Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Duleek Care Centre
Name of provider:	Arnotree Limited
Address of centre:	Duleek Nursing Home, Downestown, Co Meath, Meath
Type of inspection:	Unannounced
Date of inspection:	20 August 2025
Centre ID:	OSV-0008238
Fieldwork ID:	MON-0047559

About the designated centre

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

Duleek Care Centre is located in a rural setting just outside the village of Duleek which is in the east of County Meath. Duleek is just 7.5kms from Drogheda and 17kms from Navan. The aim of the nursing home is to deliver high standards of quality care to a maximum of 121 residents. The centre offers an extensive range of short stay, long stay and focused care options. Each of the 121 bedrooms are single ensuite bedrooms and residents have access to a number of communal rooms spread over two floors. Residents have access to a number of landscaped garden areas which are safe and secure for residents to use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	118

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
Wednesday 20 August 2025	06:45hrs to 15:30hrs	Sheila McKevitt	Lead

What residents told us and what inspectors observed

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

The centre was calm and peaceful at 06:45 in the morning, with the majority of the residents in bed asleep and a small number of residents observed in the process of starting their morning routine in the privacy of their bedroom.

On the day of inspection 14 residents and seven visitors provided verbal feedback about life in the centre, it was overwhelmingly positive. Residents said their rights were upheld and they felt safe and secure living in the centre. Those spoken with said they were always treated with dignity and respect by staff. They said their right to choice was upheld and they lived a good life with the support of staff.

Residents were involved in how the centre was run and said that they felt their voice was heard. They confirmed that they had a residents' meeting each month, where they had discussions about life in the centre such as, new staff, how to safeguard themselves, planned activities and where they brought any issues they had to the chair. Residents reiterated that any issues they brought up about the service they received were dealt with promptly. Visitors concurred with this viewpoint.

The complaints policy was on display and it included the contact details for two different advocacy services. The residents and visitors spoken with told the inspector that they brought any issues or concerns they had to the attention of the person in charge without delay and these were acted upon.

A residents' survey had been conducted in 2024, the analysis and findings of which were included in the centre's annual review for 2024.

The inspector observed staff supervising residents in the communal living areas and in the dining rooms at lunchtime. On several occasions during the day staff were observed being attentive to residents' individual needs, such as accompanying residents from the upstairs dementia unit to go outside for a walk. The enclosed courtyard garden on the ground floor was accessible to residents at all times; the doors were not locked, facilitating residents to use this outdoor space independently.

Staff were observed meeting residents requests, such as, assisting them to mobilise to their bedroom, the bathroom, dining room and obtaining items for the residents on their request. There was no delay in attending to residents' needs, residents and visitors confirmed this with the inspector. One relative described the staff as kind and patient and went on to say that they could not fault the staff.

The inspector saw that residents had access to their call-bell when in their bedroom alone and all but one resident spoken with said their call-bell was answered promptly. One resident said there was "nothing the staff wouldn't do for you". Relatives said there was always enough staff on duty and that staff were always available to speak with them about the their loved one.

Two residents' relatives said that they were reassured by staff's knowledge of their loved one's needs, their location, likes and dislikes and the fact that whenever they visited their loved one was always with a member of staff, either providing one-to-one assistance or supervising them in a communal area. These relatives were in no doubt that the centre was a safe and secure environment for residents.

Staff were observed knocking and seeking permission prior to entering residents' bedrooms and each bedroom, ensuite, communal bathroom and toilet had a privacy lock in place. In addition, each resident had access to adequate storage facilities within their bedroom for personal items including a secure storage facility for valuable items. Most residents said their clothes were laundered for them in the centre and were always returned clean and folded. Two relatives spoken with said they liked to do their loved one's laundry and were facilitated to do so.

Mass was said in the centre once a month. This was a temporary arrangement as it used to be once per week, a service that the residents were hoping to be reinstated in the near future. The daily papers were delivered to the front desk in the morning and distributed around the centre by staff.

There was an activities schedule on display and the residents spoken with said that they had the choice to participate or not and that their choice was respected by staff. The inspector observed residents having fun and laughter during the afternoon bake-off, one of the many activities planned for the week. The competition was competitive with equal support for the male and female participants. Residents told the inspector that the exercise classes, baking and music were their favourite activities. Relatives of residents who could not participate said they were still included in the activities which they liked and assured them that they were involved and not isolated in their bedroom.

Relatives said the communication between staff and families was good, that staff call them and reported all issues in a prompt manner. All those spoken with expressed satisfaction with what they described as the high standard of safe care provided to residents.

The premises was clean, tidy, bright and airy. Residents said their bedrooms were cleaned on a daily basis and they were satisfied with the standard of cleaning. Eight clinical hand-wash sinks had been installed in the corridors sine the last regulatory inspection; this assured the inspector that residents were safe-guarded against the risk of cross-infection.

Residents and visitors said that the centre provided a safe and secure space in which their rights were upheld.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

This centre has capacity and capability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). Residents were receiving a good standard of care where their individual social, religious and healthcare needs were being met in a safe and secure environment.

The level of compliance in this centre continued to be good. The governance and management arrangements remained stable. The statement of purpose described the current management structure of the designated centre. This structure ensured that arrangements were in place which contributed to residents experiencing a quality service, where they were safe-guarded as far as possible from all incidents of abuse.

The provider of Duleek Care Centre is Arnotree Limited. The provider, person in charge and persons participating in management attended the closing meeting and demonstrated a willingness to address the one area for improvement identified on this inspection. They demonstrated a good understanding of their roles and responsibilities with the lines of accountability clearly reflected in the statement of purpose.

There was evidence to indicate that the centre was well-resourced. The centre was clean, warm and well-furnished. There were sufficient numbers of staff on duty at the time of the inspection. Mandatory and relevant training was provided and completed by all staff and staff demonstrated a good knowledge of what constituted abuse and what procedure they would follow if they witnessed any form of abuse.

The person in charge and assistant director of nursing had recently completed a post-graduate diploma in gerontology, both had completed clinical audits, and were in the process of implementing the findings to enable safe evidenced-based care was provided to residents.

There was an audit schedule in place for 2025 and a range of tools were used to monitor and audit the quality of care delivered to the residents such as incidents, assessments and care plans, falls, and medication management, although stronger

oversight of some audits was required, as further outlined under Regulation 23: Governance and management.

Regulation 15: Staffing

The skill-mix and number of staff on duty were adequate to ensure that residents needs were met.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Staff were appropriately supervised on the day of the inspection. Training records were maintained and updated and the inspector was assured that all staff including contract staff working with residents in the centre had completed all the required mandatory training on safe-guarding vulnerable residents in place. Staff had completed both online and face to face safe-guarding vulnerable residents training.

Supervision of staff and residents was evident on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

The system in place for reviewing audits completed by required review:

The action plans of some audits, did not reflect the findings. For example, a call-bell audit carried out in 2025 was not analysed accurately, the inspector found that two of the six call bells activated rang for over the accepted time set by the auditor, prior to being answered. The audit had no action plan, and stated " excellent result" and there was no evidence that any corrective action had been taken.

Judgment: Substantially compliant

Quality and safety

The inspector found that sufficient staffing levels and overall effective systems of governance and management had a positive impact on the quality, safety, consistence and person-centred care provided to residents.

There were measures in place to protect residents from being harmed or suffering abuse, and to promote resident's safety and respond to incidents reported.

The inspector saw evidence that all staff had garda vetting in place prior to commencing employment in the centre. There was a safeguarding policy in place, which staff had a good knowledge of. Staff files reviewed contained all the required documents and this assured the inspector that residents were safeguarded through a robust human resources policy that was in-line with legislative requirements and implemented in practice.

Although restraint was used in the centre, its use was at a low level and when in use the resident had a restraint assessment which reflected what alternatives had been used prior to restraint being applied. Each resident also had a restraint care plan in place. Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), had care plans in place which reflected trigger factors, if identified, for individual residents and de-escalation techniques that staff could use to prevent the behaviour escalating.

The inspector reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. There was evidence that they were completed within 48 hours of admission and reviewed at four month intervals. Communication, safeguarding and social care plans were in place and they were person-centred and reflected a person-centred approach to safe-guarding residents and upholding their rights.

There was access to advocacy services with contact details displayed in the centre. There were monthly resident meetings to discuss key issues relating to the service provided. Any issues were addressed hence the residents' voice and feedback was being heard and meaningfully acted on. Residents had access to activities seven days a week and their rights were upheld.

The premises met the needs of the existing residents in its layout, and design. The design was homely and residents said they found it comfortable. Improvements made as referenced under Regulation 17: Premises and Regulation 27: Infection control promoted safe clinical practices thus further safeguarding residents.

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 12: Personal possessions

There were arrangements to support residents accessing and retaining control over their personal property, possessions, and finances. Residents' clothes were laundered in the centre. Residents had adequate space to store and maintain their clothing and possessions within their bedrooms, including access to locked storage facilities. Residents who spoke with the inspector stated they were satisfied with the space in their bedrooms and the storage facilities.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of the residents. The centre was well-maintained, spacious, warm and welcoming.

Judgment: Compliant

Regulation 18: Food and nutrition

A choice of wholesome and nutritious meals was offered and available to residents.

Residents said they were able to make decisions about where they spent their day, where they sat and ate meals. Staff supported and facilitated residents' preferences and offered discrete assistance, when required. A range of snacks and drinks were available between mealtimes.

Judgment: Compliant

Regulation 27: Infection control

There was a marked improvement in the hand-wash facilities provided since the April 2024 inspection, with the installation of eight new clinical hand-wash sinks accessible to staff over both floors.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The storage of medications on both floors of the centre was reviewed and the inspector was satisfied that medications were safely stored in rooms where the temperature was maintained below 25 degrees centigrade. The temperature in each of the storage rooms was monitored and recorded on a daily basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of resident assessments and care plans were reviewed on this inspection. The assessments reflected the residents met during the inspection, and clearly identified their assessed needs. The care plans reviewed were person-centred and outlined the residents' wishes and preferences. Each residents comprehensive care plan had a section in relation to maintaining a safe environment.

The assessments and care plans reviewed were developed within 48 hours of admission and were updated on a four monthly basis.

There was evidence that residents were consulted about their care planning reviews

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre was actively promoting a restraint-free environment, in line with national policy. Alternatives to restraint, where in use, were assessed as being suitable.

The policy on managing behaviour that is challenging was available for review. A number of residents who exhibited responsive behaviours had person-centred care plans in place to support the management of their behaviours. These care plans described the behaviours, known triggers and de-escalation techniques used by staff to ensure safe care delivery. Antecedent, Behaviour and Consequence charts (ABC charts) were maintained.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were taken to ensure residents were protected from abuse. All staff had completed the mandatory training in safeguarding vulnerable adults and displayed good knowledge of what constitutes abuse in their conversation with the inspector. There were safe systems in place to safeguard residents' money. The provider acted as a pension-agent for a small number of residents. Financial transactions were transparent and a separate account had been created for 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 had access to meaningful activities. The activity schedule was on display and residents were involved in person-centred activities throughout the day.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	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	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Duleek Care Centre OSV-0008238

Inspection ID: MON-0047559

Date of inspection: 20/08/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To ensure compliance the Registered Provider will have the following implemented and actioned as required : • All audits completed will be reviewed weekly by the PIC/ADONS/CNMS and a member of the RPR clinical governance team. This is to ensure that audits are reflective of findings and an agreed action plan and learnings are identified. The call bell audit has been changed and now better reflects the found outcomes.	

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	25/09/2025