

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

Issued by the Chief Inspector

Name of designated centre:	Bellvilla Community Unit
Name of provider:	Health Service Executive
Address of centre:	129 South Circular Road, Dublin 8
Type of inspection:	Unannounced
Date of inspection:	24 September 2025
Centre ID:	OSV-0000438
Fieldwork ID:	MON-0044151

About the designated centre

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

Bellvilla Community Nursing Unit is a designated centre providing full-time health and social care to dependent men and women over the age of 65 years. The designated centre is located in south Dublin city and registered for 49 beds, all accommodation is located on the ground floor of a single-storey premises. The building is divided into three units of single and double occupancy bedrooms and central communal areas for residents. A day service is operated on the site but does not require entering the long-term residence to access.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
--	----

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
Wednesday 24 September 2025	07:30hrs to 14:50hrs	Aoife Byrne	Lead
Wednesday 24 September 2025	07:30hrs to 14:50hrs	Sarah Armstrong	Support

What residents told us and what inspectors observed

The inspectors found that Bellvilla Community Unit was a well-run centre where residents were supported to enjoy a good quality of life. Feedback from residents was that this was a very good place to live, and that they were very well cared for by staff who were kind and attentive to their needs. Residents spoke highly of the staff and the centre, with comments such as "the staff are all excellent - I can't find fault in any of them" and "it's a home from home". Residents also told inspectors that they felt safe and secure living in the centre. Visitors spoken with were also complimentary of the services provided, and told inspectors that staff were attentive to residents' needs and that they received strong communication from the staff about their relatives condition.

This unannounced inspection was carried out over one day. There were 47 residents living in the centre on the day of the inspection. On arrival inspectors spent time walking through the centre, which provided an opportunity for inspectors to introduce themselves to residents and staff. Some residents were observed to be up and about while others were in bed waiting for their breakfast.

Bellvilla Community Unit is a single storey premises located on the South Circular Road in Dublin 8. The centre is registered to provide care for a maximum of 47 residents. The accommodation consists of three units, Kitty Kiernan, Rosie Hackett and Katie Barrett. The bedroom accommodation comprises of 15 twin bedrooms and 19 single bedrooms. Residents had access to a well maintained garden and two courtyards. There was seating provided which allowed residents to sit and enjoy the outdoors.

During the walk around inspectors observed a number of notice boards for residents, staff and visitors, including a 'Change Communication' board highlighting upcoming and ongoing changes in the centre and a 'Quality Improvement Board' which presented an analysis of incidents, restrictive practices, wounds and staff compliance with training. Other notice boards provided residents with information on the weekly activities available, upcoming events and planned outings, and the centres' complaints process.

Inspectors observed improvements to the premises since the last inspection, including the sensory room which had been revamped with soft relaxing music , animals on a projector and fiber optic lights. Residents were seen using the room as a calm environment in which to relax. Many residents were seen to participate in activities during the inspection, such as mass, knitting club and completing puzzles. There were many examples of kind and caring interactions observed between staff and residents during one-to-one as well as group activities throughout the day. To celebrate positive ageing week a historian was due to visit the centre on the 29 September. In order to encourage residents to remain active, inspectors observed a 'Sli na Slainte' walking route within the centre with directional signage

which included the distance between mapped points for residents to follow.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection carried out by inspectors of social services over the course of one day, to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Overall, this inspection found that Bellvilla Community Unit was a well-managed centre where residents were receiving good standards of person-centred, safe care. The registered provider had ensured that there were effective management systems in place to oversee and maintain these standards.

There was evidence of consistent governance and oversight in the centre. For example, clinical governance meetings, multi-disciplinary team meetings and quality, safety and service improvement meetings which took place on a monthly basis. There was an annual review completed for 2024, which indicated areas for improvement. The provider had established quality improvement plans to ensure that all areas for improvement were addressed. The inspectors also reviewed the audit schedule in place and a sample of completed audits including care plan audits, restrictive practice audits and wound audits. The inspectors found that these audits clearly outlined the findings and where required, quality improvement plans were established to ensure that good standards of care were provided to residents on an ongoing basis. The provider had also ensured that there was a system in place for staff should they wish to raise concerns about the quality and safety of care provided to residents. The inspectors observed information for staff on how to raise concerns displayed prominently around the centre.

On the day of inspection, inspectors found that there were an appropriate number of nursing and care staff on duty to meet the needs of residents. Residents' call bells were responded to promptly, and residents and visitors told inspectors that residents were never left waiting for staff to tend to their needs and requests. Interactions between residents and staff observed on the day of inspection were respectful and kind, and it was clear from conversations observed that the staff knew and understood the residents and their personalities well. Communal spaces were found to be supervised by staff at all times and staff spoken with told inspectors that they enjoyed working in the centre. Staff also told inspectors that they had good access to training appropriate to their roles and that they felt supported by the management team.

The inspectors reviewed the centre's complaints policy and also observed this to be

displayed in several prominent locations throughout the nursing home. There were also wall mounted suggestion boxes in the centre to receive feedback about the service provided. Staff spoken with demonstrated a good knowledge the centre's complaints policy and steps to be followed should they receive a complaint from a resident or family member. Residents and visitors spoken with told the inspectors that they would feel safe to raise a complaint if there was an aspect of the service they were unhappy with. One visitor told the inspector that they had availed of the complaints process previously and were satisfied with how the matter was managed.

Regulation 15: Staffing

The number and skill mix was appropriate to meet the needs of residents. The person had ensured that there was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 19: Directory of residents

The Directory of Residents was made available to inspectors and it contained all the information required under Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 21: Records

Following up on the compliance plan from the last inspection the provider addressed all issues identified. For example: Storage cupboards with current residents' files were locked at all times. Furthermore the provider retains residents records for the required period of time and are uploaded and stored online.

Judgment: Compliant

Regulation 23: Governance and management

While there were good management systems in place to oversee the clinical and social care of the residents further oversight was required to ensure the service was

effectively monitored. For example:

- There was no daily temperature record available for the three clinical rooms where medication and nutritional supplements were stored. During the inspection the temperature for the clinical rooms showed a temperature of 26 degrees Celsius. Labelling of the medications indicated that the products should be stored at a temperature not exceeding 25 degrees Celsius. The elevated temperature may therefore pose a risk to the efficacy of the medications. In the absence ongoing temperature monitoring and recorded data the inspectors and registered provider could not be assured that elevated room temperatures were not a recurring issue.
- While the centres policy on risk management was reviewed in May 2025 it had not been updated to include the amendments to the regulations from March 2025
- Further oversight of care plans was required to ensure that they contained specific information on residents infection status to support effective infection prevention and control practices.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an accessible and effective procedure in place for managing complaints. The complaints procedure was displayed in prominent locations around the centre. The procedure provided for a complaints officer and a review officer. A sample of complaints were reviewed by the inspectors and were found to have been managed in accordance with the centre's policy.

Judgment: Compliant

Quality and safety

Overall, residents in Bellvilla Community Unit were supported by a team of staff that knew them well. The inspectors observed that the staff were kind and compassionate and treated the residents with dignity and respect. Notwithstanding this positive approach to care and support in the centre, the systems to oversee aspects of residents' care planning, premises, and medication management required review to ensure the best possible outcomes for residents.

Residents' needs were comprehensively assessed following admission. Residents' assessments were undertaken using various validated tools, and care plans were developed following these assessments. Care plans contained adequate detail to

guide staff in the provision of person-centred care. Care plans had been updated to reflect changes required concerning falls, pressure sores and communication needs.

There was evidence that the registered provider had taken measures to protect residents from abuse. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Inspectors reviewed a sample of closed safeguarding concerns and it was evident that they were investigated appropriately.

The centre was clean and the premises was suitable for the needs of the residents living there. Following the last inspection in December 2024, the provider had committed to a series of actions in their compliance plan and these actions were taken. Notwithstanding these changes, storage arrangements and ventilation in the sluice rooms required further review as discussed under Regulation 17: Premises.

There was a responding to emergencies policy which outlined the arrangements for the identification, recording and investigation of serious incidents or adverse events involving residents. However, the risk management policy was not in line with the requirements of the regulations set out in Schedule 5, this is further discussed under Regulation 26: Risk Management.

Overall there were good practices in medication management. Registered nurses were knowledgeable of their professional responsibilities in relation to medications and were seen to adhere to the principles of the 10 rights of medication administration when administering medications to residents.

Inspectors observed visiting to be taking place on the day of inspection with no restrictions. Residents and visitors told inspectors that residents could choose where they received their visitors, sometimes opting to have visits in their bedrooms and other times in visitors' or communal rooms, as per residents' preference at the time.

Regulation 11: Visits

The registered provider had ensured that there was a written visitor policy in place. This policy included the process for normal visitor access, access during an outbreak scenario and the arrangements for residents to receive nominated support persons.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required review to be fully compliant with

Schedule 6 requirements. For example;

- A communal sitting room was not being used as intended for example five wheelchairs were stored in residents communal space.
- The ventilation of the sluice room in the centre was not adequate, as the room was found to be overly warm and a foul odour remained throughout the day.

Judgment: Substantially compliant

Regulation 26: Risk management

While there was a risk management policy in place, it did not fully meet the criteria of the regulations. For example, it did not contain the following:

- Arrangements for the identification, recording and investigation of serious incidents or adverse events involving residents.
- A process for the implementation of actions and recommendations arising from a serious incident or adverse event.
- A process for the audit, review and learning from events.

The risk register did not include all six risks required by the regulations.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Records of medication related interventions in respect of a resident were kept in a safe and accessible place. There was evidence that medicinal products were administered in accordance with directions of the prescriber. Out of date medication was disposed of in accordance with national legislation and guidance.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents care documentation was maintained as a hard copy. Resident care plans were seen to be detailed and person-centred, and were informed by an assessment

of clinical, personal and social needs. Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes within the residents' care needs, reviews were completed to evidence the most up to date changes.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Staff had access to safeguarding training. Staff spoken with were knowledgeable regarding what may constitute abuse, and the appropriate actions to take, should there be an allegation of abuse made. Prior to commencing employment in the centre, all staff were subject to Garda (police) vetting. Residents reported that they felt safe living 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 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Bellvilla Community Unit OSV-0000438

Inspection ID: MON-0044151

Date of inspection: 24/09/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Installed digital thermometers in all three clinical rooms with daily temperature recording and monitor to ensure recordings do not exceed 25 degrees celsius - Completed 1/11/25 and ongoing monitoring thereafter • Installation of additional extractor fans in each of three clinical rooms to further ensure consistent temperature control– Complete by 31/3/26 • Person In Charge reviewed the designated centres risk management policy reviewed and updated based on the amended regulations.- Complete by 18/11/25 • Updated risk policy to be communicated to staff through a training and briefing session 5th December 2025 to promote full awareness and implementation - . Complete by 5/12/25 • Existing generic IPC care plan replaced with specific person-centred information on resident's infection status and management. Staff briefing session convened to increase awareness of effective individual resident infection control requirements Completed 15/10/25 • Clinical Nurse Manager (CNM) will conduct monthly audits of these care plan to ensure ongoing accuracy and compliance with identified gaps addressed within 5 working days – Completed 31/11/25 and ongoing review thereafter 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All wheelchairs have been relocated from the residents' communal space to alternative designated storage areas. Ongoing monitoring plan generated to ensure the communal</p>	

sitting room remains free from storage items promoting the residents' comfort, dignity, and social engagement. Completed 25/09/25 and ongoing review thereafter.

- Extractor fans to be installed in all three sluice rooms to enhance ventilation flow with staff instructed to keep windows open where safe to do so prior to completion of works. Completion date 31/3/26

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

- Person In Charge reviewed the designated centres risk management policy reviewed and updated based on the amended regulations requirement noting the six risks required by the regulator on date of inspection.- Complete by 18/11/25
- Updated risk policy to be communicated to staff through a training and briefing session 5th December 2025 to promote full awareness and implementation - . Complete by 5/12/25

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	31/03/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2025
Regulation 26(1)(c)(vi)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to	Substantially Compliant	Yellow	15/11/2025

	control infectious diseases.			
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording and investigation of serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	18/11/2025
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes a process for the implementation of actions and recommendations arising from subparagraph (d).	Substantially Compliant	Yellow	18/11/2025
Regulation 26(1)(f)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes a process for the audit, review and learning from events.	Substantially Compliant	Yellow	18/11/2025