantially Compliant	Yellow	31/05/2026

	a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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