



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

Issued by the Chief Inspector

Name of designated centre:	Dunlavin Nursing Home
Name of provider:	Dunlavin Nursing Home Limited
Address of centre:	Dunlavin, Wicklow
Type of inspection:	Unannounced
Date of inspection:	31 January 2024
Centre ID:	OSV-0005381
Fieldwork ID:	MON-0038533

About the designated centre

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

Dunlavin Nursing Home is located within walking distance from Dunlavin town. The centre is a 64 bed purpose-built facility. Residents' accommodation is arranged into three units. Stream unit is secured and provides accommodation for 18 residents who have dementia. Railway unit has accommodation for 25 residents and Market House unit has accommodation for 21 residents. All units in the centre accommodate male and female residents over 18 years of age. All residents reside in single bedrooms with full en suite facilities and there is one twin bedroom with full en suite facilities. Each unit has a day-room and a dining room. Other sitting rooms and seating areas are located in Railway and Market House units. A seating area is available by the nurses' station in Stream unit. All units have access to secure landscaped gardens. The centre caters for residents with long term care, convalescence and palliative care needs. The service provides 24 hour nursing care for residents, with low, medium, high and maximum dependency needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	63
--	----

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 31 January 2024	08:30hrs to 16:15hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

From the inspector's observations and from speaking with residents, it was evident that residents were supported to enjoy a good quality of life and received a good standard of quality care from staff. Residents spoke positively about the management and staff in the centre. Many residents spoke about how 'happy and content' they were and 'how well looked after' they were. Notwithstanding the positive feedback received from the residents, the inspector observed significant issues that impacted the quality and safety of the service. Improvements were required in respect of premises, infection prevention and control, fire safety and governance and management.

When the inspector arrived to the centre the person in charge was not available. The assistant director of nursing (ADON) deputised in the absence of the person in charge and accompanied the inspector on a walk-around of the centre. Residents knew the ADON very well and called them by their first name.

Personal care was being delivered in many of the residents' bedrooms and the inspector observed that this was provided in a kind and respectful manner. Staff were observed to knock on residents bedroom doors before entering and calling out to the resident informing them of who they were before entering.

The centre was laid out on ground floor level and was pleasantly decorated. The centre met the residents needs' where there was sufficient private and communal space for residents to utilise. There was an internal courtyard that was neatly maintained. There were many exit doors that residents had access from many areas.

Overall, the premises was mostly well-maintained however some areas required attention such as staff's knowledge on the infection status of residents, the importance of maintaining free the fire exits in the centre for a safe evacuation and the general cleanliness and up-keep of some areas of the premises. On the day of the inspection there were immediate actions given in relation to fire safety, specifically the removal of chairs which were obstructing fire doors from closing. This will be discussed under Regulation 17: Premises and Regulation 28: Fire safety.

Overall, the centre appeared airy and bright on inspection, however not all bedrooms were cleaned on a regular basis as the inspector observed gaps in the cleaning schedule. Other issues identified under infection prevention and control required action, such as the bed pan washer in one sluice which was out of order and inappropriate storage of residents equipment. This will be discussed further under Regulation 27: Infection control.

There was an activity schedule available for residents in the centre. The agenda for the week was displayed for residents but staff also informed residents each morning about what was available to them that day. Residents spoke very positively about the activities available to them. Many residents participated in group activities with

bingo being their favourite afternoon activity.

There was a varied menu available in the centre. There was a choice for residents at each meal time. The majority of residents enjoyed their meal in the dining rooms and some residents remained in their bedrooms. Some of the residents that spoke with the inspector said that staff give them the option to join the other residents or remain in their bedroom. One resident said 'the dining rooms have life in them so I always come here for meals'.

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 this service being delivered.

Capacity and capability

This was an unannounced risk inspection carried out to monitor ongoing compliance in relation to the Health Act 2007 and associated regulations and standards. The findings of this inspection were that while there was a clearly defined management structure in place, the management systems were not effective to ensure a safe service was continuously provided for residents. Further actions were required with regard to the oversight and effective monitoring of the centre to ensure appropriate risk management systems were in place specifically in respect of premises, fire precautions, infection control and governance and management.

Dunlavin Nursing Home Limited is the registered provider for Dunlavin Nursing Home. The company is part of the Silverstream Healthcare group, which has a number of nursing homes nationally. The company had three directors, one of whom was the registered provider representative. The person in charge worked full-time and was supported by an assistant director of nursing, a team of nurses and healthcare assistants, activities co-ordinators, housekeeping, catering, administration and maintenance staff.

A variety of audits had been carried out with appropriate action plans developed to inform quality improvement. However, this inspection found a number of areas that required improvement which had not been identified by the provider's own internal auditing systems. A further review of the monitoring systems and improved oversight was required in a number of areas to ensure compliance with Regulation 23: Governance and management, Regulation 17: Premises, Regulation 27: Infection Prevention and Control and Regulation 28: Fire Safety.

There was an appropriate level of staffing in the centre. Call bells were observed to be answered promptly and residents were assisted when required or requested. Staff knew their residents well and were attentive to their needs.

An annual review was available and reported the standard of services delivered throughout 2023 and included a quality improvement plan for 2024. It included

feedback from residents and relatives. Residents had provided positive feedback overall with only some areas for improvement or changes they wanted.

Each resident had a contract for the provision of services. These contracts detailed the services to be provided to the residents, the fees to be paid and any other service of which the resident may choose to avail of which is not included in the Nursing home support scheme.

The provider had the appropriate insurance in place against injury to residents, including loss or damage to resident's property.

There was a directory of residents made available to the inspector. This contained all the required information and details of each time a resident attended hospital or was out of the centre for short periods of time.

There was a complaints procedure displayed around the centre. This procedure outlined the centre's policy and had been updated in line with the amendments to the regulations in 2023. There was advocacy services made available to residents if they required support to make a complaint. There was a detailed complaints log maintained and this provided the outcome of each complaint.

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had a well-maintained directory of residents. This included all the required information as specified in Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place were not sufficiently robust to ensure a safe, effective and consistent service was provided to the residents at all times. The registered provider had failed to identify significant risks through their own auditing or monitoring systems. For example;

- The regular fire safety checks had not identified issues of concerns as discussed under Regulation 28. For example; there was a rabbit living in one fire exit area and this had not been identified as a major fire safety risk. Immediate action was given to the person in charge on the day to ensure this fire exit was safely maintained.
- Oversight of staff practices required improvement in respect of infection prevention and control. For example; the cleaning schedules were not completed in all areas of the centre.
- Ineffective communication in respect of clinical oversight in relation to staff's lack of knowledge of residents' infection status. Inadequate clinical handovers could pose a health and safety risk.
- Environment audits had not identified concerns as observed by the inspector on the day of inspection. Consequently, issues were not timely actioned. For example, the inspector observed that blankets were used to absorb leakages in the sluice room or areas of damaged flooring in the fire exit, which had not been identified or reported for repair.
- The door to bedroom 5 had not been sufficiently repaired following the inspection from 2023. This was a repeated compliance issue.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each were signed by the resident or their next-of-kin. The fees charged to the resident were clear. The room occupied by the resident and how many other occupants, if any, were reflected in those contracts reviewed.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an up-to-date complaints policy in the centre. The procedure for making a complaint was displayed around the centre. This was in line with the regulations.

Judgment: Compliant

Quality and safety

Overall, this was a good service that aimed to deliver high quality care to the residents. The inspector found that although the residents were comfortable in their surroundings, significant improvements were required to ensure residents' safety was promoted and maintained at all times. Specifically, in the absence of effective communication and oversight there were significant findings in the area of premises, infection control and fire safety. Some of these findings posed risks to safety and an immediate action plan was issued by the inspector on the day. The providers' response was prompt and provided assurance that the immediate risk had been mitigated. However, further action and improvement was required in respect of these areas, as described below.

In relation to Regulation 17: Premises, the inspector observed that a call bell was wrapped around a hand rail that was fixed to the wall. This call bell could not be pulled to alert staff for assistance as there was no give on the cable. This meant that the resident could not summon for assistance if needed. The assistant director of nursing addressed this promptly at the request of the inspector. In one fire exit the flooring was badly damaged and the staff informed the inspector that this was damaged as a result of the rabbit living in that area. This was seen by the inspector to be both a falls risk for residents, visitors and staff but also it restricted a safe evacuation should the need arise in the case of an emergency. Although the centre had adequate space for storage, staff practices in respect of the use of the store rooms were not appropriate. For example, kitchen items were found stored in one area with a resident's hoist, pressure relieving cushions and incontinence wear. This did not evidence a high quality service with robust infection prevention and control systems.

There were other aspects of the service that raised concerns in respect of infection control. The inspector found that the bed pan washer was out of order on the day of inspection. The inspector asked two staff members on that corridor and neither were aware that this machine was not working. It was unclear how long the bed pan washer had been out of use as it had not been reported to the management. The maintenance personnel repaired this machine on the day of inspection. The inspector was not assured that appropriate cleaning of the rooms took place, in line with guidance. Some residents that were isolating as a result of a suspected infection did not have an accurate cleaning schedule for their room. One resident's cleaning schedule has not been signed in four days. The inspector asked the management team why this room was not documented as cleaned but no answer

could be provided.

The inspector observed two fire exits to be restricted. This meant that should the need arise to evacuate the residents, visitors or staff in the case of an emergency this could not progress through these exits. One fire exit had a pet rabbit living in the fire exits with three food bowls and ornaments around. This area was also cluttered with a table and three bags of items. Another fire exit door could not be opened in the event of an emergency as there were large delph ornaments on display outside the door. These risks had not been identified by the management, and the inspector requested that all evacuation routes were cleared. This action was completed promptly by the manager on duty. There was one resident in their room on continuous oxygen. There was no sign in place to indicate the risk of fire from oxygen enrichment. Overall the oversight of fire precautions in the designated centre was found insufficient.

The individual dietary needs of residents were supported by the staff. A choice of home cooked meals and snacks were offered to all residents. Daily menus were displayed in the residents' dining room. Menus were varied and had been reviewed by a dietitian for nutritional content to ensure residents' needs were being met. Those residents that were on modified diets received the correct consistency of meals and drinks as prescribed by the healthcare professionals. The dining room was well laid out and allowed for a relaxing atmosphere and a calm dining experience.

Each resident that was transferred from the centre had a comprehensive transfer document provided to the receiving centre. These included the residents infectious status, vaccine status, communication needs and dietary requirements. All residents that were admitted or readmitted to the centre had a comprehensive transfer letter safely filed in the centre.

Regulation 17: Premises

Some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations as follows;

- The emergency call bell was not accessible to residents in one bathroom.
- The floor covering in one area was not safe and posed a falls risk
- The storage in the centre was not appropriately utilised. One store room was found to have catering supplies stored with residents equipment
- There was not appropriate sluicing facilities available on the day of the inspection.
- Not all equipment was found to be in functional order. One bed pan washer was out of order on the day of the inspection while the other bed pan washer was leaking.
- The centre was not cleaned and well-maintained internally in all areas.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Residents' dietary needs were met.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

All residents that were transferred from the designated centre had a transfer document in place. This document was comprehensive and included the infection status of the transferring resident.

Judgment: Compliant

Regulation 27: Infection control

The provider had not ensured that adequate precautions to ensure practices for effective infection control were part of routine delivery of care to protect people from preventable health care-associated infections. For example;

- The sluice rooms did not support effective infection prevention and control. For example the bed pan washer in one corridor were out of order. Another bed pan washer had the waste water pipe draining into the slop hopper. The same bed pan washer had a blanket on the floor absorbing leaks.
- The clinical hand washing sinks did not meet the required standards throughout the centre.

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control. For example;

- Staff were not aware that two residents were still in their isolation period. This posed a significant health and safety risk to residents and staff.
- One resident who was in isolation had not had his room cleaned in four days according to the cleaning check list
- The store room had many items stored on the floor such as an opened packet of incontinence wear. This prevented appropriate cleaning of this room and

also posed a risk of cross-contamination as other items were found inappropriately stored as mentioned earlier in the report

- A residents shower chair was observed to be stored in another sluice room. This demonstrated a lack of understanding about the principles of segregation between clean and dirty to support effective infection prevention and control practices

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider did not provide adequate means of escape and did not make arrangements for maintaining the means of escape. For example;

- One fire exit was found to have a rabbit living there. Also found in this area were two ornaments, three food bowls, a rabbits bedding, a bed side table and three bags. This impeded a safe evacuation from this fire exit
- The fire exit in Stream sitting room could not be used as there were ornamental animals in place outside the fire exits. This would restrict the fire doors from being opened outwards.

The registered provider did not make adequate arrangements for containing fires. For example;

- Bedroom 8 door was found to be held open with a foot stool. This was an established practice in the centre as after being pointed out to management and removed, the inspector observed the stool back holding the door. This issue was pointed out to management throughout the day on three occasions
- Bedroom 5 door was found to be not closing appropriately. This was a recurrent non-compliance also found on the previous inspection in 2023.
- Railway sitting room door was found to be held open with a large armchair which would restrict the door from closing in the event of a fire
- There were two trolleys found in the railway dining room door way. This restricted these doors from closing in the event of a fire.

The registered provider did not take adequate precautions against the risk of fire. For example;

- There was no sign in place to indicate that oxygen was in use in one bedroom.

Judgment: Not 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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Dunlavin Nursing Home OSV-0005381

Inspection ID: MON-0038533

Date of inspection: 31/01/2024

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>To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • A full review of Fire checks has been completed if any risks identified going forward these will be actioned as required. Rabbit no longer at the location. • The RPR engages an external company to complete cleaning of the centre. The PIC and RPR have met with the company to ensure cleaning schedules are maintained going forward. • The PIC and PPIM have agreed that a full and comprehensive handover takes place 3 times a day, 8am, 2pm and 8pm. This is to ensure staff have knowledge of the care issues for their residents each shift. IPC status now indicated on the handover document. • The PIC will complete a weekly environmental review with the home’s maintenance operative and action issues as they arise. These will be reviewed by the RPR PPIM at each home review with PIC. • The door to bedroom 5 does not rub or have a sticking point on the flooring. The door closes and latches as required. As a precautionary measure, a new door closer will be fitted to aid the door in achieving a tighter seal to the rebate in the frame. As a matter of ongoing PPM, the door will also be adjusted to ensure the door is within its allowable 4mm tolerance. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To ensure compliance the RPR will have the following in place and implemented and</p>	

actioned as required:

- The emergency call bell that was wrapped around the handrail is unwrapped and all staff reminded to keep it free.
- The Floor covering in the fire exit area has been replaced.
- The PIC and homes maintenance operative have completed a full review of the storage areas within the centre. Each area is now designated to store named items. The PIC will review on a regular basis to ensure compliance.
- The equipment found to be faulty on the day is now repaired. If equipment is found not to be in working order this is reported by the homes PIC and maintenance office to the Group Estates and Engineering Manager and repair is organised as required and indicated.
- The PIC has met with the external cleaning company to reiterate the importance of cleaning and maintaining all areas of the home to an IPC standard.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

To ensure compliance the RPR will have the following in place and implemented and actioned as required:

- The sluice equipment found to be faulty on the day is now scheduled for repair. If equipment is found not to be in working order this is reported by the homes PIC and maintenance office to the Group Estates and Engineering Manager and repair is organised as required and indicated.
- The clinical handwash basin at each nurses station would appear to be of a type which meets compliance with the relevant requirements i.e. No overflow, tap outlet off centre and lever action taps.
- The PIC and PPIM have agreed that a full and comprehensive handover takes place 3 times a day, 8am, 2pm and 8pm. This is to ensure staff have knowledge of the care issues for their residents each shift. IPC status now indicated on the handover document.
- The PIC has met with the external cleaning company to reiterate the importance of cleaning and maintaining all areas of the home to an IPC standard.
- The PIC and homes maintenance operative have completed a full review of the storage areas within the home. Each area is now designated to store named items. The PIC will review on a regular basis to ensure compliance.
- All resident equipment is to be stored in the residents bedroom/ensuite. The PIC and homes maintenance operative will review this weekly during their environmental review.
- Staff are repeating their IPC training in effective infection prevention and control practices.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none">• All fire exits have been reviewed by the PIC, PPIM and Group Estates and Engineering Manager. All staff have been reminded that all exits are to be kept clear. The daily checks will continue by the homes MO and staff.• Room 8: Resident had requested the door to remain open, Resident now keeps their door closed.• Room 5 door now closing as required with precautionary action to replace closer as mentioned above.• All staff have been reminded not to wedge open the Railway sitting room door.• All staff reminded not to block any fire exit with equipment.• Sign in place when oxygen in use.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	11/03/2024
Regulation 23(c)	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	11/03/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	11/03/2024

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	11/03/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	11/03/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	11/03/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	11/03/2024