Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Carechoice Dungarvan
Name of provider:	Carechoice Dungarvan Limited
Address of centre:	The Burgery, Dungarvan, Waterford
Type of inspection:	Unannounced
Date of inspection:	23 June 2026
Centre ID:	OSV-0000231
Fieldwork ID:	MON-0049836

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:	114

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
Tuesday 23 June 2026	09:40hrs to 18:15hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out over one day, by an inspector of social services. The purpose of the inspection was to assess ongoing regulatory compliance with the regulations and standards.

From what residents told the inspector and from what was observed, it was evident that residents were happy living in CareChoice Dungarvan where their rights were respected and they had freedom in how they chose to spend their days. There was a cheerful and vibrant atmosphere in the centre, and the sense of well-being amongst residents was evident. Residents who spoke with the inspector were unanimous in expressing their satisfaction with the staff and the service provided to them. Those residents who could not articulate for themselves appeared comfortable and content. Likewise, visitors to whom the inspector spoke with praised the management and staff for the high level of care and attention given to residents. One visitor stated that their loved one's transition to living in the centre had been "seamless" and had "exceeded expectations". Visitors stated that they felt reassured that their family members were safe and content in the centre. The inspector observed that staff were consistently respectful in their interactions with residents and knew them well.

On arrival to the centre, the inspector met with an assistant director of nursing to gather some details about the residents in the centre. The person in charge was on an outing with a number of residents to Fota Wildlife Park, and attended the centre later in the day once the outing was completed. The centre is laid out over two floors, in four distinct wings, designed with residents' needs in mind. The décor in the communal areas was thoughtfully styled in a homely fashion and was bright and inviting. Clear signage in written and pictorial format supported residents to find their way around the centre. The centre was free from clutter and there were appropriate handrails and seating areas throughout the premises which enhanced residents' ability to move around the centre safely and independently. It was an extremely hot day and many residents did express feeling very warm. The centre's maintenance staff adjusted the thermostats and staff ensured that residents were offered plenty of cold drinks and ice creams.

Residents reported satisfaction with their bedroom accommodation, many of which varied in size and shape, but all containing a chair, locker, lockable space, wardrobe and storage space. Residents were encouraged to personalise their rooms with their own furniture and belongings, and many rooms were decorated with photographs and paintings. There was a systematic and planned upgrade of residents' bedroom accommodation underway, with one room completed to a high level, with new furniture and flooring. Residents told the inspector that they were looking forward to having their rooms refreshed and redecorated.

There was access to the centre's garden via corridors and the large ground floor dining room. The garden had tables and chairs, level walkways and mature planting which was designed to maximise the sensory experience and contained bright flowers, and lavender. This area was described as "gorgeous" and "so relaxing" by residents. The dining rooms and sitting rooms contained appropriate and comfortable furniture. Place settings were laid out for residents prior to their meals and residents appeared relaxed and comfortable in the dining spaces where they enjoyed conversation between fellow residents and staff during their meals. Menus were prominently displayed on a large board and also on each table. Pictorial menus assisted residents to understand the choices available. All residents who spoke with the inspector reported that the variety of food on offer was excellent. One resident stated "the food is simply beautiful".

The inspector observed the dining experience at lunchtime in three different dining rooms. Menus were displayed in the main dining rooms and residents confirmed they were offered a choice of menu. Meals were prepared freshly on-site and transported via heated trollies to the dining rooms on the first floors. During meal times, there was a sufficient number of staff available to assist residents. Where residents required staff to support them with taking their meals, staff were observed to be doing so in a dignified and kind way. However, the inspection also found that there were gaps in the implementation of the recommendations made by healthcare professionals such as dietitians and that residents' care plans were not always updated with relevant information to guide care. This is further discussed in the report under regulations 18 and 5.

Residents enjoyed the activities taking place on the day of the inspection with plenty of friendly conversation and good humoured fun happening between residents and staff. The activities on the day included Bingo and a group exercise class. The activities staff were instrumental in delivering a social engagement programme, which was planned out in advance. Residents were encouraged to maintain links with the local community. There had been a recent visits to Clonea strand, Dungarvan Castle and Ardmore. It was evident that these social excursions were an important part of life for the residents. There were pictures of special occasions throughout the centre and it was clear that every effort was made to ensure residents lived a full and enjoyable life, to the best of their abilities.

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 the quality and safety of the service being delivered.

Capacity and capability

There were good overall governance systems in this centre. The registered provider ensured that the service was appropriate to the needs of the residents. Strong leadership and a well-established staff team focused on maintaining a safe and

comfortable environment for residents, whilst also respecting their individual rights and preferences. Some improvements were required in respect of contracts of care and the systems of oversight of incidents, to fully comply with the regulations.

This was an unannounced inspection to assess the registered provider's ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). CareChoice Dungarvan Limited is the registered provider of the centre and part of the wider CareChoice group who own a number of centres nationally. The person in charge reported to the Chief Executive Officer (CEO). From the group, the person in charge is supported in their role by a senior management team comprising of a director of governance, a facilities manager, a director of human resources and a director of finance. Within the centre, a clearly defined management structure operated the service day-to-day. The person in charge is also supported by two assistant directors of nursing who are supernumerary to the nursing complement. They provide supervision of practice over the weekend, and the person in charge is on-call to support the service as required. The assistant directors of nursing deputise for the person in charge in her absence. Further support is provided by a general services manager, clinical nurse managers, a team of nurses, healthcare assistants, catering, housekeeping, laundry, maintenance, activity coordinators and administration staff.

Throughout the inspection, the person in charge demonstrated very good insight regarding their roles and responsibilities, and described a well-organised model of service delivery, encompassing a high level of both clinical and social care. The management team demonstrated excellent knowledge of residents' individual needs. The centre is registered to provide accommodation for 116 residents, and there were 114 residents living in the centre on the day of inspection.

There were some good management systems in place to monitor the quality and safety of the service. The person in charge had completed an annual review of the quality and safety of care delivered to residents in 2025. Consultation with residents and families was reflected in the review. A schedule of clinical and environmental audits evaluated key areas such as infection control procedures, residents' documentation and medication management. The quality of care was monitored through the collection of weekly data, such as monitoring the use of antibiotics and psychotropic medications and the incidence of wounds and falls. Audit findings were discussed at the quality and safety committee meetings and at wider staff meetings across all departments, which were held regularly. Minutes of these meetings evidenced a sharing of information, including updates in relation to residents' needs. Notwithstanding this good practice, this inspection found that some areas of oversight were not strong enough to effectively identify gaps and risks in the service and drive quality improvement. This will be discussed under Regulation 23: Governance and management.

There was a comprehensive induction programme in place, and all staff had annual performance appraisals, where there were opportunities to identify any training needs, to develop skills and knowledge. The overall provision of training in the centre was good, with staff being up-to-date with relevant training modules, such as moving and handling, and infection control. Additional training courses were

provided specific to a staff member's role; for example, all domestic staff attended chemicals training and activity coordinators had training in the delivery of dementia-specific therapies.

Complaints were well-managed in line with the centre's own policy. Residents confirmed that they were consulted with regularly by the management and staff and that their queries were dealt with quickly, and as a result, any issues they had would not reach the level of a formal complaint. The inspector reviewed contracts of care for four residents and found that there were inconsistencies in the format of the contract used, with some contracts outlining additional charges that were not required to be payed by the resident. This is discussed further under Regulation 24: Contracts of care.

Regulation 15: Staffing

Based on a review of rosters, feedback from residents and staff, and observations made on the day of the inspection, there was a sufficient level of staff on duty to meet the collectively assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the records of staff training confirmed that staff were facilitated to access important training relevant to their role in the centre. There was a good system in place to ensure that staff training courses required by the regulations for example, fire safety and safeguarding of vulnerable adults were kept up to date.

There were appropriate arrangements for supervision of staff each shift. Weekend and out-of-hours arrangements were in place to ensure that the centre remained supervised at all times.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of past and present residents which contained all of the required information for example, the name and address of the resident's General Practitioner (GP) and the dates of admission and discharge to and from the centre.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good oversight and management arrangements in place, the systems to ensure that the service is safe, effective and consistently monitored, required review to ensure that all areas of risk are analysed and used to drive continuous quality improvement.

There was a system for recording incidents and accidents in the centre, the majority of which were falls-related. While data was collated on each of the incidents, only the data on falls-related incidents was analysed to inform quality improvements. The data related to other incidents, including unexplained bruising was not subject to analysis or trending and as such, there was no consideration given to potential safeguarding incidents having occurred.

A recent call-bell audit in one area of the centre had identified that some bells were not answered within an acceptable timeframe. There were no documented actions or improvement plans derived from the findings of this audit. The inspector was informed that management completed audits based on a defined audit schedule. This meant that poor findings were not escalated in a timely manner, and were not subject to further audit and review.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Four contracts of care were reviewed by the inspector. This review identified that contracts of care specified additional fees that the resident was already entitled to under the General Medical Services (GMS) scheme, for example, fees for GP visits.

Contracts also included additional fees payable by residents, which were provided free of charge to the provider, for example speech and language therapy and dietetic services from a nutritional company.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had in place an effective procedure for managing complaints which met the requirements of the regulations. The nominated complaints officer

and review officer had received suitable training to deal with complaints. The record of complaints was reviewed which evidenced an overall low level of complaints received. Supporting documentation evidenced that complaints were well-managed and generally resolved to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

Residents living in CareChoice Dungarvan were supported to achieve a good quality of life and maintain their independence through individualised and holistically-planned care. Residents were well-respected, and encouraged to give feedback on the services they receive. The inspector identified that improvements in the care planning systems and the provision of specific dietary requirements were required, to ensure consistently good outcomes for residents.

Visits were observed taking place during the inspection, and residents and visitors confirmed that visiting in the centre was not restricted. Suitable areas were available for visits outside of residents' bedrooms, including communal rooms and quiet spaces. As it was a sunny day, some residents were seen meeting visitors in the gardens. The centre had a visiting policy that met all regulatory requirements. It included guidance on visiting during an infection outbreak and clearly outlined how residents could receive support from their nominated visitors.

Notwithstanding the many good practices observed in respect of food and nutrition as outlined in the first section of the report, some improvements were required in relation to the provision of specific dietary requirements, which is discussed under Regulation 18: Food and nutrition.

Systems were in place for residents to access the expertise of health and social care professionals and specialist services through a system of referral. This included palliative care, psychiatry of later life, integrated care services for older persons' and chiropody. An in-house physiotherapy service provided group exercise and individual physiotherapy assessments. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

There was a very low level of pressure ulcer formation within the centre, due to the appropriate delivery of evidence-based, preventative skin assessments and regular monitoring for pressure-related skin damage. Residents who were admitted with pressure ulcers or other wounds, were appropriately referred to specialist wound care nurses for additional expertise.

Regulation 10: Communication difficulties

The registered provider ensured that residents who experience communication difficulties are supported to communicate freely. Staff facilitate communication in a manner that reflects each resident's individual needs, abilities, and preferred methods of expression. Residents with specialist communication requirements had these needs clearly documented in their care plan.

Judgment: Compliant

Regulation 11: Visits

There was a visiting policy in place in the centre which contained all the information required under the regulations. The registered provider had made arrangements for residents to receive visitors and visits to residents were not restricted in the centre. There were suitable communal and private facilities available for residents to receive visitors.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were satisfied with quality and quantity of food, and with the temperature, taste and choice of options. However, the dietary needs of residents, as prescribed by dietetic staff were not always provided for. For example;

- There was no evidence that residents who were prescribed a high-protein, high-calorie diet, were provided with this diet.
- Residents who were prescribed fortified diets (additional cheese, butter and cream added to meals, for example), were not provided with this diet.

Additionally, on the day of inspection, there was no difference in the modification of level 4 (puréed) and level 5 (minced and moist) diets. All were modified to a level 4. Modification levels are prescribed by a speech and language therapist on an individual basis, based on the requirements of the resident.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall, care plans in the centre were detailed and personalised. However, the inspector identified five care plans which were not updated in line with the most recent clinical assessments or updates from health professionals. Examples included:

- Dietary recommendations following dietetic review not being implemented into care plans
- Updated clinical risk assessment scores for risk of falls not being incorporated into the care plan, specifically when the risk had increased

Some care plans contained historical, inaccurate and duplicate information, which made it difficult to identify the current plan of care for the resident.

Judgment: Substantially compliant

Regulation 6: Health care

There were high standards of evidence-based nursing and healthcare provided in this centre. GPs routinely attended the centre and were available to residents. Social and health professionals also supported the residents on-site where possible and remotely when appropriate, for example the dietitian, and physiotherapist.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Carechoice Dungarvan OSV-0000231

Inspection ID: MON-0049836

Date of inspection: 23/06/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • A comprehensive review of incident management systems and governance systems conducted to ensure all incidents are appropriately reviewed, analysed, and trended to identify recurring themes and learning opportunities. • Incident data, including unexplained bruising and other potential safeguarding-related concerns, is now reviewed to identify trends, themes, and emerging risks. Any incidents with potential safeguarding implications are assessed, investigated, and escalated in line with safeguarding procedures. • Learning from incident reviews and trend analysis is used to inform quality improvement actions and is monitored through local governance structures. • The call bell audit process has been reviewed to ensure identified gaps are promptly escalated, actioned, and monitored. Where audit findings identify delays or risks to residents' safety, dignity, or timely access to support, improvement plans are developed with clear actions, responsible persons, and completion timeframes. • Actions arising from audits are reviewed through local management and governance structures, with repeat audits completed where required to confirm effectiveness, sustainability, and embedding of learning. • Toolbox talks have been completed with all staff to reinforce expectations regarding timely call bell response, monitoring processes, and the importance of ensuring residents have timely access to assistance.	
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: • All Contracts of Care will be reviewed to ensure fees are accurate, transparent, and compliant with regulatory requirements. Sections relating to Speech and Language Therapy, Dietetic Services, and GP services have been removed where these services are covered under existing General Medical Services (GMS) scheme entitlements.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: • Dietary records, catering lists, and care plans have been updated following Dietitian and SALT reviews to reflect prescribed recommendations, including fortified, high-protein/high-calorie, and texture-modified diets. This ensures dietary requirements are clearly documented, communicated, and available for staff to follow. • The management of texture-modified diets has been reviewed to ensure residents receive meals in line with individual SALT recommendations, including the correct preparation and provision of prescribed diet levels. • All catering and clinical staff have completed IDDSI refresher training, including education on high-protein, high-calorie, fortified, and texture-modified diets to ensure appropriate preparation and provision of modified diets. • The catering department is informed of all dietary changes, with nursing staff supervising mealtimes to ensure residents receive diets in line with their assessed needs and prescribed requirements. • Ongoing mealtime checks, nutritional audits, DON/ADON spot checks, and governance oversight will monitor compliance, strengthen clinical oversight of residents' nutritional care and documentation, and support continuous improvement.	
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: • Care plans identified as having gaps on the day of inspection have been reviewed and updated to ensure recommendations from Dietitians, Speech and Language Therapists, and other healthcare professionals are incorporated promptly. Updated clinical risk assessments, including falls risk assessments, are reflected within residents' plans of	

care, particularly where risk levels have changed.
• A full review of care plans has commenced to ensure they accurately reflect residents' current assessed needs, clinical risks, preferences, and multidisciplinary recommendations. Historical, inaccurate, and duplicate information is being removed to ensure the current plan of care is clear, accurate, and accessible to staff.
• Additional education and support have been provided to nursing staff to promote timely assessment, accurate documentation, and comprehensive individualised care planning.
• Monthly assessment and care plan audits are being completed to identify gaps and monitor compliance. These audits are supported by oversight from the Person in Charge and Assistant Directors of Nursing to ensure care plans remain current, person-centred, and reflective of each resident's assessed needs and clinical status.

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 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	31/10/2026
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	31/10/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	31/08/2026

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(2)(d)	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 any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	31/08/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/12/2026