



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

Issued by the Chief Inspector

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| 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: | Announced |
| Date of inspection: | 11 October 2023 |
| Centre ID: | OSV-0000185 |
| Fieldwork ID: | MON-0039710 |

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.

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| Number of residents on the date of inspection: | 60 |
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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 11 October 2023 | 10:30hrs to 18:05hrs | Sheila McKeivitt | Lead |
| Wednesday 11 October 2023 | 10:30hrs to 18:05hrs | Aislinn Kenny | Support |

What residents told us and what inspectors observed

From what residents told the inspectors and from what was observed, it was evident that residents were happy living in Dunboyne Nursing Home. Residents who spoke with inspectors expressed satisfaction with the staff, food and services provided to them.

On arrival at the centre inspectors walked about the designated centre with the person in charge. Inspectors observed a number of spaces for residents to relax in, such as large communal rooms, an activity room, a sensory room and some smaller reception areas. An enclosed courtyard was easily accessible to residents. One of the communal rooms had a bar area installed where the male residents ran their 'mans club' and staff set up movies for residents to enjoy.

The centre had wide corridors and residents were seen to mobilise independently and visit each other's rooms. There were newspapers available for residents to read in the day room. Bedrooms were nicely decorated and laid out, one resident told inspectors they had enjoyed watching cattle outside in a nearby field from their window. There were activities taking place in the day rooms with residents who had opted to participate and these activities were observed to be interactive and varied over the course of the day. Some residents were doing their own thing, one resident was enjoying knitting a scarf, another was watching television in her bedroom, where her art work was on display. Inspectors spoke with a resident who was reflecting in the oratory which was nicely decorated, well-lit and the resident said they enjoyed being there. There was adequate communal spaces in the centre for residents to sit and reflect or engage in activities as per their choice. There was unrestricted access to an outside area where inspectors observed the gardener tending to the flowerbed.

Residents said they went out to events held in Dunboyne castle and other events ran by Friends of the elderly. Residents had access to daily newspapers and told inspectors they were delivered to them each morning. In the reception area there were posters displaying information in relation to patient advocacy services and SAGE advocacy services. Inspectors reviewed meeting minutes from the centre's residents' forum that detailed actions that were taken based on feedback, expressed preferences and suggestions of residents. These were mostly in relation to food and entertainment. There was also a newsletter available for residents that provided jokes, short stories and local updates.

There was information displayed in relation to the pharmacist who visited the centre. However, inspectors noted that medication administration practices were not reflective of best practice guidelines or the centre's own medication management policy, which will be detailed further in the report.

Inspectors spent periods of time chatting with residents in their rooms and observing interactions between residents and the staff. Residents who were spoken

with were complimentary of staff and said they received assistance if they required it. One resident informed inspectors that the 'staff are excellent and there's enough staff'. Inspectors observed staff greeting residents by name and delivering care in a kind and respectful manner. Residents were seen to enjoy the company of staff also and were familiar with them.

Infection control practices were in place and inspectors observed housekeeping staff using appropriate cleaning methods. One resident told inspectors that their bedroom was cleaned twice each day and it was kept spotlessly clean by the house-keeping staff. There was limited access to clinical hand wash sinks to facilitate staff to wash their hands. The four clinical wash hand sinks available in the sluice and clinical rooms did not meet the required standard for clinical wash hand sinks. This is discussed further in the report.

On the day of inspection the dining experience was observed, residents had a choice of meals, tables were well laid out and drinks were served throughout the meal. Daily menus were displayed in the residents' dining rooms. Residents spoken with were happy with the quality of the food, had a choice of meals and could ask for an alternative if they felt like it with one resident saying "they're so obliging, you just have to ask". There was adequate staffing during mealtimes and residents were seated together at large or smaller tables whichever they preferred, mealtime was observed to be relaxed and sociable. Meals were observed to be nutritious and nicely presented.

Inspectors observed staff offering a variety of drinks including soup, tea and coffee during the late morning and residents were given a choice of bread or biscuits to accompany this. One resident described the food as excellent, stating that they got grapefruit and home-made brown bread for breakfast, just like they did at home.

Inspectors observed visitors coming and going throughout the day. Visitors who inspectors spoke with said they were happy with the care provided and management structures in place. They confirmed there were no restrictions on visiting their loved ones.

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

Overall, this was a well-managed centre, however the oversight of some of some areas of practice including nursing documentation, the management of complaints, the availability of clinical wash hand sinks and the management of medications required review.

This was an announced inspection. The purpose of the inspection was to assess the provider's level of compliance with the legislative requirements. The compliance plans from the previous inspection carried out in November 2022 were followed up. The inspectors found that on the whole the compliance plan responses had been implemented. However, further improvements were required to bring some regulations from non-compliant and substantially compliant to compliant.

Dunboyne Nursing Home Limited 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 was appropriately managed. The management team included the person in charge who was being supported by the assistant director of nursing and the regional operational manager. The procedures in place to oversee some areas of practice required review to ensure areas for improvement were identified in a prompt manner, in particular the management of complaints.

Overall, this was a well-managed centre, however the oversight of some of some areas of practice including nursing documentation, the management of complaints, the availability of clinical wash hand sinks and the management of medications required review.

The inspectors found that the centre was appropriately resourced for the effective delivery of care. Staffing levels were adequate for the size and layout of the centre and the number of residents accommodated at the time of inspection. Although there were some staff nurse vacancies, the vacant posts were in the process of being filled and were not negatively impacting residents.

All the required documents were available for review however some improvements were required in relation to the documents held in staff files and the records held in relation to complaint investigations to ensure all areas of practice met the regulatory requirements.

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

There was sufficient staff on duty to meet the needs of the 60 residents taking into account the number of residents, size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 21: Records

Inspectors found that records were stored securely, safely and appropriately. However, all documents were not retained as per requirements, for example; one staff file reviewed only contained one reference.

Judgment: Substantially compliant

Regulation 23: Governance and management

Notwithstanding the robust governance and management arrangements and responsibilities assigned to the management personnel to oversee the service, inspectors found that further strengthening of managerial systems and enhanced oversight was required to address a number of issues identified on this inspection, specifically

- The systems for managing complaints were not in line with the established procedure and the provider had not identified this through their auditing process. Records of investigations were not available for review and some had not been closed off in a timely manner or in line with the complaints process.
- Clinical hand wash sinks were not accessible to staff and therefore did not support effective hand hygiene.
- Enhanced oversight of care residents' assessments and care planning arrangements was required as detailed under the regulation.
- A full review of medicines and pharmaceutical services was required to ensure all medicines were administered in line with best practice guidelines for the protection of the residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the service that was provided in the centre. This was made available for the inspectors to review and had been updated within the past year.

Judgment: Compliant

Regulation 31: Notification of incidents

Mandatory notifications were appropriately submitted to the Chief Inspector in line with Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were not management in accordance to the complaints policy. Some open complaints had not been managed in line with the complaint's policy, for example, they had not been closed off within 30 days. The appointed complaint's officer had not completed any training in the management of complaints.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Although all Schedule 5 policies were available for review, some of those reviewed were not implemented in practice, for example the complaint's policy and the medication management policy.

Judgment: Substantially compliant

Quality and safety

Inspectors found that residents were supported and encouraged to have a good quality of life in the centre. The healthcare needs of residents were met through good access to medical, nursing and other healthcare services if required. While the centre was working to sustain a good level of person-centred care, improvements were required around a number of regulations; including Regulation 5: Individual

assessments and care plan, Regulation 27: Infection Control and Regulation 29: Medicines and Pharmaceutical Services.

Throughout the day it was evident that resident's rights were upheld. Inspectors saw that residents bedrooms were nicely decorated with personal belongings, pictures and plants. Residents had access to television radio and newspapers.

Resident's finances were protected. The process in place for managing residents' pensions had been reviewed since the last inspection. Inspectors saw that the processes were now in line with the requirements published by the Department of Social Protection (DSP). Improvements had also been made to the up-keep of the centre. Inspectors saw that new flooring had been placed in the front sitting room and some of the corridors and were informed that taped flooring in one corridor was due to be replaced prior to the end of 2023.

Inspectors reviewed resident care plans and found that residents' pre-admission assessments, nursing assessments and care plans were maintained, however, not all comprehensive assessments were reviewed at four monthly intervals and some required updating. While there was evidence of person -centred care practices seen throughout the day of inspection and the care plans were personalised, some care plans needed more detailed information to ensure the resident received the care they required. Inspectors found gaps in the recording of input in relation to the recommendations made by multi-disciplinary team members, involved in residents' care. This was particularly pertinent for residents at end of life stage and in relation to resident's nutritional needs.

Inspectors looked at Regulation 13; End of Life care and found there was adequate facilities for family. Care plans reviewed showed there was family involvement in residents care at this stage of their life.

While there was evidence of good infection control practice identified, there were additional actions required to ensure clinical handwash sinks were easily accessible to staff. This is discussed further under Regulation 27; Infection Control.

Medicines were stored appropriately and at the correct temperature however inspectors noted that medication administration practices to those residents receiving respite care was not in line with best practice guidelines or with the centre's own medication management policy.

Regulation 13: End of life

Residents received end of life care based on their assessed needs, and were supported to maintain and enhance their quality of life. Residents' care plans detailed care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs and involved family also.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to the number and needs of the residents and were in accordance with the centre's statement of purpose. The centre was well maintained in a good state of repair. It was well laid out to enable orientation and independence, such as space for residents to walk around freely, good lighting, safe floor coverings and handrails along both sides of corridors. The layout and type of furniture was appropriate to meet residents needs. The décor assisted to orientate residents. The centre was well lit, heated and ventilated throughout. All areas were clean and well maintained.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 27: Infection control

While good practices were observed, there was a limited number of clinical hand wash sinks in the centre and these did not meet the required standard. They were situated in the sluice and clinical rooms. There were no clinical hand wash sinks accessible to staff in the areas where care was being delivered to residents.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Although medicines were stored safe and securely, medication administration practices were not in line with nursing best practice guidelines or with the medication management policy. Inspectors found the medications were being

administered from a faxed prescription for a longer period of time than that stated in the medication management policy.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Some comprehensive assessments were not updated in line with regulatory requirements and inspectors observed a lack of detail in some care plans, which meant that staff were not effectively guided in the provision of care to the residents.

Judgment: Substantially 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 inter-disciplinary team members as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence of assessment and analysis tools used for managing behaviour that is challenging. Use of restrictive practices was being reduced, however some restrictive equipment was in use.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures which staff understood and implemented. An Garda Siochana (police) vetting disclosures provided assurances for the protection of residents and were obtained prior to staff commencing employment.

The centre was a pension-agent for a number of residents. These processes were reviewed and the inspectors saw that the residents monies were going into a separate bank account in line with the requirements published by the Department of Social Protection (DSP).

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed on the day of inspection were person-centred and courteous. There was access to independent advocacy services on display in the centre.

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 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Not compliant |
| Regulation 4: Written policies and procedures | Substantially compliant |
| Quality and safety | |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Not compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Dunboyne Nursing Home OSV-0000185

Inspection ID: MON-0039710

Date of inspection: 11/10/2023

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 21: Records | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records: New audit to track Schedule 2 compliance now in place. All staff comply with Schedule 2 by 23/11/2023. | |
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Any outstanding complaints have been reviewed and resolved as per the complaints policy. All complaints and concerns continue to be recorded in line with the complaints process and resolved within 30 days as per policy. • Existing hand wash sinks will be replaced with new clinical hand wash sinks. Expecting installation 10/02/2024. • Full review of all assessments and care plans in process to ensure compliance with record-keeping standards. Full audit will be completed by 15/01/2024. • Review of medication process has been completed on 12/11/2023 and Medication Policy amended to reflect changes. This will ensure full compliance. All respite residents are required to provide updated signed scripts and Kardex from their own GP on day of admission. | |

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| Regulation 34: Complaints procedure | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • Any outstanding complaints have been reviewed and resolved as per the complaints policy. All complaints and concerns continue to be recorded in line with the complaints process and resolved within 30 days as per policy. • Complaints officer completed Complaints Training on 09/11/2023. | |
| Regulation 4: Written policies and procedures | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> • Complaints and Medication policies were reissued to all staff and communicated at the handover. All staff had re read and signed. Supervision sessions provided to staff as additional support to ensure understanding of required practice. | |
| 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"> • Existing hand wash sinks will be replaced with new clinical hand wash sinks. Expecting installation 10/02/2024. | |
| Regulation 29: Medicines and pharmaceutical services | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • Review of medication process has been completed on 12/11/2023 and Medication Policy amended to reflect changes. This will ensure full compliance. | |

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| Regulation 5: Individual assessment and care plan | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: <ul style="list-style-type: none">• Full review of all assessments and care plans in process to ensure compliance with record-keeping standards. Full audit will be completed by 15/01/2024. | |

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 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector. | Substantially Compliant | Yellow | 15/12/2023 |
| Regulation 23(c) | 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 | 10/02/2024 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare | Substantially Compliant | Yellow | 10/02/2024 |

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| | associated infections published by the Authority are implemented by staff. | | | |
| Regulation 29(5) | The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product. | Not Compliant | Orange | 12/11/2023 |
| Regulation 34(6)(a) | The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan. | Not Compliant | Orange | 15/12/2023 |
| Regulation 34(7)(a) | The registered provider shall ensure that (a) | Not Compliant | Orange | 09/11/2023 |

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| | nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures. | | | |
| Regulation 04(1) | The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5. | Substantially Compliant | Yellow | 15/12/2023 |
| 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 | 12/10/2023 |