



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

Issued by the Chief Inspector

Name of designated centre:	Carechoice Dungarvan
Name of provider:	Carechoice Dungarvan Limited
Address of centre:	The Burgery, Dungarvan, Waterford
Type of inspection:	Announced
Date of inspection:	11 July 2025
Centre ID:	OSV-0000231
Fieldwork ID:	MON-0047281

About the designated centre

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

CareChoice Dungarvan is situated in a rural setting on the outskirts of the town of Dungarvan. The nursing home is purpose-built and is adjacent to housing for supported independent-living accommodation. The centre has 116 registered beds. It is a two-storey building with lift access between floors. Residents' accommodation comprises single bedrooms with en-suite shower, toilet and hand-wash facilities, sun rooms, lounges, a coffee dock, quiet prayer room, day rooms, dining rooms and comfortable seating areas throughout. There is a secure outdoor garden with paved walkways, seating areas and raised flowerbeds and residents have easy access to this. Other accommodation comprises staff facilities, laundry and secure clinical rooms. CareChoice Dungarvan caters for people requiring long-term residential care, respite and convalescence care with low to maximum dependency assessed needs. The nursing home provides full-time nursing care primarily for older people, male and female, but can also accommodate people under 65 years of age with specific care needs. Care is provided for people with a cognitive impairment, frailty and general palliative needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	115
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 11 July 2025	09:45hrs to 17:15hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

The inspector used observations of interactions between staff and residents, discussions with residents and visitors, a review of documentation and conversations with staff, to gain an understanding of the residents' quality of life. Overall, the inspector found that the residents were content, comfortable and happy in the centre. The registered provider continued to achieve high levels of compliance with the regulations.

The inspector found that the centre was reflective of the aims and objectives set out in its statement of purpose. Carechoice Dungarvan aims to provide a residential setting wherein residents are cared for, supported, and valued within a care environment that promotes the health and wellbeing of residents. The inspector found that this was a centre that ensured that residents received the care and support they required in a meaningful, person-centred way.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The inspector reviewed all surveys completed and found that feedback was very positive, and indicated satisfaction with the service provided to them in the centre, including staff, activities, trips and events, premises and food. One survey said that the noise at night could be a bit loud at times. During the inspection, the inspector met and chatted with residents who confirmed the positive survey results. All residents spoken with were very happy in the centre. Comments included "the staff do a remarkable job" and "I wouldn't want to be anywhere else but here". Likewise, visitors to whom the inspector spoke were unanimous in their praise for the centre, and described many positive interactions and experiences that they had had with the centre's management and staff. Visitors told the inspector that Carechoice Dungarvan was "a lifeline" and described the staff as "incredible", "kind", "dedicated" and "caring". Visitors praised the seamless communication from staff should there be any changes to their loved one's condition.

It was apparent to the inspector that residents enjoyed being in each others company and had built up strong connections with each other and with the staff team who worked with them. Residents shared jokes with the inspector and spent time talking about their interests and their lives. For example, one resident was looking forward to going out with family for an overnight stay and a shopping trip, and another was reflecting on their admission to the centre and how much the staff had done for them at that time. The inspector observed that staff attended to residents in a timely fashion, and call bells were answered by staff as soon as practicable.

Staff maintained residents' privacy and bedrooms doors were observed to be closed when required or requested by the resident. When support was required in communal areas, this was discreetly provided. Staff encouraged residents to

maximise their independence with daily activities such as walking and eating independently. Residents who resided on the upper floors of the centre were observed using lift with assistance by staff, and independently. The inspector spoke with some residents on this floor who stated that they were always able to come downstairs when they wanted.

The inspector toured the entire premises including the gardens. All areas including communal rooms, bedrooms, bathrooms and store rooms were clean and tidy throughout. Bedrooms were generally decorated with residents' own items such as photographs and artwork and included items of interest and personal significance to them. The garden was equipped with wheelchair-friendly paths and garden furniture. The flowerbeds were filled with colourful plants and shrubs. Residents said that they loved the garden, which was freely accessible to them.

An activities planner was on display in the main foyer, and throughout the centre, displaying the main activities each day. Activities included movie nights, Bingo, live music, sing-alongs, general knowledge quiz and arts and crafts to name a few. There was plenty of chat and nice exchanges of conversation between residents and staff when activities were ongoing throughout the day. Activities were led by an activities coordinator, and while this was going on, staff ensured that other residents who chose not to, or were unable to compete in the game, were suitably engaged by sitting with them, chatting and doing gentle hand massage or nail painting. Some residents were happy to sit back and watch the activities, without participating.

The mealtime service was unhurried. Residents were afforded sufficient time to come to the dining room and eat their meal. Residents were offered a choice of main course, and this was done in a restaurant-style service, with staff going table to table and taking the orders before service, ensuring that residents received the meal of their choice in a warm and appetising fashion. Tables were nicely laid with placemats and condiments. A small number of residents remained in their rooms for meals, at their own request. These residents were attended to promptly by staff and provided with assistance when required.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The inspection found that there was a consistent commitment by the registered provider to deliver a quality service, designed to improve and enhance the lives of residents. There was a system of ongoing quality improvement, and staff of all grades were dedicated to sustaining the high levels of care provided in the centre. The governance and management of the centre was well organised and sufficient resources were provided to ensure that residents were supported to have a good

quality of life. Some action was required in relation to the provision of contracts of care to all residents.

This was an announced inspection conducted over the course of one day to monitor the provider's compliance with the regulations and standards. Carechoice Dungarvan Ltd. is the registered provider of the centre. There are two directors of this limited company, one of whom is actively involved in the management of the centre in the role of Chief Executive Officer (CEO) of the Carechoice Group. The person in charge was well known to residents and staff and it was clear that she had responsibility for the day-to-day running of the service. Within the centre, the person in charge was supported by two assistant directors of nursing, a team of nurses, healthcare assistants, administration and support staff. This management structure was found to be effective for the current number of residents. The centre was registered to accommodate 116 residents. Staff members spoken with told the inspectors that the management team were supportive and had a visible presence within the centre daily. On the day of inspection, there was 115 residents living in the centre. There were sufficient numbers of suitably qualified nursing, healthcare and household and catering staff available to support residents' assessed needs. The record of staff on duty was maintained in a roster.

There was evidence of good communication through clinical governance and quality and safety committee meetings, which discussed all areas of the service provided to residents. There was evidence of shared learning through the Carechoice group. Minutes of meetings with other designated centres within the group highlight areas of good practice, and areas for improvement. There was a system in place to ensure that the service was consistently monitored, including the collection of key clinical data such as falls, incidents, restraints, infections and wounds, which informed a regular schedule of audits. The centre had a risk management policy, and accidents or incidents that occurred within the centre were reported internally and followed up by senior staff. On a day-to-day basis, there were regular handovers of care between the staff, highlighting any areas of concern or risk that may have occurred and ensuring that staff were engaged in the daily delivery of care and support to residents.

The standard of overall record-keeping in the centre was good, with required files maintained in compliance with regulatory requirements. The inspector reviewed a sample of staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Records viewed by the inspector confirmed that there was a good level of training provided in the centre. The training records confirmed that all staff had received training in important areas including safeguarding vulnerable adults and fire safety.

Contracts of care were in place for all residents in the centre. Contracts for residents who availed of long-term care in the centre contained all of the information specified in the regulations, for example the number of other occupants of a room and the

fees to be paid. This did not extend to residents in short-term beds, as discussed under Regulation 24: Contracts for the provision of services.

Regulation 15: Staffing

There was an adequate number of staff on duty to cater for the needs of residents present in the centre. The staffing levels were in line with those in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to training appropriate to their individual roles. This included a suite of training courses which were required for staff across all departments, including moving and handling and infection control.

Staff were appropriately supervised in their duties, and the inspector observed that staff were knowledgeable and applied the principles of training in their daily practice.

Judgment: Compliant

Regulation 21: Records

All required records were securely stored and maintained in a manner which made them easily accessible to the inspector.

A sample of staff files were found to contain the requirements of Schedule 2 of the Regulations. The records required under Schedules 3 and 4 of the regulations were also maintained and made available to the inspector for review, for example, the residents' guide, records of on-going medical assessment and records of complaints.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place with identified lines of authority and accountability. The management team had systems in place to monitor and evaluate the effectiveness of the service. An annual schedule of audits were carried out. The inspector examined recent audits including infection control, restraint use and care planning and noted that audits were used to inform service improvements.

Incidents and accidents occurring in the centre were responded to quickly. For example, the falls audit showed that each resident was assessed immediately and a falls risk assessment was completed following a fall. Changes to the resident's plan of care were implemented as necessary. Records of management and staff meetings were reviewed and the agenda included clinical audit results, ensuring that required actions were taken and all staff were informed about changes to practice or required improvements.

The person in charge carried out an annual review of the quality and safety of care in 2024 which was available to staff and residents. The review included feedback from the residents satisfaction survey and an improvement plan for 2025.

Judgment: Compliant

Regulation 24: Contract for the provision of services

There were a small number of beds designated for the purposes of convalescence or rehabilitation, which were state-funded. The residents occupied these beds for differing periods of time, however the contracts of care for these residents did not specify the additional fees to be charged for services not covered by state funding.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge ensured that where incidents as set out in the regulations occurred, these were notified in writing to the the Chief Inspector of Social Services within the required timeframes. For example, incidents of injury requiring admission to hospital, and quarterly notifications of the use of restrictive practices in the centre.

Judgment: Compliant

Quality and safety

The culture, ethos and delivery of services in the centre supported a good quality of life for residents. The individual human rights of the residents in the centre were well respected and promoted. Staff were understanding of the residents needs for care and support and empowered residents to live a full and active life, to the best of their abilities. Minor areas for improvement in the storage of medicines and the overall premises were identified during this inspection.

The overall premises in the centre was clean, well maintained and inviting. A schedule of progressive maintenance and decorative upgrades was in place, to ensure that all areas of the centre were maintained in a good condition and that the environment was homely and comfortable. As discussed under Regulation 17: Premises, some aspects of the premises required review, to come into line with the regulations.

A record of restrictive practices such as bedrails was maintained in the centre. There was good oversight of these devices, and staff had a good understanding of what constitutes restrictive practice. A restraint-free environment was promoted in the centre. Any restrictive device was subject to thorough risk assessment, and there was a number of alternatives to restrictive devices in use, such as low-profile beds and sensor alarms. The system of care planning for residents with known responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) was well-established and organised, with a comprehensive review of each resident on admission. Person-centred care plans were developed following this review, and these were updated regularly.

There were systems in place to ensure that when a resident was temporarily absent from the centre for treatment in a hospital, or elsewhere, all relevant information about the resident was provided to the hospital or facility. Similarly, on return to the centre, all reasonable steps were taken by management and staff to ensure that all correct information and changes about the resident were obtained. This was evidenced in a resident's records, including daily notes and transfer and discharge documentation.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centre's safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. The policy in place covered all types of abuse and it was being implemented in practice.

Comprehensive systems were seen to be in place for medicine management in the centre. Medication administration was observed to be in line with best practice guidelines. Medications that required administering in an altered format such as crushing were all individually prescribed by the general practitioner (GP) and indication for administration were stated for short-term and "as required" medications.

Out-of-date medicines and medicines which were no longer in use were segregated from in-use medications and were returned to the pharmacy promptly. Controlled drugs were carefully managed in accordance with professional guidance for nurses. The electronic system in use prompted the administering nurse to check and sign for each medicine, which minimised the risk of errors. Some improvement was required in relation to the storage of refrigerated medicines, as discussed under Regulation 29: Medicines and pharmaceutical services.

Residents' rights were protected and promoted in the centre. Choices and preferences were seen to be respected. Regular residents' meetings were held which provided a forum for residents to actively participate in decision-making and provide feedback in areas regarding social and leisure activities, advocacy and empowerment, and standards of care. Minutes of these meetings were documented, with action plans assigned and followed up on. For example, during one meeting, a resident requested certain changes to the menu. This was then followed up with the resident, and again at the next resident's meeting, to determine if the change made was satisfactory to the resident.

Regulation 12: Personal possessions

Residents had access to and retained control over their personal property, possessions and finances.

In particular, residents had adequate space to store and maintain their clothing. Residents told the inspector that their clothing was laundered regularly and returned promptly, in good condition.

Judgment: Compliant

Regulation 17: Premises

There were small amounts of visible wear and tear to items of furniture in some rooms, for example, scuffing and marking of bedside tables and walls. The flooring and decor in some areas was due for an upgrade, and there was a plan in place for this to be completed over time.

While all residents had a lockable drawer on their bedside locker, not all of these were provided with keys. As per Schedule 6 of the regulations, there is a requirement for a lockable storage space for personal possessions.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed the discharge documentation for three residents and saw that each resident was transferred from the designated centre in a planned and safe manner, with all relevant information about the resident provided to the receiving hospital or service.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the six specified risks as outlined under Regulation 26. Risk reduction records including an emergency plan and an up-to-date risk register were in place. Risk assessments were seen to be completed and appropriate actions were taken to mitigate and control any risks identified.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

In one medication fridge, boxes of insulin were being stored directly next to the freezer compartment, despite manufacturer's instructions clearly indicating that this should not be done. This could potentially affect the efficacy of the medication. Multiple boxes of insulin were found to be damaged and waterlogged.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre. There was a low use of restraints such as bedrails. Less restrictive alternatives were trialled and documented in the residents' care plans. There was evidence that consent was obtained when restraint was in use. Records confirmed that staff carried out regular safety checks when bedrails were in use.

Staff were knowledgeable regarding residents' behaviours and were seen to engage positively and compassionately when behaviours were displayed. Positive behaviour

support plans were in place to which described the behaviours, the antecedents to the behaviour and the interventions in place to limit their occurrences.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to safeguard residents from abuse. Training in the safeguarding of vulnerable adults was provided to staff and staff demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. Residents reported feeling safe in the centre and told the inspector that they would have no difficulty talking to staff should they have any concerns.

Residents' finances were safeguarded through appropriate pension agent arrangements and strong systems for the management of monies in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Dedicated activity staff was assigned to provide activities for residents on a daily basis. The inspector reviewed the activity schedule on offer to the residents and noted that the activities reflected residents' interests and capabilities.

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents. Overall, residents' right to privacy and dignity was respected and positive respectful interactions were seen between staff and residents. Residents said that if they had any complaints or suggestions that these were listened to by staff. Independent advocacy services were available to residents and the contact details for these were on display.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carechoice Dungarvan OSV-0000231

Inspection ID: MON-0047281

Date of inspection: 11/07/2025

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 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: • The contracts of care for residents in HSE-contracted beds have been reviewed and now specify the additional fees that may be charged for services not covered by state funding.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • A refurbishment plan is in place to ensure continuous upgrading of rooms (including a review of furnitures, flooring, and walls) as needed. • Any residents who had not previously received a key for their lockable bedside locker have now been provided with one. All residents also have access to a lockable drawer within their bedside locker.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- All damaged or waterlogged stock was safely disposed of, and a new fridge without a freezer compartment has been installed.
- A full review of all existing fridges across all floors has been completed to address the gaps identified during inspection.
- Insulin is now stored strictly in line with manufacturer's guidance, staff have been educated on correct medication storage requirements, and the Clinical Management Team is conducting regular spot checks of medication fridges to ensure ongoing compliance and safeguard efficacy.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/05/2026
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/09/2025
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	25/07/2025

