



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:	01 October 2025
Centre ID:	OSV-0008713
Fieldwork ID:	MON-0048466

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:	72
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 1 October 2025	08:30hrs to 16:30hrs	Sheila McKeivitt	Lead
Tuesday 7 October 2025	08:00hrs to 14:30hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

This was an unannounced monitoring inspection 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.

On the day of inspection 18 residents and five visitors provided verbal feedback about life in the centre, which was overwhelmingly positive. All residents spoken with said their rights were upheld and they felt safe and secure living in the centre. Those spoken with said that they were always treated with dignity and respect by staff.

The inspector observed staff treating residents in a kind, caring and respectful manner over the two day inspection. Staff were seen knocking on residents' bedroom doors and waiting for an answer before entering. They were also observed meeting residents' specific requests, such as, requesting a fresh cup of tea or assistance to go downstairs.

Residents said that there was a 'really good' schedule of activities. Many praised the activity staff, saying they got everyone involved, were 'jolly' in nature and 'brought life, fun and laughter into the room' which brighten up their day. On the first day of inspection the inspector heard the laughter coming from the activities room where bingo was being played. When it finished, residents confirmed they had fun and the lucky ones showed off the prizes they had won. Residents said they were involved in everything and were currently making Halloween decorations in their arts and crafts classes. Residents went out to local events in Dunshaughlin and further a field, which they enjoyed. A number of residents mentioned how much they enjoyed the garden especially the fact that they could access it independently, to just enjoy or for some, to use the smoking hut.

The inspector observed that care being provided was not always reflective of the care outlined in the residents' assessments and care plans. On further observation of documents and speaking with staff it was identified that further training was required in a number of areas as outlined further on in this report.

Residents said their bedrooms were kept clean; some said they were cleaned everyday, while others were not sure. The bedrooms visited by the inspector appeared clean and tidy. Residents said the laundry service was good and the button system worked well. They said their clothes were returned clean, folded and ironed.

Residents said they were listened to. They told the inspector about their monthly meetings where they discussed different areas of care which affected them and they were asked their views. A number of residents said they had no difficulty in bringing their issues to the fore and assured the inspector these issues were addressed.

Residents said that they had attended information talks given by the activity lead on topics, such as falls prevention, their rights and how to safe-guard themselves against abuse. One resident described to the inspector the positive impact this has had on them. They said that when they lived at home alone they were shy and timid, however these talks had given them confidence, reconfirming that they had rights and now when something did not feel or look right to them they 'called it out' and it was dealt with there and then.

Residents had access to a complaints policy which was on display in the centre, together with advocacy services available to them. One relative explained how they had made a complaint and it was currently being dealt with by the management team.

Residents left the inspector in no doubt that they felt safe living in Dunshaughlin Care Centre. All residents and most of the visitors spoken with expressed satisfaction with the standard of care provided. One relative said their relative received 'very good care'. Residents said their call-bells were answered when they called and described the staff as 'excellent', vigilant and attentive'.

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 affect the quality and safety of the service being delivered.

Capacity and capability

This inspection focused on the measures the registered provider had in place to safeguard residents from all forms of abuse. Prior to this inspection, the inspector reviewed the notifications of alleged abuse and pieces of unsolicited information the Chief Inspector had received since the last inspection. The inspection found that some of these concerns were substantiated.

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 individual social and religious needs were being met in a safe and secure environment. However, improvements were required in respect of clinical oversight and to ensure that the healthcare needs of residents were also effectively met.

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 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.

The established management systems required strengthening to ensure that the oversight of practices, particularly gaps in training needs of staff and nursing records (some identified through the auditing practices) were acted upon in a more proactive and timely manner. The referral pathways for accessing members of the multidisciplinary teams were not clear among staff who the inspector spoke with, and the care prescribed for residents was at times conflicting. This is further discussed under Regulation 5: Individualised assessment and care planning and Regulation 6: Healthcare.

The staff required further training in certain areas to ensure they could meet the needs of residents, as further outlined under Regulation 16: Training and staff development.

Regulation 15: Staffing

There was a sufficient number of staff rostered on duty across all disciplines to ensure the care needs of the residents were met in a prompt and safe manner. The staffing levels were adjusted according to the number and assessed needs of residents on each floor.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed training on safeguarding vulnerable residents and a human-rights based approach to care and all staff nurses had completed training in care planning. However, from a review of residents' care plans, the inspector found that staff did not consistently implement the principles of training into practice and that further training in this area was required, as evidenced under Regulation 5. The content of the sample of care plans reviewed was poor.

Staff had no specific training on urinary catheter care although residents with urinary catheters were living in the centre. This had the potential to negatively impact the quality of care they received. The policy on the management and care of urinary catheters stated that all staff will have timely access to appropriate information, education and advice.

52 % of clinical staff had completed training on the 'therapeutic management of aggression and violence'. The remaining half were not scheduled to attend any training in this area. However, 38% of residents were living with dementia or some form of cognitive impairment, four of which displayed behaviours that challenge on

a frequent basis. This was reflected in the high number of incidents of such behaviours reported to the Chief Inspector. Consequently, there was a lack of assurance that all staff working with these residents had the required skills and knowledge to support them and meet their needs effectively.

Judgment: Not compliant

Regulation 23: Governance and management

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(1)(d), were not sufficiently robust. This was evidenced by the following:

- A review of the admission process was required to ensure that prior to admission the provider was assured that they could meet the care needs of the residents.
- The inspection found that local policies were not always implemented in practice. For example the policy on restrictive practices and management of responsive behaviours.
- Improved oversight of the systems in place was required to assure that all residents received appropriate healthcare in their home in a timely manner and that they were only transferred out to the acute hospital when such care could not be provided in the centre.
- The care plan and clinical care auditing system had failed to identify that accurate information was not recorded in residents' care plans to effectively guide and direct the care residents required.
- A training needs analysis was required to ensure that staff had the required skills and knowledge to provide a high standard of nursing care to all residents admitted to the centre.

Judgment: Not compliant

Quality and safety

The inspector found that aspects of the quality and safety of care provided to residents were impacted by weaknesses in the governance and management arrangements and oversight described under the Capacity and Capability section of this report. This inspection identified that the delivery of care required further improvement, particularly in relation to assessments and care planning, access and delivery of treatment in a timely manner by appropriately trained staff.

While there was evidence that residents' needs had been assessed using validated assessment tools, the care plans reviewed were not informed by these assessments, and did not reflect person-centred guidance on the current care needs of the residents. In addition, inconsistencies in the nursing records reviewed meant that it was difficult to identify the current plan of care for residents.

There had been a high percentage of residents transferred from this centre into the local acute accident and emergency over the previous three months. On review, the inspector determined that the pathway for referral to all multi-disciplinary team members was not clear. The general practitioner (GP) visited residents in the centre once a week and this did not appear to be frequent enough to meet the demands of the service. Therefore, residents were being transferred into the local acute hospital for treatment on a regular basis. Some of these treatments, could and should have been carried out by staff in the centre, however staff were not appropriately trained to provide the care required.

In addition, the community outreach team and privately sourced multi-disciplinary team members were both providing recommendations on the treatment plan for residents. The recommendations given were sometimes conflicting and staff were not clear on which professional advice to follow. This had a negative impact on residents and contributed to inappropriate admissions to the emergency department.

The inspector saw that 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) did not have appropriate assessments and care plans in place. Over 40% of clinical staff did not have training on the management of anger, agitation and aggression and this was reflected in the high volumes of notifications of alleged abuse that had been submitted to the Chief Inspector.

The registered provider had a policy on the use of restraint, however, the inspector found that the policy was not being consistently implemented in practice. As a result the use of restraints was increasing and this was not being managed in line with national guidance.

There were policies and procedures in place to ensure residents were safeguarded from all forms of abuse. There was no evidence of residents being abused in this centre, however a strengthening of oversight of the practices outlined above was required to ensure residents continued to be safeguarded from all forms of abuse.

The social care needs of residents were met. The residents had access to wide variety of activities that met the needs of all residents. Their rights were upheld and they felt safe living in the centre.

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Notwithstanding the comprehensive assessments completed on admission, significant improvements in nursing documentation were required to ensure residents' needs were met. For example:

- There were inconsistencies between information detailed in residents' care plans and the care being delivered by staff. For example, urinary catheter care plans, did not reflect the type or size of catheter the resident had in-situ and did not outline the catheter care required.
- The information in some care plans was duplicated and therefore it was not clear what exact form of care to provide to the resident.
- The safeguarding care plans reviewed contained all the same generic information, they were not person-centred.
- The information in bed-rail assessment and care plans was conflicting. For example, one residents assessment stated that they had bed-rails and no alternatives had been trialed, however the care plan stated that the resident had bed-rails and a posey alarm in use. The resident was in bed when checked and had two bed-rails with two bed bumpers insitu and no posey alarm.
- Some communication care plans were brief in content, and did not include all the required information to guide staff on the care to be provided.
- The registered provider did not, in so far as reasonably practical, arrange to meet the needs of each resident as per their pre-assessment before being admitted to the centre. A number of residents with catheters had been admitted to the centre, despite of nursing staff not having the required skills to provide effective catheter care.

Judgment: Not compliant

Regulation 6: Health care

Access to the residents' general practitioner was limited to one day per week on-site and outside of this time was available via email or over the phone within surgery hours. Staff also had access to a clinical outreach team available to support residents who had been transferred into and out of the local acute hospital, in addition to private healthcare professionals. However, there were conflicting

recommendations and no clear pathway of who to contact if a resident was unwell and this had led to an increased number of admissions to the acute hospital over the past three months.

On the second day of inspection the provider assured the inspector they were in the process of addressing these issues.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's policies on managing behaviour that is challenging and on the use of restraint were available for review, however the practices outlined in these policies were not seen reflected in practice.

Residents' who were identified as displaying behaviour that is challenging at times did not have their individual needs, known triggers or de-escalation techniques that worked for them outlined in their care plan. This meant that staff were not effectively guided in respect of specific interventions to support the resident.

The provider was making attempts to promote a restraint-free environment, in line with national policy by educating residents and relatives on the use of restraint prior to admission. However, the use of bed-rails in this centre had increased and as discussed under Regulation 5 in some residents' risk assessments it was not clear what, if any alternatives to restraint were trialled, tested and failed prior to restraint being used.

Judgment: Not compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents living in the centre. There was a safeguarding policy in place. All staff had been Garda vetted and completed safeguarding training prior to commencement of their role. No incidents of confirmed abuse had been reported in this registration cycle.

The provider was a pension-agent for a small number of residents. There was clear and transparent documentation in place ensuring residents' finances were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

The provider and the person in charge were striving to promote a rights-based service for all residents. Residents were encouraged to partake in activities of their choice and staff took a positive risk-taking approach that upheld residents' rights, such as, accessing the enclosed garden independently.

Residents had access to a daily schedule of activities that were planned with them. The inspector saw that a wide variety of engaging activities were available, and these included resident-focused educational sessions.

Residents were invited to attend residents' meetings, which were held on a monthly basis. There was a good attendance at each of these meetings as evidenced in the attendance records and the minutes reviewed by the inspector. The issues identified by residents were addressed in a prompt manner.

Residents were facilitated to exercise their civil, political and religious rights while living in the centre. The inspector was informed all residents were registered to vote, this assured the inspector that they could exercise the right to vote in the upcoming presidential elections.

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	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dunshaughlin Care Home OSV-0008713

Inspection ID: MON-0048466

Date of inspection: 07/10/2025

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Care Plan training was completed on the 03/09/2025 and 04/09/2025 just prior to the inspection. In addition, smaller care plan workshops are scheduled on the 11th, 17th and 24th of November to further educate staff. Each Staff nurse will have assigned residents and Care Plan audits will be completed by CNM's to ensure that they are representative of the resident's needs. • Catheter Care - Training was completed on the 4th of November with further training scheduled on the 24th of November 2025 • 5 sessions of TMAV training had already been completed at the time of inspection as well as Dementia Training. However not all training records were available on the day of inspection to accurately evidence level of training completed. TMAV training has now been added to the training matrix to ensure information can be readily provided for future inspections. An additional TMAV training session has been scheduled for the 4th of December 2025 for the remaining staff. • Restrictive practice training has been completed on the 29th of October and 11th of November • DCH through its ongoing audit schedule and review, will assess the effectiveness of the training provided. 	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A pre-admission assessment is completed for all potential admissions; a review of the assessment form has been completed to ensure adequate information is captured to correctly assess if the residents' needs can be met. • Additional training has been scheduled to develop team knowledge in a number of identified areas. • An Escalation and Referral Pathway flow chart has been developed and distributed to staff along with a clear guide on appropriate CIT and CLT referrals in an effort to ensure where possible care is provided within the home rather than within an acute setting. • A Review of training requirements has been completed and any additional training required has been scheduled. • A comprehensive audit schedule is in place; however, additional training and education has been provided to ensure that those completing the audits are competent to recognize any gaps. 	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • A full review of all resident care plans and assessments is in progress to ensure that every resident has a comprehensive, up-to-date, and person-centred care plan • Care Plans will be audited on a monthly basis with at least 10% reviewed each month. • Care plan training as well as Care Plan workshops are in process of being delivered to all staff nurses to ensure they are clear in the level of detail and accuracy required to fully capture the needs of each resident. Care plan workshops are scheduled for 11th 17th and 24th November 2025 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • Our GP service has been increased to two on-site visits per week to meet the needs of our residents. • In addition, an Escalation and Referral Pathway flow chart has been developed and distributed to staff along with a clear guide on appropriate CIT and CLT referrals. 	

Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> • Care plans for residents with responsive behaviours are in the process of being updated to include known triggers or de-escalation techniques, ensuring that these are prioritised before any restrictive measure is considered. • A review of current restraints is in progress to ensure that the risk assessment clearly documents any alternatives trialled before restraint being put in place. • Restrictive Practice training and Care Plan workshops are in progress to further develop the team's knowledge 	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/12/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/12/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/11/2025
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	Not Compliant	Orange	15/12/2025

	accordance with paragraph (2).			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	30/11/2025
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	07/11/2025
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	05/12/2025
Regulation 7(2)	Where a resident behaves in a manner that is	Not Compliant	Orange	05/12/2025

	challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	05/12/2025