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:	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:	05 May 2026
Centre ID:	OSV-0000438
Fieldwork ID:	MON-0050419

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
Tuesday 5 May 2026	07:35hrs to 14:45hrs	Aoife Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, carried out over one day with a focus on adult safeguarding. Overall the inspector found that Bellvilla Community Unit was a well-run centre where residents were supported by a team of staff who were kind and caring. The centre had a relaxed and friendly atmosphere. The inspector reviewed the measures the registered provider had in place to safeguard residents from all forms of abuse. During the inspection, the inspector spoke with several residents to gain insight into their lived experience in the centre. Residents were content about their lived experience in the centre, with comments such as "The staff are excellent", "I am supported to make my own decisions" and "I feel safe". They were knowledgeable about how they would raise concerns or complaints and who to speak to about them. They reported that staff were approachable and they could voice concerns openly.

There were 47 residents living in Bellvilla Community Unit on the day of the inspection.The nursing home was accessed by entering the building and meeting a porter at reception who ensured that visitors signed the visitors book and then buzzed into centre which ensured appropriate measures were in place to ensure visitor couldnt access centre without a member of staff.

On arrival to the centre, the inspector completed a walkabout of the premises where they met with staff on duty. Most residents were still in their beds when the inspector arrived to the centre. During this time the inspector observed staff knocking on resident's bedroom doors before entering. A small number of residents were observed to be up and dressed, and some were seen taking their breakfast in their bedrooms.

An introductory meeting was held with the person in charge (PIC) following the walkabout where the purpose of the inspection was set out. The purpose of the inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to ensure the residents were safe and receiving an appropriate standard of quality care. The inspector also followed up on the compliance plan received from the previous inspection which was held in September 2025, and statutory notifications submitted by the provider.

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 free access to two internal courtyards and a well maintained garden which was easily accessibly to residents but was protected from

intruders.. There was seating provided which allowed residents to sit and enjoy the outdoors.

The inspector observed numerous kind and caring interactions among staff and residents. There was a schedule of activities displayed throughout the centre. It was seen that residents had opportunities to engage in meaningful engagement led by dedicated activity staff in line with their choices and preferences. Residents were seen to be supported to join activities in communal areas, such as music therapy, card games and floor games. There were daily newspapers available. It was world hand hygiene day on the day of the inspection and there was an education session with residents held in the afternoon.

The inspector observed that the temperature for two clinical rooms showed a temperature above 25 degrees Celsius over numerous days since the last inspection. 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. However, the person in charge provided evidence that the issue was raised to maintenance on several occasions since the last inspection in September 2025.

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

Capacity and capability

Overall, the findings of this inspection were that the governance and management arrangements in place were effective and ensured that residents were supported and facilitated to have a good quality of life living in the centre. Following up on the compliance plan from the last inspection in September 2025, it was evident that actions were taken to come into compliance however some improvement was required to comply with Regulation 23: Governance and Management, Regulation 17: Premises and Regulation 10: Communication difficulties.

The Health Services Executive (HSE) is the registered provider of Bellvilla Community Unit. The PIC works full time in the centre and is responsible for the centre's day-to-day operations. The PIC was supported in their role by a three clinical nurse managers (CNM), staff nurses, health care assistants, activity staff, and household staff. The designated centre was also supported by clerical officers, porters, medical officers and allied health professionals. The person in charge was responsive to areas identified as requiring improvement on the day of inspection and showed commitment to addressing outstanding items. For example:

There were good management systems occurring such as clinical governance meetings, staff meetings and residents meeting. It was clear these meetings

ensured effective communication across the service. Residents meetings clearly documented issues raised and had a supporting action log available with plans to address the issues.The quality and safety of care was being monitored through a system of regular monitoring and auditing of the service, audits included call bells, cctv, medication management and care plans. Quality improvement plans were devised from the issues identified.

An annual report on the quality of the service was completed for 2025, and this was completed in consultation with residents and their families. The report provided a quality improvement plan for 2026.

A review of training records indicated that all staff were up-to-date with mandatory training in relation to safeguarding vulnerable residents. Staff were aware of their role in protecting and safeguarding residents and how to report a concern and identify all forms of abuse.

A review of the incident log identified that staff were reporting all safeguarding incidents appropriately with actions taken documented in good detail and managed appropriately. For example; staff reported unexplained bruising to nurses and these incident forms included a skin integrity checklist and review by the GP to out rule any concern of abuse.

There was an accessible and effective procedure in place for managing complaints. There were also wall mounted suggestion boxes in the centre to receive feedback about the service provided. Residents were aware of who to raise a complaint with and felt safe to do so. Staff were also knowledgeable in how to manage a complaint if they received one from a resident or a visitor. There were no open complaints on the day of inspection and closed complaints were reviewed and were seen to follow the complaints procedure appropriately.

Regulation 16: Training and staff development

All staff had completed the mandatory training in safeguarding residents from abuse and had access to other relevant training to support them in their role.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. The management team and staff demonstrated a commitment to continually improve the quality of the care and support it provides to reduce the risk of harm and promote the rights, health and

wellbeing of each resident. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

Safeguarding incidents as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place, which was displayed throughout the designated centre. The records showed that complaints were recorded and investigated in a timely manner and in accordance with the registered providers policy.

Judgment: Compliant

Quality and safety

This inspection, focused on adult safeguarding, was carried out to review the quality of the service being provided to residents and ensure they were receiving a high-quality, safe service that protected them from all forms of abuse. Overall, the inspector found that the provider was proactive in their approach to safeguarding residents and appropriate measures were taken to protect residents from harm.

Care plans were formally reviewed at intervals not exceeding four months and included consultation with the residents, or where applicable, their family. The inspector observed examples of very good person-centred care plans that clearly outlined residents' preferences, including the time they like to go to bed, and their likes and dislikes in respect to activities. Residents will and preference was clearly documented and residents were supported in positive risk taking if this was what they wished. For example a resident who did not wish to be on a specific modified diet was included in a multi-disciplinary team meeting with the GP, Speech and

language therapist , social worker and management. The risks were identified and the resident's wishes were accepted. Safeguarding care plans were in place for residents as required and clearly identified how to safeguard the resident and guide the staff in their care.

From a review of residents records it was evident that residents who had specialist communication requirements had these recorded in their care plan. A resident who had communication difficulties was not facilitated to communicate freely at all times.This is discussed further under Regulation 10: Communication difficulties.

Staff were trained and understood the principles of safeguarding vulnerable adults and their responsibilities in relation to protecting the residents. The inspector verified that there was secure systems in place for the management of residents' personal finances.

Overall the premises was well maintained however there were some areas affecting the premises that did not provide a comfortable and safe environment for the residents and this is discussed under Regulation 17: Premises.

There was an up to date risk management policy in place which was in line with the regulations. There was a risk register available and it was well maintained with environmental, clinical and safeguarding risks identified and assessed, and measures and actions in place to control the risks.

Regulation 10: Communication difficulties

Residents with communication difficulties had access to specialist services such as GP, speech and language therapy, ophthalmology and audiology as required. Staff spoken with outlined their awareness of any specialist needs to enable residents to communicate freely including non-verbal cues and appropriate interventions such as communication books to support residents. However it was identified on the day of inspection that a resident whose first language was not english was sitting in the day room without their communication cards. When this was discussed with staff it was advised that the book is normally stored in a drawer for safe keeping but it was acknowledged that it should be with the resident at all times to assist in communication not only in their bedroom.

Judgment: Substantially compliant

Regulation 17: Premises

The premises did not conform to all matters set out in schedule 6 of the regulations. For example:

- The ventilation in one sluice room and an assisted bathroom was not adequate and was found to have a fowl odour throughout the day. This is a repeat finding from the last inspection.
- Some parts of the interior of the centre were not well-maintained, this included marked floor covering in some residents bedrooms.

Judgment: Substantially 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. There was a major incident emergency plan in place, in the event of serious disruption to essential services.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of records found that assessment and care planning within the centre were of a good standard. Care plans were person-centred to guide care, and were reviewed at four-monthly intervals, or as and when required.

Judgment: Compliant

Regulation 8: Protection

The provider was a pension agent for 16 residents. There were clear and transparent systems in place to ensure residents' finances were protected at all times.

All staff in the centre had completed the required training on how to recognize and respond to abuse.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Bellvilla Community Unit OSV-0000438

Inspection ID: MON-0050419

Date of inspection: 05/05/2026

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 10: Communication difficulties	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication difficulties: Following the inspection, all staff were informed through a team briefing that residents' communication aids must remain with them at all times, including in communal areas. The resident's communication cards now accompany her throughout the day, and a review has been completed to ensure the same practice is followed for all residents who require communication supports. The Person in Charge will complete weekly checks for four weeks to monitor compliance, with a target of 100% availability of communication aids. Any issues identified will be addressed immediately with staff.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: To address the odour and ventilation concerns in the sluice room and assisted bathroom, waste collections have been increased and the performance of the extractor fans is being reviewed to ensure they are operating at maximum capacity. Electrical works required to enhance the ventilation system have been scheduled and will be completed by 31 December 2026. The Person in Charge will monitor the effectiveness of these measures through regular environmental checks. A maintenance request has been submitted to repair/replace the marked floor coverings identified in residents' bedrooms. These works have been scheduled with the maintenance team and will be completed by 31 December 2026. To address elevated temperatures in the clinical rooms, air conditioning units are	

currently being installed. These works are in progress and are expected to be completed by 30 September 2026. Room temperatures will be monitored to ensure they remain within acceptable levels following completion of the works.

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 10(1)	The registered provider shall ensure that a resident, who has communication difficulties is facilitated to communicate freely in accordance with the residents' needs and ability.	Substantially Compliant	Yellow	06/05/2026
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	31/12/2026