



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:	Unannounced
Date of inspection:	24 June 2025
Centre ID:	OSV-0005489
Fieldwork ID:	MON-0047010

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
Tuesday 24 June 2025	15:25hrs to 18:45hrs	Angela McCormack	Lead
Wednesday 25 June 2025	09:35hrs to 14:45hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection found that residents living in Dunwiley designated centre were provided with high quality, person-centred care that promoted their wellbeing and protection. This inspection found a fully compliant centre with all of the regulations reviewed.

This inspection was an unannounced inspection which focused on safeguarding. The Chief Inspector of Social Services issued a regulatory notice to providers in June 2024 outlining a plan to launch a regulatory adult safeguarding programme for inspections of designated centres. This inspection was completed as part of this programme.

This inspection was an unannounced inspection completed over two half days, one evening and the following morning. The inspector met and spoke with all three residents, three staff members and members of the local management team. In addition, the inspector also spoke with one family member and a member of the multidisciplinary team (MDT) involved in residents' care.

Dunwiley was based on a small campus on the outskirts of a large town. All residents lived on the campus for several years. The inspector was told that they were very happy living in Dunwiley since the numbers of residents living there had reduced over the past few years. There were four staff members rostered to work each day and two staff members working at night time to support residents with their needs. This staffing level supported residents to do individual activities. The service also had two vehicles which enabled residents to go out and about doing their individual activities.

From a walk around of the house it was observed to be clean, well maintained and suitable to meet the needs and numbers of residents. Residents had individually decorated and spacious bedrooms that had suitable arrangements for the storage of personal property. Residents had access to level access showers and a Jacuzzi bath. There were three sitting-rooms and a visitor room. This meant that all residents had access to a private space to relax and receive visitors. The back garden area was spacious, well designed and accessible to all.

Residents were consulted about the centre through weekly residents' meetings. Questionnaires were also completed with residents every six months to get their views on the centre. One resident's recent feedback was reviewed by the inspector. From a discussion with the person in charge, it was clear that they had read the feedback and were taking action to follow up on a request. For example; the resident said they would like more 1:1 time with staff in the evenings. The person in charge spoke about the plans that they had to achieve this.

Residents were supported to lead a meaningful and fulfilling life in line with their choices. One resident attended an external day service. Others chose to do activities

from their home. Residents enjoyed a range of activities that were meaningful to them. These included; going to the gym, swimming, chair aerobics, going to concerts, going out for dinner and going on day trips.

Residents had very good family contact. One resident chose to go home to their family every weekend. Other residents were supported to visit family members and to receive visitors to their home in Dunwiley. The inspector was informed that one resident recently went abroad to attend a family wedding supported by the staff team in Dunwiley. They were reported to have enjoyed this and they had photographs of the occasion on their technological device, from where they could view and communicate about their family members. One resident had plans to go abroad on holidays, following an enjoyable experience of holidaying abroad in recent years.

One resident chose to spend most of their evening with the inspector. They greeted the inspector in a friendly manner, remembering them from previous inspections of their home. They chatted to the inspector and spoke about their day-to-day life, their interests and their home. They said that they are happy living in Dunwiley and felt safe. This could be seen through their interactions with staff members and how they freely and comfortably moved around their home.

The inspector met two other residents following their return to their home in the evening. One resident proudly showed their bedroom, which had been redecorated since the previous inspection by HIQA. They also showed framed photographs of their family members. They were observed speaking to a staff member about having a telephone call with a family member. Another resident was met with at a time that suited them. They were observed interacting with staff members about their interests. Staff were observed treating all residents with dignity and respect. They responded to residents' communications and requests in a kind and caring manner. From observations by the inspector, it was clear that residents could choose how to spend their time, and that their choices were respected.

The inspector was informed, and saw in various documents, that one resident was going through a period of ill health. This meant that they required a lot of medical tests and investigations. It was clear from talking to the management team, that staff members were strong advocates for residents to ensure that they were treated fairly and had equal access to healthcare. Furthermore every effort was made to support residents with healthcare in a person-centred and informative way. Staff members ensured that residents were supported to understand what was going to happen at appointments, through the development of tailored person-centred supports. This involved the use of social stories and online video clips, which was found to be a meaningful format for one particular resident. It was clear to the inspector that staff members strived to ensure that residents had access to healthcare in a manner that supports their dignity, and with the aim of reducing any fear or distress experienced by attending a hospital setting.

The inspector spoke with one family member during the inspection. The family member expressed concerns regarding future plans for residents to move from their home in Dunwiley. This move was discussed with them and was part of a national

de congregation plan from congregated settings. This family representative expressed concern about how their family member would cope with this. They said that their family member had lived in their home for over 20 years and explained that they enjoyed the sense of community and belonging that they had living in Dunwiley. They said that their family member was 'abundantly happy' living in Dunwiley, that they loved to watch the coming and goings to the campus, and that they hoped they could live in Dunwiley for a long time. The resident had the autonomy to walk around the campus and visit other homes where they were well known by all. This was observed on inspection. The resident told the inspector that they were happy living in Dunwiley and that they felt safe there.

The inspector reviewed all three residents' annual review meetings, where it was observed that another resident's family representative said their biggest concern related to their family member moving from Dunwiley. It was noted that the family members said that they couldn't understand why a move had to happen against the wishes of the resident. On discussion with the local management team, they said that families have been made aware of the complaints procedure, and that they will remind them of their right to make a complaint. The person in charge also said that they will be reviewing with residents and their representatives about a referral to independent advocacy services. This would further support residents' voice to be heard in discussions about future plans.

The inspector spoke about safeguarding arrangements with three staff members throughout the inspection. Staff members were knowledgeable about individual residents' needs, risks that could impact their safety, and about how to promote a safe service for all. Staff were aware of the reporting procedures for allegations of abuse. There were notices observed throughout the homes outlining this procedure and details of the designated officers for safeguarding.

Overall, Dunwiley was found to provide high quality, person-centred care and support that strived to ensure and promote a rights- based culture.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affects the quality and safety of the service provided.

Capacity and capability

This inspection found that the management team had the capacity and capability to manage the centre. Systems in place ensured that a person-centred and safe service was provided.

There were a range of policies and procedures in place to provide guidance and procedures for safe care and support. In addition, there were good systems in place for the effective oversight and monitoring of the care provided. Audits completed at

local level and by the provider were effective in identifying areas for improvement.

There was a clear governance and management arrangement in place. At a local level, this included a person in charge and clinical nurse manager 1 (CNM1) who were based at the centre. Staffing levels and skill mix were found to meet the needs of residents at this time. Staff members were provided with training to ensure that they had the skills to support residents with their needs.

Overall, the centre was found to be well managed and effectively monitored to ensure that the centre met residents' needs.

Regulation 15: Staffing

The inspector reviewed the rosters from 28 April 2025 to 22 June 2025. These were found to be well maintained and demonstrated that the required number of staff were on duty day and night to meet the needs of residents. While some staff members had recently left their post, the management team ensured a timely response to the filling their posts with consistent staff in place. The inspector reviewed a sample of six staff members Garda Vetting reports and found that all these staff had been vetted, as required. This helped to further ensure residents' protection.

Judgment: Compliant

Regulation 16: Training and staff development

The current training matrix for the centre was reviewed by the inspector, which showed that all staff members had the required training related to safeguarding and protection of residents. In addition, site specific training modules identified for the service were completed. These included, a 'communication workshop', human rights training and training in person-centred planning. A sample of four staff members training certificates were reviewed by the inspector. This showed that training had been completed as required, and that the matrix was accurate.

In addition, the provider supported ongoing professional development for staff who sought further training. For example, the person in charge spoke of a number of courses that they had undertaken in recent years that were of benefit to them in their role. The inspector also reviewed a sample of six staff supervision meetings which showed that staff received supervision with their line manager, as outlined in the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management team were found to have the capacity and capability to ensure that a safe and high quality service was provided to residents. The centre was resourced with suitable numbers of staff and vehicles to enable residents to do individual activities of their choosing. There was a clear reporting structure between management levels, including a system to escalate serious incidents that occurred.

The oversight and monitoring systems in place included a suite of audits carried out by the local management team. These audits were effective in ensuring that a person-centred and safe service was provided. This included regular auditing of; safeguarding plans, staff awareness of safeguarding, residents' finances, personal plans, restrictive practices, medication, and complaints.

The inspector reviewed the audits for 2025 where it could be seen that there was an annual schedule that outlined the frequency of various audits. A review of the audit folder found that these audits were carried out as outlined in the schedule. Furthermore, these audits were found to be effective for identifying actions for improvement. Actions from the audits were collated into a quality improvement plan, which was monitored monthly by senior managers. These systems were found to be effective in ensuring that actions were identified and addressed in a timely manner. This also ensured that there was clear accountability as there were named persons responsible for ensuring actions were addressed.

Judgment: Compliant

Quality and safety

Dunwiley was found to provide high quality, person-centred care and support to residents. An holistic approach to care and support was evident where residents, their representatives, and members of the multidisciplinary team (MDT) were involved in personal planning. This promoted residents' health and overall wellbeing.

The person in charge ensured that comprehensive assessments were completed on the health, personal and social care needs of residents. Personalised support plans were developed based on each residents' individual needs. Residents' needs and risks to their wellbeing, safety and protection were kept under ongoing review. This ensured that changes to their health and wellbeing were identified in a timely manner. Staff spoken with appeared knowledgeable about residents' needs and how to best support them.

Residents' safety and protection were promoted through the ongoing review of

incidents, staff training and discussions at team and residents' meetings about safeguarding. Residents had access to various MDT supports and allied healthcare professionals, as required. This promoted a holistic approach to care and support which helped to ensure the best outcomes for residents.

In summary, the care and support provided to residents living in Dunwiley was found to be person-centred, safe and regularly monitored. This helped to ensure that it met residents' individual needs and was to a good quality.

Regulation 10: Communication

The inspector reviewed three residents' personal care plans and found that all residents had communication assessments, care plans and a 'communication dictionary' in place. These provided guidance to staff on how to support residents with their communication preferences. Residents had access to MDT supports, such as speech and language therapists, to further support with communication.

Various methods of communication were used with residents in line with their assessed needs, such as pictures, visual schedules, verbal communication and objects of reference. In addition, one resident used a technological device to support with their communications. Another resident's care plan noted how an augmented form of communication ('talking mats') were trialled with a resident, and noted how the resident responded and then declined using this method after the trial. This demonstrated that every effort was made to communicate with residents in a person-centred and meaningful way that respected their choices.

Residents were supported to understand various topics through the use of easy-to-read documents. The inspector was informed by staff members that topics were discussed with residents as the need arises, and also through residents' meetings. These meetings were held every two weeks. On review of a sample of seven recent residents' meetings, the inspector noted that some topics on the agenda, such as 'advocacy' and 'human rights', recorded frequently that residents showed no interest in the topic. On discussion with the management team, they agreed to review the frequency and method of sharing this information, to ensure that it was more meaningful to each individual resident. This would further support residents in understanding important self-guarding topics such as safeguarding, the role of advocacy and human rights.

In addition, residents were supported to maintain contact with families and there was ongoing communication occurring between residents and family members, sometimes daily. On the day of inspection, one resident was visiting a family member, while another two residents spoke about having telephone calls with family members that day.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the needs and numbers of residents. Residents had individual bedrooms that were designed and decorated to meet their needs and individual preferences. In addition, residents had access to spacious communal rooms in which they could host visitors in private if they wished. There were ample rooms in the house to support residents to relax in a sitting-room on their own, if they wished. This was observed on the day of inspection, where it was noted that each resident had a preferred room in which they liked to spend time listening to the radio or watching television.

Residents had access to aids and appliances as required. The kitchen area was small, but included kitchen facilities if residents wished to cook or bake. The house also included appropriate laundry facilities. The back garden area was accessible to all, well maintained and nicely decorated.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that there were good systems in place in Dunwiley for the monitoring of incidents and for identifying trends that could impact on residents' wellbeing and protection. This was evident through the inspector's review of care plans, audits, incident records and team meeting notes, where discussions about incidents occurred.

Furthermore, it was evident that there was a culture of learning from incidents. This could be seen through the records of post-incident debriefing notes and records of discussions. In addition, the inspector reviewed all three residents' care plans which included assessments of risks that could impact on their protection and wellbeing. Risks were found to be identified and assessed, with control measures in place to mitigate the risk of harm to residents. These were found to be kept under ongoing review. Examples of risks assessed included, support required with finances, the use of Internet, behaviour related risks, and the impact on residents from peers' behaviours.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed all three residents' care plans, which included assessments

of their individual needs, care plans and minutes of Annual Review meetings. The inspector found that an holistic approach to care was taken to ensure that residents were protected and supported to have the best possible health and wellbeing. Care needs and support plans were kept under ongoing review so that any change could be identified promptly. Staff members were found to be strong advocates for residents in accessing allied healthcare professionals where this was required.

A collaborative approach to care was also evident, where residents and their family representatives were involved in reviews of the care and support provided. MDT meetings occurred every quarter where residents' care and support needs were reviewed. This meant that any change in need, or any concern that relates to residents' safety and protection, could be identified in a timely manner and responded to by the relevant member of the MDT.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the policies and procedures that the provider had for behaviour management and for restrictive practices. These were found to be accessible to staff, and up to date. They provided clear guidance on how to support residents and about roles and responsibilities of staff members, management and the MDT. Staff spoken with were knowledgeable about the behaviour support needs of residents and about how to ensure safeguarding risks were minimised between residents.

The inspector reviewed two behaviour support plans that were in place. These were found to be comprehensive and clear on the triggers that may cause upset to residents. They provided clear guidance to staff members in how to support residents with any distress and how to respond if the strategies were not effective and there was a risk to the resident and/or others. The plans were developed with input from the relevant MDT and were kept under ongoing review. It was clear to the inspector through a review of the support plans and through discussions with staff members, that every effort was made to establish the causes of behaviours displayed by residents, such as difficulty communicating their needs, or possible pain experienced. This promoted a person-centred and safe approach to care.

There were some restrictive practices used in the centre for security reasons such as locked doors at night-time. These were found to be clearly assessed, with MDT input, and kept under ongoing review to ensure that they were the least restrictive measure and that there was clear rationale for their use. This showed how the provider strived to achieve a balance between residents' rights and protecting them from the risk of harm. In addition, some residents care plans outlined that they may require the use of PRN (medicines only taken as required) medicines or emergency physical interventions. The rationale for their use was clearly assessed to ensure that they were used as a last resort and proportionate to any risk. Debriefing with

staff members took place after each incident of this occurring, records of which could be seen attached to the incident record forms. This demonstrated good monitoring of restrictive practices to ensure that they were used only as a last resort. These interventions were not required frequently, and the person in charge spoke about how the use of these interventions had decreased. These protocols were reviewed and agreed with the MDT involved in residents' care and were also discussed at residents' annual review meetings with residents and their representatives.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the policies and procedures that the provider had in place for safeguarding vulnerable adults and for the provision of intimate and personal care. These were available to staff in the centre and found to be up to date. The inspector observed posters and notices on display throughout the centre outlining the process for reporting incidents of a safeguarding nature.

Training records reviewed by the inspector showed that all staff received training in safeguarding. The inspector spoke with three staff members about safeguarding arrangements. Staff spoken with were aware of the safeguarding procedures and what to do in the event of protection concerns. Staff members said that they could raise any concerns that they had, and all reported that they felt listened to by the management team.

The inspector reviewed the safeguarding folder maintained in the centre. There were incidents of possible protection concerns notified to the Chief Inspector since July 2024. The documentation related to these concerns was reviewed by the inspector, where it was found that the procedures were followed in line with the provider's policy. Furthermore, it was clear that learning from incidents were discussed, so as to reduce the risks of similar incidents from occurring. A recent incident occurred in the centre relating to missing medication. The person in charge ensured that an investigation was undertaken. This was in progress at the time of inspection and had been escalated to the senior management team through the incident recording system. A notification to the Chief Inspector was submitted on the day of inspection, as is required under the regulations relating to suspected or confirmed abuse, which includes theft, of any resident in the centre.

The management team monitored staff members' knowledge about safeguarding through 'Safeguarding Awareness audits' that were completed with a staff member each month. Records from January 2025 were reviewed by the inspector and demonstrated good discussion and awareness of safeguarding and the procedures. In addition, the inspector reviewed various meeting notes held during 2025, where it could be seen that discussions on safeguarding were had at various staff team and management meetings. For example, the team meeting records since January 2025

(of which there were three) for Dunwiley showed that safeguarding was a topic for discussion and that a review of incidents took place, so that learning occurred.

Residents were also protected through clear and person-centred care plans for the provision of personal care, and through the procedures for recording their finances and personal property. For example, the inspector reviewed two residents' record of personal property which included a section to record when items were 'scrapped' or lost. In addition, each resident had an 'overarching safeguarding plan', which recorded potential protection concerns based on incidents that occurred in the past.

Judgment: Compliant

Regulation 9: Residents' rights

It was clear from observations by the inspector, documentation reviewed and discussions with staff, residents and family members that the management team strived to ensure a person-centred and rights based service. The staffing levels supported residents to have individual interests and to do activities of their choosing. While the main meal was delivered from a centralised kitchen, residents were offered choice of meals each day. They could also choose to cook in the kitchen in their home. One resident spoken with said that the food was very good. In recent feedback given by one resident, they requested more curry meals, and the person in charge discussed this with them.

Observations during this inspection were that residents were supported to have the autonomy to make day-to-day decisions in their lives and were supported through their preferred communication methods to make choices. For example, on the evening of inspection, one resident was asked if they would like to go out for a wine, and they declined and this was respected. Another resident was observed speaking with a staff member about a telephone call that they planned to have with a family member. As mentioned previously, the local management team spoke about ensuring that residents and their representatives were reminded about the national advocacy services, so that residents could choose to have this support in getting their voice heard about life-changing decisions that were being planned for the future.

Residents were consulted about the running of the centre through residents' meetings. The inspector reviewed a sample of seven meeting notes, from between March and June 2025. These noted what was discussed and how residents responded. The inspector observed that while safeguarding and protection issues were discussed with residents at these meetings, the response noted by residents was mostly that they showed little interest in these topics. On discussion with the local management team about this, they said that they will be exploring how best to support residents in a more meaningful way (through various formats, and review of the frequency of discussion) to support them to understand self-protection.

The provider's systems and structures were found to be striving to ensure a rights based culture in the provision of care to residents. The inspector had the opportunity to meet a member of the provider's Human Rights' Committee, as they were visiting Dunwiley on the day of inspection. They spoke about the work that the committee is currently doing and about the plans going forward, which included a resident advocacy group. They also spoke about how the committee supports staff awareness and knowledge about rights, such as completing face-to-face information sessions with staff teams. They also spoke about how the committee reviewed how to engage in a meaningful way with residents and to support skills training with residents which will further support their knowledge of rights. This demonstrated the provider's ongoing commitment to ensure that the culture and practices were rights' based.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant