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:	Dunabbey House
Name of provider:	Health Service Executive
Address of centre:	The Spring, Dungarvan, Waterford
Type of inspection:	Unannounced
Date of inspection:	22 April 2026
Centre ID:	OSV-0000590
Fieldwork ID:	MON-0049835

About the designated centre

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

Dunabbey House is a single storey, purpose built centre and has operated as a designated centre for dependent persons since 1974. The centre is currently registered for 28 residents. Accommodation provided consists of 22 single bedrooms and three twin bedrooms. A number of bedrooms have shared bathrooms and additional bathroom and toilets are located in close proximity to bedroom accommodation. The communal accommodation consists of one large sitting room as well as a number of smaller sitting rooms. There is a large dining room, an oratory, a small sunroom at the entrance which was very popular with residents. There are suitable paths for residents' use and an enclosed garden area with planted raised flower beds, pots and plenty of comfortable garden seating. There is one long bedroom corridor contained a number of large windows that caught the sun light. Each window had a cushioned seating area that facilitated residents to look out at the enclosed garden area, creating a pleasant place for sitting and reflection. The centre is located close to all amenities in Dungarvan town including shops, churches and restaurants. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. The admission policy states that residents have to be within a low to high dependency level. Pre admission assessment is carried out by a member of the hospital management team to ensure the resident meets the admission criteria for Dunabbey House. It offers care to long-term residents and to short-term residents requiring respite care. The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and one nurse at night. The nurses are supported by care, catering, household and managerial staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22

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 22 April 2026	10:15hrs to 17:15hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

This was an unannounced inspection undertaken to monitor ongoing regulatory compliance. On arrival to the centre mid-morning, the inspector met with an assistant director of nursing who was deputising for the planned short absence of the person in charge. The inspector was accompanied on a walk around of the premises, which provided opportunities to meet with residents and staff, observe practices and to gain insight into the residents' experiences of living in the designated centre.

The inspector observed that residents in the centre were going about their day with purpose. Staff were available to provide guidance and support to residents, the majority of whom required a low level of assistance. It was evident that residents and staff were comfortable in each other's company and the inspector observed many genuine and thoughtful interactions between staff and residents.

There was a large communal sitting room with large windows out to the front of the centre and also to the internal courtyard, which gave a bright and airy feel to the space. Large screen TVs were provided in communal and bedroom areas and there was Wi-Fi throughout the centre. Some residents used the Wi-Fi daily to access internet on their mobile phones and tablets. Residents told the inspector that they always had a good signal and good connectivity, which was important to them. In the morning, many residents had gathered in the sitting room to watch the daily Mass via livestream from the church in Dungarvan Community Hospital, which is located directly across the road from the centre. The inspector was informed that residents could attend the Mass in person if they wished.

During the day, some residents attended the Community Hospital, accompanied by staff for a large group game of Bingo. Other residents gathered with dedicated activity staff and enjoyed art and crafts and reminiscence. Some residents who preferred not to partake in these activities enjoyed watching country music on TV in the sitting room. Residents were observed pottering about the centre at their leisure, and visiting fellow residents in their rooms for chats. One resident told the inspector they loved waiting for a knock on the door to see who would be next to visit.

Residents' bedrooms were predominantly single rooms, with three twin-occupancy rooms. Residents told the inspector that they were satisfied with their rooms, and said they had enough space in the wardrobe for their belongings. One resident said the bed was really comfortable and he was delighted with his own space. Some single rooms had previously been twin occupancy and these were spacious and comfortable. Residents had plenty of additional storage and rooms were decorated with many photographs, mementos and soft furnishings from home. This provided a cosy and personal feel to the bedrooms.

The inspector met with two visitors throughout the day, who praised the staff and the facility, describing it as a "wonderful service for the local community" and, telling the inspector that they were "absolutely delighted" with the care their loved one received. One visitor said they "could not fault the place". This was echoed in the overall feedback from residents who were very complimentary of the care and attention they received and of the kindness and respect shown to them by staff.

The corridors were wide and handrails were in place along all the corridors to support residents with their safe mobility. Grab rails were in place on both sides of the toilets and handrails were available in showers. The inspector observed that there were adequate communal toilets provided within close proximity to the communal rooms to meet residents' needs. There were sufficient showers and one bath in the centre, however the bathroom which contained the bath and a toilet was temporarily closed off due to the presence of *Legionella* bacteria which had been found on routine water sampling. The closure had a minimal impact on the residents, who had been kept informed of the issue. The local community infection prevention and control (IPC) nurse had a planned visit to the centre on the day of inspection, to liaise with management and staff and monitor the controls in place to protect residents and to provide a timeline for reopening of the bathroom. Overall, the premises was clean, however some areas of ancillary facilities such as the sluice rooms required further review as outlined under Regulation 27: Infection control.

The inspector spent some time in the dining room and observed that residents looked forward to their meals and enjoyed this social occasion. The lunch time menu for the day offered a selection of main dishes which were prepared in and delivered from Dungarvan Community Hospital. Residents' meals were well presented in an appetising way. Residents who gathered in the dining room told the inspector that the food was "outstanding" and there was "plenty of it". Residents who did not wish to have a large meal requested salads, toast and eggs and these were all quickly prepared in the on site kitchenette. Mealtimes were unhurried and were well organised. A small number of residents chose to eat their meals in their rooms and there was sufficient staff available to support and assist residents with this. Residents said there was never a shortage of snacks and drinks. Others told the inspector they liked to buy some of their own snacks themselves in town and sometimes they went for dinner with family or friends.

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

Overall, the management team displayed a commitment to the promotion of continuous quality improvement, with the aim of ensuring that the centre was providing a safe and effective service for residents, with a person-centred focus.

This inspection was a one day inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 to 2025 (as amended). The Health Service Executive (HSE) is the registered provider for Dunabbey House. There was a governance structure in place which identified clear lines of accountability and responsibility. The centre has a shared governance with the nearby Dungarvan Community Hospital and benefits from access to shared departments such as human resources and facilities. The person in charge, who is an assistant director of nursing, commenced in the role in May 2025. They worked full-time in the centre in a wholly supernumerary capacity, coordinating the day-to-day care and support of residents. The person in charge reports to the director of nursing of Dungarvan Community Hospital, who is a person participating in management for Dunabbey House and had good oversight of the service provided.

There were effective management systems in place to monitor the quality and safety of the service through a schedule of audits and weekly collection of key performance indicators such as falls, incidents, restraints, infections and wounds. Information gathered included all aspects of residents' care and welfare, premises and facilities, and staffing requirements. These were discussed at regular clinical governance meetings. This ensured that items were monitored and actions assigned for completion within a specific time frame.

The centre is registered to provide accommodation for 28 residents and there were 22 residents living in the centre on the day of inspection. There was an appropriate level of clinical and support staff to meet the needs of the residents present during the inspection. Staffing levels and their allocation were observed to be sufficient for both day-time and night-time. This was confirmed by many of the residents spoken with, as well as staff and visitors who met with the inspector. The levels of staff across all departments was in line with those outlined in the centre's statement of purpose.

The overall provision of staff training was good and included a blend of online and face-to-face training modules. Staff were well-supervised in their roles and were confident to carry out their assigned duties with a person-centred approach. A staff induction programme was in place with regular reviews to monitor staff performance and identify additional training needs.

The standard of overall record-keeping in the centre was good. Records in relation to staff files were reviewed. These were found to contain all the required documents for each staff member.

Regulation 15: Staffing

Staffing levels were appropriate, having regard for the design and layout of the centre, and based on the assessed needs of the residents. Vacant staff posts were supplemented by regular agency staff who were very familiar with the service. From a review of rosters, and from speaking with staff, it was clear that there was sufficient staff on duty each day to ensure the safety and welfare of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Mandatory training such as fire safety and moving and handling were completed by staff. Staff were appropriately supervised by senior staff in their respective roles and there were appropriate on-call management support available at night and at weekends.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the centre. This included all of the required information as specified under Schedule 3 of the regulations including the dates of admission and discharge for each resident.

Judgment: Compliant

Regulation 21: Records

Staff files contained the records outlined in schedules 2 of the regulations, for example evidence of references and photographic identification. These were stored securely in the centre and made available for review. Other records specified in Schedules 3 and 4 of the regulations, for example a copy of the duty roster, and the record of restrictive practices were also maintained in the centre.

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. There were deputising arrangements in place for key management roles. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.

Communication systems in the centre were strong. Any identified risks were proactively managed with a coordinated approach and involvement of external agencies if required. For example, good practice was observed when water sampling identified the presence of *Legionella* bacteria. The management team immediately involved local IPC and facilities teams to determine a plan to manage the risk with minimal disruption to residents.

A comprehensive annual review of the quality and safety of care provided to residents in 2025 had been completed by the person in charge, with targeted action plans for improvement set out for 2026. The review also contained feedback and consultation with residents and their representatives.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care which included details of the allocated bedrooms, the services to be provided and the fees payable under the Nursing Home Support Scheme or otherwise.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the care and support of residents was delivered in a person-centred way. The management team promoted the ethos of a human rights-based approach to life and care in the centre. Residents told the inspectors that staff were kind and caring and this ensured a warm and homely atmosphere in the centre. The timings of administering medicines, and the privacy in shared bathrooms required review, to ensure residents' privacy and dignity were consistently maintained.

There were a small number of residents who had communication difficulties such as speech, hearing and sight impairments. A review of residents' records identified that each of these residents had a specific communication care plan in place to ensure that they were encouraged and supported to communicate freely. Staff were observed implementing this plans in practice.

The premises was generally maintained in a good state of repair, with some exceptions, in particular within the centre's sluice room. Housekeeping staff had good knowledge of correct cleaning procedures and were provided with appropriate equipment to fulfil their role, including a colour-coded mopping system. There was a dedicated infection control lead in the centre who conducted regular audits of hand hygiene and environmental cleanliness. Data on antibiotic usage was collated and residents who had an infections diseases or multi-drug resistant organisms (MDRO) had detailed care plans in place to guide staff in how best to support and appropriately care for these residents.

Systems were in place to monitor fire safety procedures. Preventative maintenance of fire safety equipment including fire extinguishers, emergency lighting and the fire alarm was conducted at regular recommended intervals. There was a weekly sounding of the fire alarm and daily checks of escape routes. Staff were knowledgeable about evacuation procedures and residents' personal emergency evacuation plans detailed their specific requirements for evacuation including the level of assistance required.

Overall, residents' right to privacy and dignity were well respected. Nonetheless, the inspector identified two areas where residents' rights were compromised. This is addressed under Regulation 9: Residents' rights. Residents were afforded choice in the their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents' meeting minutes, satisfaction surveys, and from speaking with residents on the day.

Regulation 10: Communication difficulties

Residents who had specific communication difficulties, had detailed, person-centred communication care plans which detailed the interventions to support the resident to communicate as freely as possible.

Judgment: Compliant

Regulation 27: Infection control

While the centre was generally clean and well-maintained, some aspects of the premises did not support effective infection control procedures.

The sluice room required a deep clean to ensure that the environment did not contribute to the spread of infection. For example;

- a wall-mounted rack for clean sanitary ware contained staining and dust
- there was a significant build-up of grime on the floor around the base of the bedpan washer and sink
- exposed pipe work underneath the sanitary equipment were severely rusted with a build-up of dirt and dust

Additionally, the sluice room, and some other rooms including the activity room were not part of a daily cleaning schedule. In the activity room, there was a build-up of dust on many surfaces including an exercise bike used by residents, a table and windowsill.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider made adequate precautions against the risk of fire, and provided suitable fire fighting equipment throughout the centre. Arrangements were in place for maintaining all fire equipment on a regular basis. Staff received suitable training in fire prevention and emergency procedures and this training was up-to-date for all staff. The procedures to be followed in the event of a fire were displayed prominently throughout the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' individual rights were well-supported and respected. Nonetheless, the inspector identified two areas where the residents' right to dignity and privacy was compromised in the centre:

- One of the communal toilets was designed and laid out in a way that did not promote the privacy and dignity of the residents; the dividing partitions in the toilet cubicles did not extend from the floor to the ceiling.
- Staff routinely administered medicines during mealtimes, which did not supported a protected, enjoyable mealtime experience.

Judgment: Substantially 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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Dunabbey House OSV-0000590

Inspection ID: MON-0049835

Date of inspection: 22/04/2026

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 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • A deep clean of the sluice room has been completed. • A full review of the sluice room has been completed with the Infection Prevention & Control Clinical Nurse Specialist. A refurbishment plan is now in place to address issues identified including replacement/repair of rusted pipework and ensuring all surfaces are cleanable and maintained to a high standard. Expected completion date 30/09/2026. • Cleaning schedules across the centre have been reviewed and updated. The sluice room, activity room, and all ancillary areas are now included in cleaning schedules with oversight from the Person in Charge. • Regular environmental hygiene audits and spot checks are in place to monitor compliance, with prompt action taken to address any deficits.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • A review of the communal toilet facilities has been completed in consultation with the Infection Prevention & Control Clinical Nurse Specialist. A refurbishment plan has been agreed to enhance residents' privacy and dignity, including modification of cubicle partitions to ensure full enclosure. Expected completion date 30/09/2026. • Medication administration practices have been reviewed. Medication rounds have been rescheduled to avoid mealtimes, ensuring residents can enjoy a protected, enjoyable dining experience. Complete. • The Person in Charge will monitor implementation through regular oversight and observation, ensuring residents' rights to dignity, privacy, and choice are upheld in daily practice.	

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 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	30/09/2026
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/09/2026