



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

## Issued by the Chief Inspector

Name of designated centre:	Dunboyne Nursing Home
Name of provider:	Dunboyne Nursing Home Limited
Address of centre:	Waynestown, Summerhill Road, Dunboyne, Meath
Type of inspection:	Unannounced
Date of inspection:	31 January 2022
Centre ID:	OSV-0000185
Fieldwork ID:	MON-0035614

## About the designated centre

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

Dunboyne Nursing Home Limited is the registered provider of Dunboyne Nursing Home. According to the statement of purpose, the nursing home provides residential care for long-term to short-term, respite and convalescence residents, as well as those with an intellectual disability, palliative care need, acquired brain injury and physical disability. The centre can accommodate a maximum of 61 residents. It is a mixed gender facility, catering for dependent persons aged 18 years and over. The centre was purpose built. There are 47 single and seven twin rooms. The centre has multiple communal rooms that are accessible to residents at all times. Residents also have access to a central enclosed courtyard. The centre provides 24-hour nursing care to residents with low to maximum dependency needs. Additional therapeutic services are provided on site at the request and in the best interest of the resident, subject to appropriate GP referral as necessary, and access to the required resources.

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

Number of residents on the date of inspection:	50
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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
Monday 31 January 2022	09:30hrs to 17:15hrs	Sheila McKeivitt	Lead
Monday 31 January 2022	09:30hrs to 17:15hrs	Arlene Ryan	Support

## What residents told us and what inspectors observed

The centre was emerging from a recent COVID-19 outbreak at the time of inspection. One resident remained COVID-19 positive and this resident was in isolation and had a dedicated member of staff caring for them. The remaining residents were now able to move about all areas of the nursing home freely.

Inspectors walked around the nursing home starting with the Poppy Unit and then on to the Ferns unit. They observed that bedrooms were homely and filled with the residents personal possessions. Residents told inspectors that their bedrooms and bathrooms were cleaned regularly and they were always spotless. Some of the residents had chosen the colour of their room and decorated them as they wanted including hanging their own pictures and artwork.

Residents told the inspectors that they had enough storage for their belongings and clothes in their rooms and said it felt like 'home away from home'. Residents said that their clothes were regularly laundered and returned to their rooms and that they did not have any complaints about the laundry service. Inspectors visited the in-house laundry which was clean and tidy. The laundry was organised with compartments for each residents clothing prior to it being returned to their rooms.

The inspectors spoke with residents who told them that they they felt safe in the nursing home and that the care they received was very good. They said they were involved in the running of the centre, they attended the resident meetings where they could have their say.

Residents told the inspectors that their call bells were answered quite quickly and this was also observed by inspectors while walking around the nursing home. The residents also commented that the staff were always lovely to them. Staff were observed popping into rooms to check on residents and chatting to them throughout the day. Many residents were in the day room and dining room and staff were always present in these areas. The staff appeared to be very familiar with the residents and were respectful in their interactions.

Residents informed inspectors that they had a good choice of food available to them. They said that they liked the food, they got plenty to eat and had access to food at all times. Residents were also able to choose where they wanted to eat, some preferred the dining room and others preferred to eat in their bedrooms. Staff were knowledgeable of the residents preferences and of those with special requirements such as diabetic diet and modified textured diets for those with difficulty swallowing. A variety of drinks were being offered to residents after their lunch. Staff were familiar with the residents preferences but still checked with the resident before serving them.

Residents told the inspectors that they had good access to healthcare such as general practitioners, opticians, occupational therapists and chiropodists. They felt

that if they needed to see someone with any healthcare related matter it would be arranged for them. For external appointments the residents could go with their family or the nurses would make the arrangements for them.

One visitor spoke with inspectors, they were going to a residents' room for a visit. During the recent COVID-19 outbreak window visits had been facilitated but this was only for a short time and normal visiting had now resumed. They understood the restriction and knew it was only for a short time. The visitor was very happy with the care provided in the nursing home and said that their family member was well looked after and felt that they were safe there.

Staff informed inspectors that the recent COVID-19 outbreak had really stretched them but they felt that things were much better now. They said that when many staff went off sick it had been hard, but their colleagues came in to cover extra shifts which helped. Some of the staff told inspectors that they were exhausted but despite this they did feel supported by one another and by the management. Inspectors observed that the staff had a friendly and courteous relationship with the residents and that they attended to their needs promptly.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

The Chief Inspector had been informed that the centre had a COVID-19 outbreak on the 22 January 2022. This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's capability to maintain a safe service during an outbreak of COVID-19.

Dunboyne Nursing Home Ltd is the registered provider of Dunboyne Nursing home. The centre is part of the Arbour Care Group which forms part of the Evergreen Care Group.

The centre is registered to care for 61 residents, on the day of the inspection there were 50 residents living in the centre with one in hospital. An outbreak of COVID-19 was declared on 14th January 2022. This was the first significant outbreak experienced by the centre since the beginning of the pandemic.

The centre was appropriately managed. The management team on site included the Person in Charge (PIC) who was being supported by another PIC from within the Evergreen Care Group and the Assistant Director of Nursing (ADON).

The centre was adequately resourced with appropriate staffing levels to meet the needs of residents. There was a full team of staff on duty which assured inspectors

that the needs of residents were being met.

Major improvements were noted since the Infection Prevention and Control (IPC) inspection which took place the previous week. Inspectors were informed that the centre had received a deep clean and issues identified on the day that could be addressed during the outbreak had been addressed.

Inspectors were assured that residents were receiving evidenced based nursing care from a component team of staff.

### Regulation 15: Staffing

The staffing numbers and skill-mix were good. They enabled staff to meet the assessed needs of the 50 residents in a holistic manner. Staff were attentive towards residents and were available to supervise residents in communal areas.

There was a minimum of one qualified nursing staff on at all times.

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.

There was good supervision of staff. The inspectors saw from the sample of staff files reviewed that the staff had staff appraisals completed with the management team.

Judgment: Compliant

### Regulation 19: Directory of residents

The computerised residents directory was reviewed and it was found to contain most of the required information outlined in part 3 of Schedule 3. The addresses of a number of residents' next-of-kin and the residents' telephone number were not included.

Judgment: Substantially compliant

## Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of resident's property.

Judgment: Compliant

## Quality and safety

Significant improvements to the quality and safety of care provided to residents was found on this inspection. Inspectors found that residents' health, social care and spiritual needs were well catered for. Although a lot of improvements had been made in relation to infection control practices further actions were required with infection control practices and in relation to resident assessments.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected, including receiving visitors in private. Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff.

Residents had an activities assessment completed which reflected each residents interests, likes and preferences. There were adequate facilities available to deliver activities to residents. These facilities included a large sitting room and residents were seen having adequate opportunities to participate in meaningful activities on the day of inspection.

Infection control practices had improved. The majority of issues identified on previous inspections had been addressed. There were sufficient hand sanitisers available on the corridors, and in addition, bottles of alcohol hand gel in the residents' rooms. There remained a limited number of dedicated clinical hand wash sinks available for staff use. Hot water was available in bathrooms, the cleaners room and sluice room when checked by inspectors. Inspectors did not have access to the water temperature safety checklist on the day of inspection however this information was supplied shortly after the inspection.

A new flat mop system had been introduced following the 2021 inspection and was embraced by the household cleaning staff. They were knowledgeable about the system and demonstrated its use to inspectors. Chemicals were stored appropriately in a locked compartment and the cleaning trolleys were organised and clean. The housekeeping staff were routinely using chlorine tablets as part of their cleaning



activities during the COVID-19 outbreak and informed inspectors of the process for mixing the solution and usages throughout the nursing home.

Housekeeping staff informed inspectors that they had received training and were happy with the new system. There was a schedule for daily cleaning activities and a weekly deep cleaning schedule for all areas of the nursing home. The cleaners' room was clean and tidy however required some maintenance including the replacement of the hand washing sink. The person in charge assured inspectors that this was on order and awaiting delivery. The housekeeping staff demonstrated the correct use of personal protective equipment while going about their duties.

The overall décor on the Poppy unit was showing signs of wear and tear, especially on painted surfaces, handrails and floors. This did not allow for effective cleaning. However the Ferns unit was in a good state of repair and felt much brighter and modern.

Equipment was observed to be clean, however there was no process in place to identify if, and when it was cleaned. Some items of equipment were identified as rusty or broken by inspectors however these were disposed of immediately by the maintenance staff.

Improvements in the production and management of clinical waste were observed. Minimal clinical waste was being produced therefore there was not an excess of waste on site. There were large clinical and non-clinical waste bins on the corridors but these had been removed by the end of the inspection as they were no longer in use. The large clinical waste bin in the yard was kept locked and was less than half full.

End of life care plans were completed for those at this stage of their life and updated as and when necessary. There was evidence of resident and family involvement. Compassionate visits were facilitated during the COVID-19 outbreak.

Inspectors reviewed a sample of resident's records and saw that residents were assessed using a variety of validated tools. This was completed within 48 hours of admission. Detailed and person-centred care plans were in place addressing the individual needs of the residents, and these were updated within four months or more often where required. Where bed-rails were in use, the resident's care plans reflected that they were in place at the request of the individual resident.

Staff were knowledgeable of actions to take in the event of the fire alarm sounding. Staff informed inspectors that they had undertaken their fire training and that the fire alarms were checked weekly. The nominated daily fire wardens were posted on the notice board beside the staff entrance so that staff were aware of their responsibility each day.

## Regulation 11: Visits

Visiting had been temporarily restricted at the time of the outbreak however, on the day of inspection the restrictions were lifted. There was space for residents to meet their visitors in areas other than their bedrooms and the procedures in place were in line with the current public health guidelines as issued by Health Protection Surveillance Centre (HPSC).

Judgment: Compliant

### Regulation 13: End of life

There was an end of life policy which had been updated in the last three years. Residents' approaching the end of their life had a care plan in place. There was evidence that decisions made were discussed with the resident and where they did not have capacity, their next of kin.

Judgment: Compliant

### Regulation 18: Food and nutrition

Water and a glass was available in the residents rooms. Residents informed inspectors that there was a good choice of food available to them and that they can access food and snacks whenever they want.

Judgment: Compliant

### Regulation 27: Infection control

While good practices were observed, action was required in the following areas:

- There was inappropriate storage of clean items and supplies in the sluice room.
- There was no formal process for the identification of clean equipment for instance wheelchairs or hoists in the storage areas.
- The cleaning schedules were available however no specific checklists were in place including the frequency of cleaning required for frequently touched surfaces such as handrails.
- There was no changing area for dedicated staff working with COVID-19 residents.
- The lids on some laundry skips were broken.
- Access to a sluice room facility in the Poppy unit had not been risk assessed

- and required review, especially in the event of an outbreak.
- There was a limited number of clinical hand wash sinks in the centre.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Action was required in respect of the following issues:

- There was no appropriate fire hazard signage for oxygen cylinders and oxygen concentrators stored in the treatment room.
- Oxygen cylinders were stored inappropriately.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The following gaps were identified:

- A comprehensive assessment was not available for each resident and for those who had them completed they were not updated on a four monthly basis and some were incomplete.
- Residents assessments did not consistently reflect resident's preferences for end of life care.

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 all required allied health professionals services and inspectors saw evidence that a variety of these practitioners were involved in caring for the residents.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The designated center's policy was available for review. There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. The use of any restraints was minimal and appropriate.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were upheld. There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were viewed participating in activities as outlined in the activity programme. Residents with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Dunboyne Nursing Home OSV-0000185

Inspection ID: MON-0035614

Date of inspection: 31/01/2022

## 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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>Directory of residents has been updated post inspection – any identified gaps have been updated with required information</p> <p>Regular review /Audit are carried out by the DPIC /PIC to ensure no gaps are identified in the Directory of residents to ensure full compliance in relation to Regulation 19</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• There was inappropriate storage of clean items and supplies in the sluice room. All items in the sluice room are now corretly stored – No clean items are stored in this room</li> <li>• There was no formal process for the identification of clean equipment for instance wheelchairs or hoists in the storage areas. – a formal process of cleaning has been implemented for all Hoists wheelchairs – Ongoing – Regular audits ar ecarried out by DPIC / PIC</li> <li>• The cleaning schedules were available however no specific checklists were in place including the frequency of cleaning required for frequently touched surfaces such as handrails.</li> </ul> <p>There is a checklist currently in paper form for all high touch areas – This is in the process of been transferred onto touch care – for all areas – Household</p> <ul style="list-style-type: none"> <li>• There was no changing area for dedicated staff working with COVID-19 residents. An area has been identified within the home to be used as a staff changing area should we have another Covid Outbreak</li> </ul>	

- The lids on some laundry skips were broken. All broken lids have been replaced
- Access to a sluice room facility in the Poppy unit had not been risk assessed and required review, especially in the event of an outbreak.-

Sluice facilities within the home have been reviewed – The home was never intended to be two units – Currently senior management are costing with Architects possibly of new sluice area for Poppy unit

- There was a limited number of clinical hand wash sinks in the centre. This is currently been reviewed – there are sinks in nurses station on Fern and clinical room on poppy and staff toilet areas on both units. There are hand sanitizing facilities though out the home on all corridors.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- There was no appropriate fire hazard signage for oxygen cylinders and oxygen concentrators stored in the treatment room. Fire Hazzard warning sign is now insitu on door where O2 Cylinders are stored
- Oxygen cylinders were stored inappropriately. Oxygen clinders are stored upright in clinical room with key code entry on door – there is a hazzard sign on the door and a flammable sign which clearly identifies flammable items stored here

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- A comprehensive assessment was not available for each resident and for those who had them completed they were not updated on a four monthly basis and some were incomplete.

Post inspection all Staff nurses were reminded of the importance to ensure all residents Long term care and Respite Care have Comprehensive assessment to include residents preference in relation to End of life Care- Nurses are reminded throug our computer system when reviews are due – documented evidence of review and particaption with resident and their NOK for all care plan updfates are recorded –

Audits are carried out By DPIC and PIC on a regular basis to ensure ongoing compliance

- Residents assessments did not consistently reflect resident's preferences for end of life



care.

A formal identification of End of Life preferences is sought from all residents on admission – MDT – families. DNAR /Recus Status is also put in place. This is reviewed 4 monthly or PRN should the need arise by staff nurses – Regular audits by the DPIC and PIC are performed to ensure ongoing compliance.

## 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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	23/03/2022
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	23/03/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and	Substantially Compliant	Yellow	23/05/2022

	suitable bedding and furnishings.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	23/03/2022