



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Dunwiley
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	08 July 2026
Centre ID:	OSV-0005489
Fieldwork ID:	MON-0042064

About the designated centre

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

Dunwiley designated centre is located within a small campus setting which contains six other designated centres operated by the provider. Dunwiley can provide full-time residential care and support to up to three male and female adults. The designated centre comprises of a spacious bungalow with individual bedrooms and a number of communal rooms and bathrooms. The centre is located in a residential area of a town and is in close proximity to amenities such as shops, leisure facilities and coffee shops. There are buses available for residents to access the community if they wish. Residents are supported by a staff team of both nurses and healthcare assistants. During the day, support is provided by four staff. At night residents are supported by two staff members. Nursing care is provided on a 24/7 basis meaning a nurse is allocated during the day and at night. The person in charge is responsible for one other designated centre and is supported by a clinic nurse manager 1 to ensure effective oversight of the services being provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 8 July 2026	10:45hrs to 16:25hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

The residents in this centre received a good quality service that promoted and respected their human rights. Residents told the inspector that they were happy in their home and with the service they received. They were supported by staff who were familiar with their needs and who respected their choices. The provider had good governance and management arrangements in place that ensured that the service was person-centred and of a good quality.

This was an announced inspection of this centre. The inspection formed part of the routine monitoring activities completed by the Chief Inspector of Social Services during the registration cycle of a designated centre. The inspection was facilitated by the person in charge.

The centre consisted of a large single-storey house that was located on a small campus. The campus was at the edge of a large town within a short drive of shops, cafés, hotels and other local amenities. The house was clean, nicely decorated and in a good state of repair. Every resident had their own bedroom and bathroom. The house had three sitting rooms, a dining room, a small kitchen, a utility room, a multipurpose room and staff offices. One bathroom had an adjustable bath that was regularly used by one resident. All other bathrooms had level access showers. Outside, the gardens to the front and back of the house were well maintained. The back garden had a paved area with outdoor furniture and there was a wildflower bed in full bloom.

The house was tastefully decorated. The décor and furniture were modern and free from any damage. The house was personalised with photographs of the residents, their family and their friends. In the entrance hallway of the house, there were posters with photographs of staff on duty. There was also a noticeboard that showed the residents' plans for the day. These were indicated with photographs and picture symbols. The house was fitted with fire doors, as needed. The doors were held open with magnetic locks that were connected to the fire alarm system.

Residents in this centre required varying support with their health, social and personal care needs. One resident attended regular day services during the week. The other two residents were supported from their home to attend social events and to access the community. There were two vehicles in the service. This meant that residents did not have to travel together so they could attend different events and have different schedules in line with their needs and preferences. Residents were supported to visit their families and to have regular contact with their family over the phone.

The inspector met with all three residents during the inspection. Residents met with the inspector individually. One resident required the support of staff when chatting with the inspector. The inspector asked the residents' opinions on the house and the

service. They indicated that they were happy in their home. One resident responded 'fine' and another said that things were 'great' in the house. Residents spoke to the inspector about their interests, their families and upcoming events in their lives. The inspector noted that interactions between staff and residents were comfortable. Residents called members of staff by name.

As part of the announced inspection, questionnaires were sent to residents in advance. These questionnaires asked the residents' opinions on the centre and the service they received. Three questionnaires were returned and reviewed by the inspector. All residents received support from family members when completing the questionnaires. The questionnaires indicated that residents were happy with their home and the service they received. Some questionnaires had additional comments recorded. These comments elaborated on the opinions of the residents. For example, one questionnaire said that the resident loves the photos in their room and named a staff member who got a special mention when asked 'are people in your home kind?' Other comments were recorded by the family members themselves and expressed their opinions. One family member wrote that the resident "loves living there" and another that the resident "is thriving in Dunwiley". A family member wrote that when the resident spends a few days in their childhood home, they are often eager to return to Dunwiley and their friends. The family member said; "we as a family are so pleased and happy to know this". Family members also expressed their opinions of the service. For example, one family member wrote about the care and support that "as a family, we are very happy".

In addition to the person in charge, the inspector met with four other members of staff. These staff members were very knowledgeable on the needs of the residents and the supports required to meet those needs. Staff gave specific information about how residents received positive behaviour support. This information was in line with residents' behaviour support plans. Staff knew the supports that should be offered to residents to evacuate the house in the event of a fire. Staff were clear on the steps that should be taken if a safeguarding incident occurred.

The next two sections of this report present the inspection findings regarding the governance and management in the centre, and how this impacts the quality and safety of the service provided.

Capacity and capability

The provider had systems that were effective at monitoring the quality of the service. Staffing numbers and skill-mix were in line with the needs of residents. The provider submitted documentation to the Chief Inspector in line with the regulations.

The provider maintained oversight of the service through routine audits and by inspections of the service by provider representatives. Findings from audits and unannounced visits to the centre were recorded on the centre's quality improvement

plan. This gave an overview of the actions that were underway in the centre to continually improve the quality of the service.

The staff in the centre were familiar with the needs of residents and the supports required to meet those needs. Staff had up-to-date training in modules that the provider had identified as mandatory. The provider had also ensured that staff had received additional training in areas that were specific to the needs of residents in this centre.

The provider submitted the required documentation to apply for the renewal of the registration of the centre within the required timeframes. The centre had an effective complaints procedure that provided an opportunity for residents to voice their opinions on the service.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required documentation to progress the application to renew the registration of the centre. This was reviewed by the inspector and found to be complete.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the necessary knowledge, qualifications and experience for the role.

As a routine part of the application to renew the registration of the centre, documentation in relation to the person in charge was submitted to the Chief Inspector. This was reviewed by the inspector and found to be complete and in line with the regulations.

The person in charge was employed full-time and maintained a good oversight of the service through regular audit. The person in charge had a very good knowledge of the needs of the resident and the service that should be put in place to meet those needs.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements were suited to the needs of residents. This meant that residents were supported by the correct number of staff with the necessary skill-mix to meet their needs.

The inspector reviewed the staff rosters from 1 May 2026 to the day of inspection and the planned roster up until 31 July 2026. This showed that the necessary number of staff was on duty at all times and that staffing arrangements were suited to meet the needs of residents. Nursing support was available in the centre. The staff team was consistent with planned and unplanned leave covered by regular staff. The person in charge maintained a planned and an actual staff roster.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training in this centre was up-to-date. This meant that staff had been given the opportunity to develop the necessary skills and knowledge to ensure that residents received the supports required to meet their needs.

The inspector reviewed the training records in the centre. This showed that staff had up-to-date training in the modules that the provider had identified as mandatory. In addition, the provider had identified modules that were specific to the needs of residents in this centre.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted details of their insurance arrangements as part of the application to renew the registration of the centre. This was reviewed by the inspector and found to include all the details required under the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had effective arrangements for the oversight of the quality of the service. There were good management systems so that issues could be escalated, as required. This meant that issues were identified quickly and that measures were implemented in a timely manner to address any issues identified.

The lines of accountability were clearly defined in the centre. Staff knew who they could contact to report any incidents or concerns. They knew who to contact for support and guidance. The person in charge was supported by a clinical nurse manager in the centre. Issues were reported and escalated to senior management, as required. This was noted by the inspector when they reviewed the incident records in the centre for 2026. This showed that incidents were recorded and reported appropriately. In addition, a monthly analysis of incidents was completed. This analysis looked for trends in incidents to see if additional measures were required. Incidents were also reviewed quarterly to identify and address any trends.

The provider maintained oversight of the quality of the service through routine audits completed by the person in charge and clinical nurse manager. The audits completed since January 2026 were reviewed by the inspector. This showed that audits were completed in line with the provider's schedule.

The provider also completed unannounced visits to the centre every six months in line with the regulations. The two most recent unannounced visits had taken place in June 2026 and November 2025. The provider identified specific actions from these visits and allocated timelines for their completion.

All actions identified through routine audit, the six-monthly visits, self-assessment by the person in charge and the provider's annual review were added to the centre's quality improvement plan. This plan gave an overview of the service improvement actions that were underway and recorded progress towards their achievement. The inspector reviewed the most recent quality improvement plan and this showed that issues were addressed in line with the provider's timeframes.

Information was shared with staff at regular team meetings. The inspector reviewed the minutes of the two most recent team meetings. This showed that issues relating to the support of residents were discussed along with operational issues.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted their statement of purpose as part of the documentation required to renew the registration of the centre. This was reviewed by the inspector and found to contain the information outlined in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider submitted information and notification of incidents to the Chief Inspector as required under the regulations.

In advance of the inspection, the inspector reviewed the notifications that were submitted by the provider since the last inspection of the centre. The inspector also reviewed the incidents that were recorded in the centre since the beginning of 2026. This showed that the provider submitted notifications to the Chief Inspector in line with the regulations and that they shared information as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure. Information about this procedure was shared with residents. Complaints were audited regularly.

The inspector reviewed the records in the centre relating to complaints. There were no open complaints in the centre at the time of inspection. The provider maintained oversight of this through regular audit. The inspector noted that information was available to residents regarding complaints in the residents' guide. This meant that there was a system for residents to express their opinions of the service. An effective complaints procedure allowed for any issues to be raised with staff and for issues to be addressed.

Judgment: Compliant

Quality and safety

The service in this centre was of a good quality. The health, social and personal care needs of residents were assessed and the appropriate supports were put in place to meet those needs. Residents were supported to communicate their needs and wishes. The residents were offered choices in relation to their preferred activities that were in line with their interests. Residents told the inspector that they were happy with the quality of the service they received.

The safety of residents was promoted in this centre. Staff had up-to-date training in safeguarding. The provider had effective systems for the identification and assessment of risk. The provider had systems in place to protect residents from the risk of infection and of fire.

Regulation 10: Communication

The provider had arrangements to ensure that staff knew how to support the residents to communicate their needs and wishes.

The inspector reviewed the documentation for two residents in relation to their communication. This review showed that residents had access to speech and language therapy services, if required. Residents also had communication support plans that guided staff on how to support residents' communication.

When speaking with the inspector, staff demonstrated that they had good knowledge of the residents' specific communication needs and preferred topics of conversation. As outlined in the opening section of the report, picture-based and written communication supports were available in the centre on noticeboards. The inspector also noted that easy-read guides were available for residents. For example, the inspector noted that easy-read guides were available to support residents to understand their savings.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to receive visitors to their home as they wished.

As there were three sitting rooms in the centre, there was ample space for residents to receive visitors in private. The policy regarding visitors was outlined in the Residents' Guide.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had arrangements to support residents to engage in activities and events that were in line with their interests.

The inspector reviewed the personal plans that had been developed for two residents. These showed that residents were supported to choose goals and activities that were in line with their interests and needs.

The number of staff on duty was sufficient to ensure that residents were supported to access the community when they wished. Residents were routinely supported to go places that they liked; for example, swimming, out for coffee, and shopping.

Residents were also supported to maintain personal relationships with their families and the wider community. The inspector noted that residents were supported to regularly contact and meet family members. Residents were also supported by staff to attend family events.

Judgment: Compliant

Regulation 17: Premises

The premises were suited to the needs of the residents.

As outlined in the opening section of the report, the centre was clean, nicely decorated and in a good state of repair. There was adequate space for residents to spend time together or apart. The house was fully accessible and equipped with the facilities residents needed for day-to-day living.

Judgment: Compliant

Regulation 20: Information for residents

The provider developed a guide for the residents. This was reviewed by the inspector and found to contain the information set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems for the identification, assessment and control of risk. This meant that the provider had identified risks to residents and had specified ways to reduce that risk.

The inspector reviewed the risk assessment that were developed for two residents. These were comprehensive and in line with the residents' health, social and personal care needs assessments. The control measures gave specific guidance to staff on how to reduce risk and signposted staff to relevant documents and policies to inform practice. The inspector noted that the risk assessments were kept up to date.

The inspector also reviewed the centre's risk register. This recorded the risks to the service as a whole. Again, this was found to be comprehensive. Risks in the service had been identified and control measures that were specific to the service were

identified. This gave clear guidance to staff on how to promote the safety of residents, staff and visitors.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had appropriate arrangements to ensure that residents were protected from the risk of infection.

The inspector noted that the centre was clean and tidy. It was in a good state of repair throughout.

The provider had systems in place to protect the residents from the risk of infection. These were laid out in the centre's risk register and the provider's guidance documentation. The risk register identified specific infection risks and documented the steps that should be taken to avoid these risks; for example, risk assessments relating to the management of clinical waste. The provider had guidance documents for staff on how to respond should a resident or staff member present with signs of infection. The provider maintained oversight of these systems through regular audit. The inspector noted that the most recent infection prevention and control audit completed in the centre showed full compliance with the provider's systems.

Staff in the centre had up-to-date training in modules relating to infection prevention and control. This included modules on hand hygiene, the wearing of personal protective equipment and standard precautions to prevent the spread of infection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had measures for the protection of residents against the risk of fire.

The provider had measures for the detection, containment and the extinguishing of fires. The centre was equipped with a fire detection and alarm system. This was routinely checked by an external fire company. The centre also had fire fighting equipment in the form of fire extinguishers and fire blankets. The inspector noted that these had been checked by an external company within the previous 12 months. Fire doors were located throughout the house. These had been checked by an external company in May 2025 and were routinely checked by staff to ensure that they remained functional.

The provider had guidance for staff on the supports needed by residents to evacuate the centre in the event of a fire. These documents were reviewed by the inspector and they were found to be clear and recently reviewed.

The provider completed regular fire drills. The inspector reviewed the records of the three most recent drills. This showed that the provider completed drills under differing scenarios.

Staff had up-to-date training in fire safety and, when speaking with the inspector, they demonstrated good knowledge of the procedures that should be implemented in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider completed an assessment of the residents' health, personal and social care needs. Support plans and personal development plans were developed from these assessments and in consultation with residents.

The inspector reviewed the records of two residents and found that a comprehensive assessment of the residents' health, social and personal care needs had been completed within the previous 12 months. The residents' files contained plans that guided staff on how to offer support to residents to meet their assessed needs. These plans were regularly reviewed and updated.

An annual review of the residents' personal plans had been completed within the previous 12 months. This review included the residents' views and that of their families. The previous year's goals were reviewed and new targets set for the year ahead.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents in this centre were well managed.

The inspector's review of two residents' plans showed that they had access to a wide variety of medical professionals, as required. Residents received annual health check-ups with their general practitioner (GP). In addition, they were supported to attend medical and healthcare appointments, as needed. The inspector noted that residents were enrolled in national health screening programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had arrangements to ensure that residents received positive behaviour support.

The inspector reviewed the behaviour support plans that were developed for two residents. The plans had been recently reviewed. On the day of inspection, a clinical nurse specialist in behaviour was present in the centre to further update and review the plans with input from staff. The behaviour support plans outlined how to ensure that the environment was in line with the needs of the residents and how to respond when the residents required additional support.

Staff had completed training in positive behaviour support. This training was up to date.

The use of restrictive practices in the centre was monitored through risk assessments and through restrictive practice protocols. These were reviewed by the inspector, and it showed that the provider ensured that any restrictive practices were justified and the least restrictive option. Restrictive practices were regularly audited in the centre. The inspector reviewed the most recent audit, and it showed that current practices were reviewed and questions prompted staff to identify any other practices in the centre that might be considered restrictive.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to protect residents from the risk of abuse.

The inspector reviewed the intimate care plans that had been developed for two residents. These were developed within the previous 12 months and gave clear guidance to staff on how to support residents.

On the day of inspection, there were no open safeguarding plans in the centre. The inspector reviewed an overarching safeguarding guidance document for one resident. This outlined risks to the resident and how to maintain a safe environment for the resident. The plan guided staff on how to respond to any incidents and the follow-up reporting that needed to take place should any incidents occur.

Staff had up-to-date training on safeguarding vulnerable adults. The provider completed monthly audits with staff in relation to their knowledge of safeguarding

procedures. These showed that staff knew what to do in the event of a safeguarding incident. This was also demonstrated in conversation with the inspector.

Risk assessments relating to the safeguarding of residents were developed. These gave clear information about the measures that were implemented to reduce the risk of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre.

The inspector reviewed the minutes from the two most recent residents' meetings in the centre. The frequency of these meetings was determined by the residents. The minutes of the most recent meeting recorded that residents wanted to hold meetings every two months and that this was respected by staff. At these meetings, residents were supported to make choices about grocery shopping and planned activities for the week. They were also provided with information about areas relating to their rights; for example, advocacy services.

Residents were provided with information so that they could make informed decisions. The inspector noted that easy-read documents were in residents' files to support their understanding of their finances and make decisions about their spending.

Residents were supported to make choices about their daily lives. Residents decided how they would like to spend their day. Residents' independence was promoted when possible. For example, the person in charge reported that one resident was working on skills relating to the use of a mobile phone. This was to support the resident when they left the centre without staff so that they could contact staff for assistance, if needed.

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant