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:	Dunmanway Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Dunmanway, Cork
Type of inspection:	Unannounced
Date of inspection:	31 July 2026
Centre ID:	OSV-0000599
Fieldwork ID:	MON-0050962

About the designated centre

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

Dunmanway Community Hospital is a designated centre registered to accommodate 23 residents. It is a 2 storey facility, with all residents accommodation located on the ground floor. Bedroom accommodation comprises 3 four bedded wards, 3 two bedded wards, 4 single bedded rooms and a palliative care room. Wheelchair accessible, en-suite toilet and shower facility are attached to each room/ward. A separate maximum dependency bath is available to residents. The communal spaces comprises a dining room, 2 sitting rooms, a recreation room, resident/visitor meeting room and an oratory. 24 hour nursing care is provided for both male and female residents receiving long term care, respite care, palliative care, rehabilitation/convalescence/community support

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
Friday 31 July 2026	08:45hrs to 17:10hrs	Erica Mulvihill	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out by an inspector of social services, with a specific focus on adult safeguarding and the measures in place to protect residents from abuse. On the day of the inspection, the inspector found that residents living in Dunmanway Community Hospital were supported to have a good quality of life, by a team of staff who knew them well. Interactions between residents and staff were kind and respectful.

The inspector arrived at the centre in the morning and over the course of the day, visited with all 22 residents but spoke to seven in detail. Residents who were unable to converse with the inspector appeared comfortable in their environment. Residents spoke highly of the staff working in the centre and one resident told the inspector " i know the staff here and they know me, i feel secure here". Staff were observed to deliver care and support in a respectful manner in line with the residents assessed needs.

Dunmanway Community Hospital is situated on a large site which also accommodates the community day centre, community dental clinic and the local ambulance service. It is a two story building, all residential accommodation is situated on the ground floor with community services on the first floor. The centre provides long term care and respite for both male and female residents with a range of dependencies and needs.

From the main entrance, the reception desk is situated to welcome visitors to the centre. Alongside the reception is the administration offices, director of nursing office and oratory. Residents accommodation in the centre consists of single, twin and four bedded rooms. Communal space was available on an accessible wide corridor which included a large day room. Another adjoining corridor contained the dining room, single rooms and a twin room with outside access to a beautifully decorated enclosed garden area. As this inspection took place on a warm day in July, residents were observed using this outdoor space in the afternoon accompanied by care staff.

Whilst the provider was working to provide a more stimulating social engagement calendar to residents, there was still ongoing improvements required as there was only meaningful activities provided three to four sessions per week either mid morning or afternoons. Two residents told the inspector that while there is some more activities going on in the day room during the week, "it still could do with improving as some days are quiet around with not much going on for us". This will be discussed further in the report.

Lunchtime was observed to be a relaxed dining experience, with 13 residents choosing to dine in the communal dining room. Meals were freshly prepared in the centres' kitchen and served from a serving station in the dining room to residents.

Staff were seen to provide assistance to those who required it in a dignified and kind manner. The food served to residents looked appetising and residents appeared content with the options available to them.

The inspector observed that the residents were involved in all decisions regarding the running of the centre and that their views were valued, and utilised in enhancing the service provision. Residents told the inspector that they would talk to the person in charge or any of the staff if they were worried about anything or were not satisfied with any area of the service. One resident stated "i have a good relationship with the managers here, they always have time to chat and listen if i needed it".

Residents were able to receive visitors in communal areas or in the privacy of their bedrooms. On the day of the inspection, family members were observed visiting residents. Three visitors who spoke with the inspector expressed satisfaction at the level of care provided to their relative, one visitor stated that the care was "second to none" with another expressing how competent staff and management are and that there is good communication at all times.

The next two sections of the report describes 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 to residents. Areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

The purpose of this inspection was to review the measures put in place by the provider to safeguard residents living in the centre. The inspector found that, although some improvements were observed, management systems with regards to oversight of staffing and resident rights continued to require further action.

The Health Service Executive(HSE) is the registered provider for Dunmanway Community Hospital and the centre is registered to provide care for 23 residents. The local management team were supported by a General Manager who acted as a person participating in management for the centre and interacted regularly with management in the centre. The person in charge was supported by a Clinical Nurse Manager (CNM2), senior staff nurses, catering staff, care staff and administration. Household staff were multi task attendants in the centre.

A review of staffing levels found that further improvements were required to meet the assessed needs of the residents in the centre. A process of staff recruitment was ongoing having identified the deficits and were proactively keeping rosters under review to ensure that the service will comply with staffing numbers to ensure safe and consistent care. On the day of this inspection, the inspector was not assured

there was adequate staffing resources to meet the assessed needs of residents. This is actioned under Regulation 15:Staffing.

From walking through the centre, the inspector observed the premises was appropriate to the needs of the residents living there. However, to promote resident safety, management oversight of security in the centre required attention. A double doors leading from the nursing office to the Kitchen area of the centre, had a security locking device in place but it was disabled on the day of the inspection. This is a repeat finding. The unlocked door increased the risk of a resident eloping from the centre through the meeting room or through the adjoining day centre. The person in charge identified in the introductory meeting, there was a high level of residents with cognitive impairment in the centre, which may further increase the risk. This is actioned under Regulation 23:Governance and Management.

Staff were appropriately supervised according to their roles. Arrangements were in place to support and facilitate staff to attend mandatory and professional development training to ensure they had the necessary skills and knowledge to meet residents' needs. There was an ongoing schedule of training in place and training records were maintained to ensure all staff had relevant and up to date training to perform their respective roles. Staff who spoke with inspectors were familiar with each residents' needs and were also knowledgeable in relation to safeguarding practices and protection of residents from harm.

Records were seen to be maintained and stored adequately and met regulatory requirements. Records were made available to the inspector and a review of a sample of staff files showed that Garda Vetting disclosures were in accordance with the National Vetting Bureau(Children and Vulnerable Persons) Act 2012. The records reviewed showed that the centre complied with Schedule 2,3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It was also noted that all nurses working in the centre had up to date certification from the Nursing and Midwifery Board of Ireland.

A review of the centres incident and accident documents showed that all notifications were submitted appropriately to the Office of the Chief Inspector as required by regulation. The centres' complaints register indicated that the person in charge had effective systems in place to ensure promotion of an open culture where safeguarding was discussed, communicated and escalated where appropriate.

Regulation 15: Staffing

Whilst there is a commitment for ongoing review of the rosters, and to provide more staff to the centre, on the day of the inspection, staffing was not adequate to meet the assessed needs of residents. For example:

- Whilst the centre had engaged with an activities provider two afternoons per week to improve social engagement for residents, the inspector was not assured that residents were offered meaningful social engagement outside of

these times. A review of rosters showed a deficit in staffing particularly in relation to social engagement.

- Despite being informed by the person in charge that household staff were rostered over seven days, a review of the rosters showed that household staff were not available to provide consistent daily cleaning. Cleaning staff were allocated if there was enough staff available to cover this duty. This did not assure the inspector that adequate cleaning was taking place. There was no cleaning staff on the day of the inspection.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their roles and responsibilities, and staff demonstrated an appropriate awareness of their training in recognising and responding to allegations of abuse. Staff received training on the management of responsive behaviours which supported staff to understand the requirements of residents particularly those who have a diagnosis of dementia or other medical conditions.

Judgment: Compliant

Regulation 23: Governance and management

Whilst the centre has a clearly defined management structure that identifies the lines of authority and accountability, action was still required to ensure management systems were in place to ensure the service provided was safe, consistent and effectively monitored. For example:

- there was a lack of oversight of the security systems in place in the centre to protect residents. The security door lock was not functioning, which created an elopement risk as residents could leave the designated centre through open access to the day centre and the visitors room where the door was ajar.
- the commitment given in the previous inspections compliance plan had not been fully adhered to as outlined under Regulation 15: Staffing

Judgment: Substantially compliant

Quality and safety

Overall, the management and staff were working to provide a service to residents that promoted their rights to ensure they were adequately supported to live a good quality of life in a safe service which is protected from harm or abuse. Notwithstanding this, actions by the provider were necessary to ensure residents who wished to spend prolonged periods of time in their bedrooms had equal opportunities to participate in meaningful social activities that they preferred and in line with their capacities.

This inspection found that residents received good standards of nursing and health care to meet their assessed needs. Residents' care documentation and their feedback to the inspector gave assurances that they had timely access to their general practitioners (GPs), specialist medical and nursing services, including psychiatry of older age, community palliative care and health and social care professionals as needed. Residents' care needs were comprehensively and regularly assessed. Residents' care plan was detailed with person-centred information that reliably guided staff residents' care and safety needs.

Residents' safeguarding needs were considered in the layout of the centre. The layout of residents' bedrooms and communal accommodation ensure their safe access to ensure residents had access to all communal space available to them. Grab rails were located in all bathrooms to promote independence to residents in mobilising where possible.

The provider had measures in place to safeguard residents from harm and abuse. A review of safeguarding care plans showed staff consistently completed risk assessments and developed care plans for residents with known safeguarding risks to ensure they were adequately protected and safe in the centre. The provider had ensured that all staff had attended safeguarding training, and there was an up-to-date safeguarding policy available to guide them. All staff were facilitated to attend training on managing responsive behaviours. Records were being maintained which detailed episodes of residents' responsive behaviours were being recognised, reported and managed as potential safeguarding risks and reported to management as necessary.

Staff demonstrated a good understanding of safeguarding procedures and residents' responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Residents' communication needs were assessed, and where residents needed additional support, person-centred care plans were in place. Communication tools and equipment were made available to them and were tailored to their individual needs.

The Activities programme in the centre was not conducive to a meaningful social engagement for residents. Whilst the provider was working to provide a more stimulating social engagement calendar to residents, by employing an external social engagement team twice a week, there was still ongoing improvements required as

there was only meaningful activities provided three to four sessions at best per week either mid morning or afternoons. Activities schedules were distributed to residents weekly but there were gaps identified in the schedule and one resident stated that the schedule did not accurately reflect the actual level of activities during the day. This is actioned under Regulation 9: Resident rights.

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. For example, one resident who did not have the dexterity to press a call bell to alert staff, had been assessed by allied health professionals and a specialised call bell was provided to ensure the resident could alert staff to their requests for assistance. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to the number and needs of the residents living in the centre and were in accordance with Schedule 6 of the regulations, and in line with the centre's statement of purpose.

The layout of residents' bedrooms and communal rooms ensured their needs were met. Residents, including residents using assistive equipment had sufficient space in their bedrooms to mobilise safely. Residents had adequate and accessible storage space for their possessions.

Systems were in place to ensure any maintenance issues were effectively identified and addressed without delay. All areas of the premises were well-maintained on the day of this inspection.

A safe outdoor courtyard was available to residents in the centre. Covered outdoor seating supported residents to access the outdoors as they wished.

Judgment: Compliant

Regulation 26: Risk management

The provider had a risk management policy in place. The policy included all the required information in line with the regulations and there was a system in place for

responding to risks. Clear arrangements were in place to support staff in the identification, assessment and management of risks. Risk management practices promoted positive risk taking, ensuring that care reflected residents wishes and preferences.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were maintained to a high standard. Comprehensive care plans were informed by validated assessment tools and were observed to be very person centred, reflecting residents assessed needs and personal preferences. Evidence of review four monthly or when a change in a residents status occurred was observed. Evidence of shared decision making was evident in risk assessments and care plan development between residents, staff, family members and the residents General Practitioner.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were systems in place to ensure that staff were appropriately skilled to support a number of residents with responsive behaviours (how a person living with dementia or other medical conditions may communicate or express physical discomfort or distress related to their social or physical environment).

There was a restrictive practice register in place in the centre. Care plans adequately reflected engagement with residents, families and multidisciplinary team members. There was also evidence of trialling reductive measures where possible following assessment of each resident.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to safeguard residents from abuse. A safeguarding care plan was in place for residents who required it and were detailed to direct care. The person in charge investigated any allegations of abuse thoroughly as evidenced by the centres incident and accident records and notifications required to be submitted to the office of the Chief Inspector as required by regulation.

Judgment: Compliant

Regulation 9: Residents' rights

While some improvements were observed, further action was required to ensure residents had access to a meaningful social engagement programme. As evidenced by:

- Since the last inspection, the centre had access to an external agency for activities two afternoons per week. However, notwithstanding this, it was observed that there were no activities seen during the morning of the inspection, aside from staff offering beverages mid-morning. Residents were observed to remain in their rooms until midday before being accompanied to the day room. In the afternoon, staff facilitated residents to attend the garden as it was a nice afternoon, however, there was no scheduled activities plan.
- A small number of residents remained in their bedrooms on the day of the inspection, and were observed by the inspector sitting quietly in their chairs or in bed, watching staff and other people moving around the centre and passing their bedroom doors. These residents did not have any social engagement opportunities and were not supported to participate in activities that may interest them.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Dunmanway Community Hospital OSV-0000599

Inspection ID: MON-0050962

Date of inspection: 31/07/2026

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Agency staff are being utilised to support vacant positions and ensure residents' assessed needs are met, including social engagement and housekeeping duties. The roster is reviewed regularly to ensure adequate staffing is maintained. A HSE recruitment campaign is currently underway, with candidates progressing through the recruitment process. It is anticipated that these appointments will strengthen staffing levels and provide consistent support for resident activities, cleaning services, and overall care delivery.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A broad range of meaningful person-centered activities will reflect residents' individual interests, preferences and abilities. Regular residents' consultation, satisfaction surveys, resident's meetings clinical and environmental audits will be monitored by CNM2 and Person in Charge to ensure residents social and human rights continue to be upheld. Residents are actively supported and encouraged, in line with their preferences, to utilise communal dining and canteen facilities with mealtime arrangement's facilitated as a matter of choice. The security door malfunction has been rectified by Estates. The Person in Charge and	

management team will continue to monitor security systems through regular audits to ensure resident safety.

Staffing levels and recruitment progress will be reviewed regularly to ensure compliance plan commitments are achieved. Ongoing audits, resident consultations, and governance reviews will be completed by the CNM2 and Person in Charge to monitor service quality, uphold residents' rights and choices, and ensure meaningful social engagement opportunities are available
Regulation 15 addressed

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: A programme of meaningful, person-centered activities will be available throughout the week to support residents' social engagement, interests, and preferences. Residents will be encouraged and supported to access communal areas and participate in activities in accordance with their wishes and assessed abilities.

Where a resident chooses to remain in their bedroom, this preference will be documented and respected. Staff will ensure that residents who remain in their rooms are offered appropriate one-to-one engagement and meaningful occupation opportunities. The Person in Charge will monitor activity provision and resident participation through regular oversight and review.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	02/11/2026
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	18/09/2026
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in	Substantially Compliant	Yellow	02/11/2026

	activities in accordance with their interests and capacities.			