



**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:	Dunshaughlin Care Home
Name of provider:	Dunshaughlin Care Home Limited
Address of centre:	Dublin Road, Dunshaughlin, Meath
Type of inspection:	Unannounced
Date of inspection:	06 March 2025
Centre ID:	OSV-0008713
Fieldwork ID:	MON-0046266

About the designated centre

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

Dunshaughlin Care Home is made up of 96 beds, all of which are all single rooms with en-suites and in line with regulatory requirements. There are five lounges and five dining room areas and four additional toilets all of which are wheelchair accessible. The designated centre provides care service for residents both male and female over the age of 18 years with the following care needs: Care of the Older Person, End of Life Care, Palliative Care and Dementia Care. The home provides nursing care for low, medium, high and maximum dependency residents and it is divided into three floors- Ground Floor (Fern Unit) accommodating 20 res, First Floor (Ivy Unit) accommodating 38 residents and Second Floor (Violet Unit) with 38 residents.

Dunshaughlin Care Home is located in the commuter town of Dunshaughlin, with convenient access to Dublin. It is serviced by nearby restaurants, public houses, library, cinemas, community halls, a large variety of local shops, and historical sites of interest and amenities throughout Co. Meath such as the Boyne Valley as well as ease of access to multiple attractions in Co. Dublin.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	65
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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 6 March 2025	08:45hrs to 16:30hrs	Sheila McKevitt	Lead
Thursday 6 March 2025	08:45hrs to 16:30hrs	Maureen Kennedy	Support
Thursday 6 March 2025	08:45hrs to 16:30hrs	Yvonne O'Loughlin	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 very happy living in Dunshaughlin Care Home 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.

The inspectors were met by the person in charge on arrival to the centre. 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 19 residents in more detail 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 never a shortage of staff to their knowledge, visitors said the same.

The inspectors met with five 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 told inspectors that their interactions with management and staff were positive. Visitors reported that the management team were approachable and responsive to any questions or concerns they may have.

Residents had easy access to a secure internal courtyard, which was paved and had ample seating areas for residents and their visitors to use and enjoy. This area was well maintained and decorated nicely to provide ample space for residents to relax in the fine weather. The centre had a coffee dock, and many tastefully decorated day rooms for visitors and residents to use.

Residents commented on how clean the environment was and told inspectors their bedroom was cleaned every day. They also commented on the excellent laundry service, particularly on the promptness of the service provided.

There was an information notice board for residents and visitors close to the reception. This was to inform residents of the services available to them whilst being a resident in the centre, this included "falls prevention training" and "safeguarding training" that was provided on a Sunday. The reception area was bright and spacious and visitors were greeted in a friendly manner.

On the day of inspection there were activities for the residents with many participants. The atmosphere was jovial and there were enough staff to support the activities. Residents said there was a great choice of activities and they were under no pressure whether to attend or not.

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 (as amended). This inspection followed up on the compliance plan from the last inspection in September 2024 and followed up on issues identified in eight pieces of unsolicited information received since the last inspection.

Dunshaughlin Care Home Limited is the registered provider for Dunshaughlin Care Home. It is registered to accommodate 96 residents. The senior management structure provided operational management oversight and leadership in the designated centre.

The centre had a newly appointed person-in-charge. The person in charge was supported in their role by a regional manager and assistant director of nursing (ADON). Other staff included clinical nurse managers, staff nurses, care assistants, housekeeping, activities, laundry, maintenance and catering staff.

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 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.

Staff were also trained in infection control (IPC) and the provider had regular IPC audits completed to monitor compliance with associate action plans in place as required. 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 mandatory training needs.

Documentation reviewed relating to Legionella control provided the assurance that the risk of Legionella was being effectively managed in the centre. For example, unused outlets were regularly flushed and routine monitoring for Legionella in the hot and cold water systems was undertaken.

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
<p>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.</p> <p>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.</p>
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.
Judgment: Compliant
Regulation 21: Records
Records pertaining to residents transfer to and from the centre were available for review together with documents which were easily accessible.
Judgment: Compliant
Regulation 34: Complaints procedure
A copy of the complaints procedure was on display in the reception area. The policy was up to date and identified the designated complaints officer. It also outlined the

personal responsible for complaints review. There were two open complaints which were being dealt with in line with the complaints process.

Judgment: Compliant

Quality and safety

Overall, residents received a high standard of quality care at all times. Residents' health, social care and spiritual needs were catered.

The premises appeared clean, tidy and well-maintained both inside and outside. The corridors were free from obstruction and hand rails kept clear which enabled residents to mobilise independently throughout each unit. Signage throughout the centre was clear, well positioned and it facilitated residents finding their way around independently.

The inspectors observed that equipment used by residents was in good working order and the storage areas were clean and organised. The centre was clean through out, well ventilated and fresh smelling. Clinical hand washing sinks were available in key areas, including hallways, the treatment room, and the sluice room, ensuring staff had convenient access for proper hand hygiene. However, some barriers to good hand hygiene practice was observed. For example, not all rooms had easy access to a hand sanitiser to facilitate hand hygiene at the point of care.

Visitors were being welcomed into the centre and this was having a positive impact on residents, there were no restrictions in place.

The residents' clinical care needs were met. Each resident had a comprehensive assessment completed on admission and those reviewed gave a good reflection of the residents' status on admission. These assessments were reviewed, and where required, updated every four months. Residents had detailed care plans in place to reflect their care needs. Those with pressure ulcers had detailed wound care plans in place and the inspectors saw from the records reviewed that these wounds were dressed in accordance with the care plan.

Residents had access to appropriate medical and health care. Referrals were reviewed to professionals such as a; General Practitioner (GP), palliative care, psychiatry, speech and language, dietitians and tissue viability nursing. Records evidenced that timely access was seen with relevant care plans updated to ensure that residents received the recommended treatment.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

All current residents had their rights to privacy respected and staff were observed respecting the rights and protecting the dignity of residents throughout this inspection. They had access to a schedule of activities seven days a week, they assured inspectors that their social and religious needs were met.

Some residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The registered provider had dementia and challenging behaviour training available and a policy in place to guide staff on the management of residents with responsive behaviours including psychotropic medication. Inspectors observed person-centred and discreet staff interventions during the inspection.

Regulation 11: Visits

There was ample space for residents to receive their visitors in private if they wished. Visitors were seen coming and going throughout the day; they were warmly welcomed by staff and were known to staff.

Judgment: Compliant

Regulation 17: Premises

The premises was beautifully decorated; facilities available such as communal day rooms, dining rooms, smaller sitting rooms and comfortable seating areas supported residents to live in an environment which supported their independence. Residents had a quiet reflection room as well as a visitors room for private visiting if preferred. There was a coffee dock with tea and coffee for residents and visitors to avail of independently.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available, it had been updated in 2025. It contained information on the visiting arrangements, the procedure relating to complaints, a summary of the services and facilities available as well as the terms and conditions related to the residence in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The transfer letter of residents recently transferred to acute care were examined and these were seen to contain comprehensive information to enable the receiving service care for the resident in accordance with their current needs. Medical records showed that transfer letters were in place when a residents was admitted or transferred back to the centre.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018), however further action is required to be fully compliant. For example;

- Some barriers to good hand hygiene practices were observed. For example;
- Some of the urinals used to empty urinary catheters were visibly dirty. This increased the risk of infection spread to residents and may cause a catheter associated urinary tract infection.
- Surveillance of multi drug resistant (MDRO) colonisation was not comprehensive. This meant that staff were unable to monitor the trends in development of antimicrobial resistance within the centre. A review of the laboratory reports found that staff had failed to identify a small number of residents that were colonised with MDROs.
 - A hand sanitiser was not available at point of care for all of the residents bedrooms, this increased the risk of the spread of infection.
 - The hand hygiene sink in the laundry room was not in good working order.
 - The hand hygiene sink in the kitchen was full of items this meant the sink could not be used for its intended purpose.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable arrangements were in place in relation to promoting fire safety. Suitable fire safety equipment and systems was provided throughout the centre, and

documentation reviewed evidenced services of the fire alarm and equipment were completed at appropriate intervals.

Fire exits were unobstructed and there was suitable means of escape for residents, staff and visitors. Fire evacuation procedures and signage were displayed at various points throughout the centre. Fire drills were being completed on a frequent basis with staff and the outcomes of each fire drill was outlined in the fire drill records reviewed.

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. Those residents with wounds had a detailed wound care plan in place and the records reviewed were clear, concise and reflected the condition of the wound each time the dressing was changed.

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 6: Health care

The inspectors found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to multi-disciplinary healthcare professionals as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

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

A small number of residents who exhibited responsive behaviours had person-centred care plans in place to support the management of their responsive 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 were also completed where required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to meaningful activities. The activity schedule was displayed on each floor and on the residents television in their bedroom. Residents were observed participating in group activities and person-centred activities throughout the day. There were two staff employed in this area of care with one or more on duty each day of the week.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dunshaughlin Care Home OSV-0008713

Inspection ID: MON-0046266

Date of inspection: 06/03/2025

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A review has been undertaken of hand-washing facilities in the Centre to ensure that there is adequate and fully functioning facilities throughout. This is also included as part of audits completed on hand hygiene in the Centre as part of the auditing program to ensure robust governance and oversight. A program of installing additional hand gel dispensers has commenced through the building with an anticipated completion date of May 31st 2025.</p> <p>Toolbox talks have been developed and are being provided to all staff in relation to the correct disposal of bodily fluids in line with good IPC practices. This will be conducted by the management team for all staff by 14th May 2025 with ongoing supervision and oversight in the Centre to ensure adherence moving forward.</p> <p>While MDROs are monitored as part of Clinical KPIs in the Centre on a monthly basis by the Senior Management Team, this surveillance has been enhanced with additional oversight by the management team on a weekly basis with a full review of all new and existing infections in the Centre. This was introduced in April 2025 with ongoing review by the Senior Management Team.</p>	

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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/05/2025