



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:	07 January 2026
Centre ID:	OSV-0000185
Fieldwork ID:	MON-0048351

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:	57
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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 7 January 2026	07:50hrs to 16:40hrs	Maureen Kennedy	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector spoke with many residents to gain insight into their experience of living in Dunboyne Nursing Home. All residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. One resident reported that they 'loved it here' and that 'the staff were very good'. Another resident told the inspector that the 'place was spotless'. The inspector also spoke with family members who were visiting on the day, who said that they 'knew that their loved one was safe', and that there were 'no issues'. There was 57 residents living in the centre on the day of this unannounced inspection.

The centre is in the countryside with green field views from many windows. The centre is spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Resident bedroom accommodation, which comprised of both single and double-occupancy rooms, was neat and organised with many residents personalising their rooms for a homely feel. Residents told the inspector that they were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. An enclosed garden had open access for residents.

The premises is laid out over two floors with residential accommodation provided on ground floor only. On the first floor there are several offices and staff area. The inspector observed some changes to the layout and design of the first floor area, which was not in line with the registered floor plans. This was concerning as it could have a negative impact on the fire safety of the building and assurances were requested from the provider as further detailed in the report.

Throughout the day of the inspection there was a busy atmosphere in the centre. The inspector observed good practices in relation to standard precautions. For example, waste and laundry linen were managed in a way to prevent the spread of infection. Linen was appropriately segregated at point of care. Staff were observed to have good hand hygiene practices. The inspector observed that equipment used by residents was in good working order and reusable equipment was cleaned and stored appropriately. However, improvements were required to ensure full compliance with all the regulations, including premises and governance and management, and will be discussed further in the report.

Some residents were observed sleeping or sitting in their rooms, while other residents were observed mobilizing around the centre. Communal areas were seen to be well-used by residents with supervision noted at all times through the day.

Residents had access to a range of media, including newspapers, radio and TV. There were opportunities for residents to participate in group and individual activities. The inspector observed a card game being enjoyed by several residents on the morning of the inspection. There was an information notice board for residents and visitors on display. This was to inform residents of the services

available to them whilst being a resident in the centre, including how to make a complaint, advocacy and other support services with their contact details displayed.

The inspector observed the dining experience in the centre's two dining rooms. There was a calm unhurried atmosphere as residents dined. There was menu available on the TV screen with choice of courses. A variety of drinks were offered to residents and condiments, butter and sauces were within easy reach enabling independence. There was ample staff assisting as required and staff spoken with were knowledgeable of residents' dietary needs including relevant modified diets.

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous. Throughout the day of inspection, staff were observed to be very interactive with the residents attending to their needs in an unrushed, kind and patient manner. Residents were supported to enjoy a good quality life in the centre.

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 impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met. However, the findings of this inspection were that the registered provider had made changes to the designated centre without informing the Chief inspector in advance, as required by the condition of registration. While these changes were mainly on the first floor where offices were located and did not directly impact on the residents' environment, action was required as they had a potential adverse impact on the fire safety arrangements at the centre. Further information is provided under Regulation 23: Governance and management, Regulation 17: Premises and Regulation 28: Fire precautions.

This unannounced inspection was conducted to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended) and assess the provider's application to renew the registration for the designated centre. The registered provider of Dunboyne Nursing Home is Dunboyne Nursing Home Limited, part of the Evergreen Care group. The person in charge had responsibility for the day-to-day operations of the centre and was supported by a regional director, a deputy person in charge, a clinical nurse manager and a team of nurses and healthcare support staff.

There was a schedule of regular team meetings in place including governance, management and staff meetings. Minutes of these meetings were provided to the inspector. There was an annual review of the centre and a quality improvement plan in place. The residents' opinions and their views were taken into account when

developing this annual review. The management team had developed audits that identified where improvements were required. They used these audits to implement improvement plans and drive quality care.

The inspector was informed that there was enhanced care staffing in the centre since the last inspection in February 2025. From what the inspector observed and in conjunction with communication with residents and visitors, the number and skill mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. However, there were some discrepancies between the household staffing levels proposed in the application to renew the registration of the centre. The inspector was informed on the day of inspection that household staffing levels had not changed and the discrepancy was a typographical error.

There was a training matrix in place in the centre and staff were facilitated and encouraged to attend both mandatory and other professional training offered in order to meet the needs of residents. All staff had up-to-date training in areas such as fire safety, manual handling, infection control and safeguarding.

Documents were available for review by the inspector both written and electronic including, directory of residents, residents' guide and contracts of care, and were compliant with the legislative requirements.

The inspector followed up on the compliance plan of the previous inspection regarding Regulation 19: Directory of residents. The registered provider had an electronic directory of residents which was made available when requested and met the regulatory requirements.

Regulation 14: Persons in charge

The person in charge was a registered nurse who worked full-time in the centre and met the criteria of the regulations.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to and had completed training appropriate to their role. 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 to perform their roles.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all of the required information under the regulation.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good oversight of service and care provided to the residents, the registered provider had failed to ensure the designated centre was operated at all times in line with its condition of registration. For example;

- The registered provider had made changes to the premises on the first floor where offices were located, having failed to discuss and agree these changes in advance with the chief inspector.
- Changes made to the first floor had the potential to negatively impact the fire safety at the designated centre. A revised fire certificate following the completed alterations to the premises was not available on the day of inspection. This meant that there was a lack of assurance that the works completed on the first floor were appropriate.
- Information supplied for registration purposes was not accurate.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident's residency in the centre and any additional fees.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge ensured that people working as volunteers in the designated centre met the regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met. The ground floor of the premises where residential accommodation was provided was designed and laid out to meet the needs of the residents. It was spacious with surfaces, finishes and furnishings that readily facilitated cleaning and the provider was proactive in maintaining and improving facilities and physical infrastructure in the centre, through ongoing maintenance. Notwithstanding this, the inspector found that alterations had been made to the premises on the first floor which did not reflect the centres' floor plans as per Registration Condition 1. This is discussed under Regulation 17: Premises. A fire certificate following the completed alterations was not available for the inspector to review on the day of the inspection. This is discussed under Regulation 28: Fire precautions.

Residents' rights and choice were promoted and respected within the centre. Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual activities. The inspector found that all reasonable measures were taken to protect residents from abuse. The inspector saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse. Staff had An Garda Síochána (police) vetting prior to starting work in the centre.

There was an information notice board for residents and visitors on display and had all relevant information available on advocacy service, Ombudsman, complaints officer, and residents' rights service. The resident information guide reviewed by the inspector included a summary of services and facilities available and visiting arrangements.

The inspector viewed bedrooms with permission and found that they were warm, bright and homely spaces. They were personalised with plants, ornaments, soft furnishing and photographs from home. Bedrooms were observed to have sufficient storage space for residents' clothing and personal possessions. There was an effective laundering and labelling system in place that ensured that all clothes were returned to residents in a timely manner.

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 they completed and sent 'The National Transfer Document' with the resident to the hospital. Copies of documents were available for review and they contained all relevant resident information.

Regulation 12: Personal possessions

There was adequate storage in the residents' rooms for their clothing and personal belongings including a lockable area for safekeeping.

Judgment: Compliant

Regulation 17: Premises

Although premises were in general well-maintained and in accordance with Schedule 6 requirements, the registered provider did not ensure that the premises of the designated centre were in line with the Statement of Purpose as registered.

- There was reconfiguration of a manager's office and a visitors room on the ground floor. This did not have an adverse impact on the residents.
- The first floor office spaces of the building had been significantly reconfigured as detailed under regulation 28.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The service of food was good and residents had a choice at each mealtime. The food served was found to be in accordance with the residents' assessed needs.

Residents informed the inspector that there was a good choice of food available to them and that they can access food and snacks whenever they want.

Judgment: 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 temporarily absent from the designated centre for treatment at hospital: all relevant information about the resident was provided to the hospital and on return was obtained from the hospital in a planned manner ensuring continuity of care.

Judgment: Compliant

Regulation 28: Fire precautions

This regulation was not reviewed in its entirety, however the inspector found that the registered provider had made material alterations to the building which could have an adverse impact on the fire safety arrangements at the designated centre. In the absence of fire certification for the works completed there was a lack of assurance that appropriate compartmentation and containment measures were in place.

Changes on the first floor included:

- the creation of at least one inner room (a room within a room without its own access to a circulation corridor) out of a larger Support office which could adversely impact the means of escape in that area.
- some internal wall structures had been altered which meant that there was a lack of assurance in respect of compartmentation arrangements at the centre.
- other large offices had been divided by a wall to create two support offices.
- a HR office had been swapped and converted to a staff canteen.

<p>Regularisation or revision of the fire certification had not been completed by the registered provider before or after the completion of works and therefore a review of fire precautions was required.</p>
<p>Judgment: Not compliant</p>
<p>Regulation 5: Individual assessment and care plan</p>
<p>Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that the resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.</p>
<p>Judgment: Compliant</p>
<p>Regulation 8: Protection</p>
<p>The provider was a pension agent for a number of residents. The inspectors were assured that monies collected on behalf of residents were being lodged into a residents' account, in line with the Social Protection Department guidance.</p>
<p>Judgment: Compliant</p>
<p>Regulation 9: Residents' rights</p>
<p>Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.</p>
<p>Judgment: Compliant</p>

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dunboyne Nursing Home OSV-0000185

Inspection ID: MON-0048351

Date of inspection: 07/01/2026

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Since the inspection, the following actions have been taken to ensure full compliance: All future planned changes to the premises, including office reconfigurations, will be submitted to the Chief Inspector for prior approval in line with Registration Condition 1. A qualified fire officer was appointed following the inspection to review the first-floor reconfiguration and ensure that all fire safety measures meet current regulatory standards.</p> <p>A full review of the building's premises and fire safety will be completed prior to submitting the updated fire regularisation certificate to the County Council.</p> <p>All registration and operational documents, including staff rosters and SOPs, have been reviewed and updated to ensure accuracy. A corrected SOP reflecting the current levels of housekeeping, laundry, and catering staff was submitted to HIQA, including an acknowledgement of a previous typographical error.</p> <p>Governance and management meetings will continue to monitor compliance, and any required adjustments will be implemented and documented.</p> <p>Full compliance will be achieved upon submission and receipt of the approved/updated fire regularisation certificate.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The provider acknowledges the finding regarding the first-floor office reconfigurations. While these changes did not directly impact the residential environment on the ground floor, actions have been taken to align the premises with the Statement of Purpose:</p>	

All first-floor changes have been reviewed by a fire officer to ensure compliance with safety standards.

Revised floor plans reflecting the current layout, including office and staff areas, will be submitted to HIQA upon completion of the final fire officer review.

Ongoing maintenance is ongoing across the building to ensure all areas meet requirements, including safe access, appropriate finishes, and functionality.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The registered provider acknowledges the non-compliance regarding fire precautions related to first-floor alterations. Corrective actions taken include:

A qualified fire consultant reviewed all reconfigured areas on the first floor, including inner rooms, altered wall structures, and office conversions.

The fire consultant has provided assurance that the reconfigured areas meet current fire safety requirements, including compartmentation, containment, and means of escape.

A comprehensive fire safety assessment of the entire building will be completed before the new fire regularisation certificate is submitted to the County Council.

All findings and compliance measures will be formally documented, and the updated fire certificate will be submitted as part of the registration renewal.

The final fire consultant review was completed on 25/02/2026 and an application for a new fire regularisation certificate has been submitted to the County Council.

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	25/02/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/04/2026
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including	Substantially Compliant	Yellow	30/04/2026

	emergency lighting.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/04/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/04/2026