

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

Issued by the Chief Inspector

Name of designated centre:	Dungloe Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Gweedore Road, Dungloe, Donegal
Type of inspection:	Unannounced
Date of inspection:	18 December 2025
Centre ID:	OSV-0000618
Fieldwork ID:	MON-0048755

About the designated centre

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

Dungloe Community Hospital is situated in the town of Dungloe in a region known as The Rosses. The centre is part of a one-storey building where a range of community services, including a day hospital, mental health services, and out-patient clinics, are located. Accommodation is provided for 34 residents. There are 17 places allocated for long-term care, and the remaining places are allocated to residents who have rehabilitation, convalescence, respite, or palliative care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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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 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
Thursday 18 December 2025	10:30hrs to 16:30hrs	Nikhil Suresh Kumar	Lead

What residents told us and what inspectors observed

Overall, the feedback from residents was that they were happy about the care and service provided in this centre. Some residents said that the care they received in this centre is better than in a hospital. Some residents' comments were that the food provided is of good quality, there were no restrictions on visiting, and staff respond to their needs in a timely manner.

This inspection reviewed the registered provider's implementation of their commitments detailed in the compliance plan submitted following previous inspections. Additionally, it included engagements with the office of the Chief Inspector of social services about the refurbishment plans for both three-bedded and four-bedded rooms. The person in charge had informed the inspector that the management team had been in this centre before this inspection to discuss the building refurbishment plan. The proposed plan was not available for the inspector to review, nor were they submitted to the office of the Chief Inspector, in line with the information provided to the Chief Inspector before this inspection.

The centre accommodated both long-term residents and those in respite care for shorter stays. Staff clarified that the four-bedded rooms were used for respite care residents, whereas the three-bedded rooms were used for long-stay residents. However, the records indicated that, in certain instances, the duration of stay of residents in four-bedded rooms extended to above 84 days.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability of the provider, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, while the oversight of the care and service in this centre was good, the provider did not ensure that the compliance plan of the previous inspections to ensure compliance with Regulations 17: Premises and Regulation 9: Residents' rights was implemented in a timely manner.

This was a focused, unannounced inspection, carried out to determine what, if any action, the registered provider had taken to address shortcomings in the premises of the designated centre and to monitor the provider's compliance with the Health Act

2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The Health Service Executive (HSE) is the registered provider for the designated centre. As a national provider of residential services for older people, the designated centre has access to and support from centralised departments, such as human resources, accounts, and information technology.

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 of the regulations were made available to the inspector. Records were stored electronically and on a paper-based system. Records were well maintained and securely stored in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management systems in place did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example, the provider had failed to reconfigure the multi-occupancy rooms in a timely manner to ensure compliance with Regulation 17: Premises and Regulation 9: Residents' rights.

Judgment: Not compliant

Quality and safety

Overall, the centre was clean and generally well-maintained. Residents who spoke with the inspector commented that they were satisfied that they had sufficient space to store their personal belongings in this centre.

The configuration of some of the centre's multi-occupancy rooms did not ensure that these bedrooms could meet the residents' needs, and this would negatively impact the privacy and well-being of residents in these rooms. This is further discussed under Regulation 17: Premises and Regulation 9: Residents' rights.

Regulation 17: Premises

The centre's premises did not conform to the matters set out in Schedule 6 of the regulations. For example:

- The personal space in the two four-bedded occupancy rooms and four three-bedded occupancy rooms did not provide adequate space to include space for a chair and personal storage for each resident.
- There was insufficient space for residents to mobilise safely around the bed and access their wardrobes.
- There was insufficient space to use the assistive equipment required to safely move residents at one bed space without encroaching on the personal space of another resident.
- Wash-hand basins in all four-bedded occupancy bedrooms were located very close to one of the residents' beds. This significantly reduced the personal space available to these residents.

These non-compliance findings were identified during past inspections, and the provider had not yet addressed them.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' rights to exercise choice and for their privacy and dignity were not consistently upheld. For example:

- Residents in multi-occupancy rooms did not have access to a chair by their bedside if they wanted to sit beside their bed.
- A number of beds in the multi-occupancy rooms did not provide sufficient space for the resident to use assistive equipment without encroaching on the neighbouring resident's bed space. As a result, the resident using the equipment could not carry out personal activities in private.
- The positioning of hand-wash basins in the four-bedded rooms was such that they were located very close to the beds, compromising the residents' privacy.

These non-compliance findings were identified during past inspections, and the provider had not yet addressed them.

Judgment: Not 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 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Dungloe Community Hospital OSV-0000618

Inspection ID: MON-0048755

Date of inspection: 18/12/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations. An action plan is in place to address the reconfiguration of the identified multi-occupancy rooms to ensure compliance with Regulation 17 and Regulation 9. The provider is currently progressing the procurement process for contractors to complete the required works. The reconfiguration project will be completed by 31st March 2027. Progress against the action plan will be reviewed monthly through the centre's governance and management systems to ensure timely completion and ongoing regulatory compliance.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations. • The identified four-bedded and three-bedded occupancy rooms will be reconfigured to ensure the appropriate personal space is available for each resident, including space for a chair and personal storage, in line with Schedule 6 requirements. • The reconfiguration works will ensure appropriate space is available for residents to mobilise safely around their beds and access wardrobes safely and independently where	

possible.

- The revised room layouts will ensure appropriate space is available for the safe use of assistive equipment without encroaching on the personal space of other residents.
- Wash-hand basin placement within the four-bedded occupancy rooms will be addressed as part of the reconfiguration works to ensure residents' personal space is not adversely impacted.
- A project plan is in place, and the procurement process for contractors is currently underway. The reconfiguration works are scheduled for completion by 31st March 2027. Progress against the action plan will be monitored through the centre's governance and management systems to ensure timely completion and ongoing regulatory compliance.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

This will continue to be monitored by staff to ensure residents have access to appropriate seating in line with their preferences and needs.

• Privacy curtains are in place around each bed space to support residents' privacy and dignity during the provision of personal care. The planned reconfiguration of the multi-occupancy rooms will continue to ensure sufficient space is available for the safe use of assistive equipment while maintaining residents' privacy, dignity, and personal space.

• The positioning of wash-hand basins within the four-bedded rooms will be addressed as part of the reconfiguration project to further improve residents' privacy and personal space.

• A project plan is in place, and the procurement process for contractors is currently underway. The reconfiguration works are scheduled for completion by 31st March 2027. Progress against the action plan will be monitored through the centre's governance and management systems to ensure timely completion and ongoing regulatory compliance.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/03/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as	Not Compliant	Orange	31/03/2026

	such exercise does not interfere with the rights of other residents.			
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.	Not Compliant	Orange	31/03/2026