

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

## Issued by the Chief Inspector

Name of designated centre:	Dundalk Care Centre
Name of provider:	Tempowell Limited
Address of centre:	Inner Relief Road Marsh South, Marshes Upper, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	29 May 2025
Centre ID:	OSV-0008237
Fieldwork ID:	MON-0046982

## About the designated centre

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

Dundalk Care Centre is nestled on the edge of the peaceful townland of Haggardstown. It is registered to accommodate 130 residents all in single ensuite bedrooms and offers an extensive range of short term, long term and focused care options to residents. The ethos of Dundalk Care Centre is to provide quality person centred care, where residents are offered choice in how they live their life and are consulted and participate in decisions regarding their care. The nursing home is set in landscaped gardens with exceptional views across fields of outstanding beauty. There are a number of enclosed outdoor areas ideal for anyone wishing to spend time in nature, suitable for outdoor pursuits and recreational activities as well as providing tranquil space.

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

Number of residents on the date of inspection:	115
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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 29 May 2025	08:00hrs to 17:00hrs	Sheila McKevitt	Lead
Thursday 29 May 2025	08:00hrs to 17:00hrs	Geraldine Flannery	Support

## What residents told us and what inspectors observed

From what residents told the inspectors and from what was observed, it was evident that residents were happy living in Dundalk Care Centre and their rights were respected in how they spent their days. Residents who spoke with the inspectors expressed satisfaction with the staff, food, bedroom accommodation and services provided to them.

Following an introductory meeting, the inspectors walked through the centre and reviewed the premises. The inspectors met with the majority of residents and spoke with a number of residents living in each of the six units about their lived experience in the centre.

Residents said it was a lovely place to live. They said the staff were kind and caring and there was no shortage of staff these days. Visitors said the same.

The inspectors met with a number of visitors during the inspection all of whom voiced a high level of satisfaction with the quality of the care provided to their relatives and friends. They also said that their interactions with management and staff were positive. They knew the new person in charge and reported that they and the management team were approachable and responsive to any questions or concerns they may have.

The reception area was bright and spacious and visitors were greeted in a friendly manner. The centre had a coffee dock, and some peaceful day rooms on each floor for visitors and residents to use. The first floor also had a sensory room which was freely accessible to residents living on both floors.

Residents had independent access to two secure internal courtyards on the ground floor, which contained paved pathways, flower beds and had ample seating areas for residents and their visitors to use and enjoy. They appeared well-maintained and were decorated nicely to provide ample space for residents to relax in the fine weather. On the first floor residents had access to a safe and secure roof garden. It had been decorated with garden furniture and plants and it too was independently accessible to residents and visitors.

Residents commented on how clean the environment was and told inspectors their bedroom was cleaned every day. However, inspectors found that some residential units, particularly two units on the ground floor had visible signs of wear and tear and required refurbishment. The paint work on walls and wooden surrounds were heavily scuffed in a number of corridors and occupied bedrooms.

Residents told inspectors their rights were upheld. They were given choices and their choices were respected. For example, they had a choice of meals, options to attend specific activities of interest and how to spend their day. Residents also

participated in the running of the centre, and had meetings with the advocate where they discussed life in the centre and where they brought up any concerns they had.

They were satisfied that any concerns highlighted at these meeting were addressed in a timely manner.

Residents spoke positively about the laundry service, particularly on the promptness of the service provided.

There was an information notice board for residents and visitors close to the main door of each unit. Each one displayed the complaints process, information about advocacy services and contact details for the centres own advocate.

Residents expressed high levels of satisfaction with the quality of life they experienced in the centre. Residents had access to activities Monday to Sunday. On the day of inspection there were residents seen actively engaged in activities. Inspectors observed some one-to-one activities such as nail care and hand message being delivered to residents, in addition to group activities on the ground floor where the residents from the first floor could attend. The atmosphere was jovial and there were enough staff to support the activities. Residents said there was a good choice of activities and they were under no pressure whether to attend or not. However, inspectors also observed some residents sitting in the communal rooms or their bedrooms for long periods of time with minimal opportunities for engagement and activation. Inspectors also reviewed the activities timetable and found that more interaction with residents, particularly those living with dementia, would enhance their quality of life.

Mealtime was observed in the centre's dining rooms. Assistance was provided when required by allocated staff, to ensure meals were consumed while hot. Residents sat together in small groups at the dining tables. All residents spoken with were very happy with the range of food on offer and confirmed that choices were available at all times. However, while overall residents reported that the food was usually very good, residents had mixed reviews on the food served on the day of the inspection. One resident described the dish as 'very peppery', while another resident described their meal as 'too spicy for their liking'.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

The registered provider was striving to provide a service compliant with the regulations and this is reflected in this predominantly compliant inspection report.

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 to 2025 (as amended). This inspection followed up on the compliance plans from the last inspection in October 2024.

Tempowell Limited is the registered provider of Dundalk Care Centre, and part of the Silver Stream Healthcare group. The centre had a newly appointed person-in-charge who was responsible for the day-to-day operation of the centre in addition to providing oversight of clinical practice. They were supported by two assistant directors of nursing, clinical nurse managers, a team of nurses and health care support staff. This team was supported by the senior management structure for Silverstream, which included a director of clinical governance and quality, a chief operating officer, a group facilities manager, human resource staff, and administrative supports.

Established management systems were effective in ensuring the centre was operating in compliance with the regulations. They included thorough governance and management oversight through staff meetings, committees, service reports, monitoring key performance indicators (KPIs), and auditing. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre, which was evident by the ongoing action plans that were in place to improve safety and quality of care.

There were sufficient resources in place in the centre to ensure effective care delivery. There was an ongoing training schedule in the centre, and management had good oversight of the training needs of staff, with an increase in the provision of training on topics, such as, restrictive practices and a rights-based approach to care.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse working full-time in the centre who met the requirements of the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

The skill-mix and number of staff on duty were adequate to ensure that residents needs were met. There was at least one registered nurse on duty at all times.

There were sufficient staff resources to maintain the cleanliness of the centre. There were housekeeping staff in each area of the centre on the day of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff nurses had completed training in medication management, cardio-pulmonary resuscitation (CPR) training and end-of life care training.

The inspectors observed good supervision across the centre.

Judgment: Compliant

### Regulation 21: Records

Records required under Schedules 2, 3 and 4 were maintained in line with the regulation, stored safely and were accessible on request.

Judgment: Compliant

### Regulation 22: Insurance

The designated centre had insurance in place which met the regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability and demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through an established and maintained system of communication. There were clear systems in place for the oversight and monitoring of care and services provided for residents.

Judgment: Compliant

## Regulation 34: Complaints procedure

A copy of the complaints procedure was on display in the reception and on each of the six residential units. The policy was up-to-date and identified the designated complaints officer. It also outlined the person responsible for complaints review. There were six open complaints which were being dealt with in line with the complaints process.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations. They were easy-to-read and understand so that they could be readily adopted and implemented by staff.

Judgment: Compliant

## Quality and safety

Overall, the inspectors found that the service aimed to deliver high quality care to the residents. Notwithstanding the positive improvements made by the provider since the last inspection, inspectors found that there was opportunity for further improvement in relation to premises and individual assessment and care plans, and this will be detailed further under the relevant regulations.

Care planning documentation was available for each resident in the centre. An assessment of residents' health and social care needs was completed on admission and ensured that residents' individual care and support needs were being identified and could be met. However, the inspectors reviewed a sample of residents' care plans and found gaps in the updating of care records which meant that key information was not made available to aid a comprehensive review of residents' care.

It was observed that the nursing team in the centre worked in conjunction with all disciplines as necessary, including dietitian, speech and language therapist, tissue viability nurse (TVN) and physiotherapy. Residents had their own, newly appointed general practitioner (GP) of choice. The GP was available by phone daily and visited

the centre twice weekly or more often when necessary. Out-of-hours medical cover was also provided.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise.

The premises was laid out to encourage and facilitate independence. It was of suitable size to support the numbers and needs of residents. There was a variety of communal and private areas available for residents. However, the inspectors found that a number of areas of the premises were in need of maintenance and will be discussed under Regulation 17: Premises.

Residents' nutritional and hydration needs were met. Residents' nutritional status was assessed monthly, and healthcare professionals, such as dietitians, were consulted if required.

Infection control practices had significantly improved since the last inspection. The issues identified on previous inspections had been addressed. The inspectors observed many instances of good practices in respect of infection prevention and control, including effective processes to mitigate the risks associated with the spread of infection.

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

## Regulation 17: Premises

Action was required to come into compliance with the regulation as per Schedule 6 requirements in the following areas:

- Aspects of premises were not sufficiently maintained internally, with some areas of the centre in need of painting and repair. For example, inspectors observed chipped paint on walls, wooden skirting and handrails.
- Appropriate ventilation and heating were not in place in all areas of the designated centre. Temperatures in some areas within the centre were not appropriate, reaching over 25 degrees Celsius in one of the medication rooms. Inspectors were informed that this was under review and nearing a resolution.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. Choice was offered at all mealtimes, and sufficient quantities of food and drinks were provided. There were adequate numbers of staff to meet the needs of residents at meal times. Residents expressed overall satisfaction with food, snacks and drinks.

Judgment: Compliant

### Regulation 27: Infection control

Overall, procedures were consistent with the *National Standards for Infection Prevention and Control in Community Services (2018)*. Staff were observed to practise good hand hygiene techniques, and all staff were bare below the elbow and hand hygiene-ready. All areas of the centre were observed to be very clean and clutter-free.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medication management practices were in line with the centre's policy. Medication was administered as prescribed by the medical practitioner and in line with the requirements set out by the Nursing and Midwifery Board of Ireland (NMBI). Checks were in place to ensure the safety of medication administration. Controlled drugs were securely stored and checked at least twice daily as per local policy. There was good pharmacy oversight with regular medication reviews carried out.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

While, overall care plans reviewed were person-centered, some gaps were identified which required action, for example:

- Due to gaps in documentation, there was a delay in a referral of one resident to the TVN specialist which may have put the resident at undue risk of compromised skin integrity.
- The residents' care plan was not always updated after recommendations being made by a member of the multi-disciplinary team. For example, one resident who had been assessed by a TVN specialist did not have the recommendations entered into their skin integrity care plan. This meant that

the care plan did not effectively guide staff in respect of resident's current care and needs requirement as per assessment. Inspectors acknowledge this was rectified prior to the end of the inspection.
Judgment: Substantially compliant
Regulation 6: Health care
Residents had a medical review completed within a four month time period, or sooner, if required. There was evidence that residents had access to to their general practitioner (GP) of choice and members of the allied health care team as required.
Judgment: Compliant
Regulation 8: Protection
All reasonable measures were in place to protect residents from abuse. Training records indicated that all staff had completed safeguarding training. The nursing home was pension-agent for a number of residents and a separate client account was in place to safeguard residents' finances.
Judgment: Compliant
Regulation 9: Residents' rights
Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous. Residents' rights and choice were promoted and respected within the centre. Residents had access to activities. The activities schedule on the day of inspection reflected the activities observed by the inspectors. Residents had access to a range of media, including newspapers, telephone, WiFi and TV. There was access to advocacy with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided.
Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Dundalk Care Centre OSV-0008237

Inspection ID: MON-0046982

Date of inspection: 29/05/2025

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: To ensure compliance the Registered Provider will have the following implemented and actioned as required: <ul style="list-style-type: none"><li>• To ensure all aspects of premises are sufficiently maintained internally a full review is underway. Following review a programme of works will commence to address the areas of the centre in need of painting and repair. This will include chipped paint on walls, wooden skirting and handrails.</li><li>• To ensure appropriate ventilation and heating are in place in all areas of the designated centre a review had already commenced and an action plan in motion to address the issues found on the day by inspectors.</li></ul>	
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: To ensure compliance the Registered Provider and PIC will have the following implemented and actioned as required: <ul style="list-style-type: none"><li>• To ensure no gaps in referral to AHP such as a TVN Specialist a full review is being undertaken by the clinical leadership team in the Centre and will be completed by 1st July 2025.</li><li>• Following an AHP referral and consultation the Clinical leadership team will review the residents' care plan and ensure that any recommendations will be followed up and documented and then reviewed as required.</li><li>• MDT Recommendations and care plan update checklist section are added to the daily handover sheet and monitored daily by the clinical leadership team during handovers.</li></ul>	

- Monthly Assessments and care plans Audits are completed and where gaps are identified action plans are put in place to address the gaps.
- Review of the Care planning guidelines to include Timescales and guidance for care planning documentation and development was provided to all the nurses.
- The Centre has an up-to-date Resident Introduction, Assessment and Care Initiation Policy and Care planning Guidelines.

## 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.	Substantially Compliant	Yellow	30/11/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	01/07/2025