



**Health
Information
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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 May 2025
Centre ID:	OSV-0000590
Fieldwork ID:	MON-0047201

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:	25
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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 22 May 2025	09:15hrs to 17:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

The inspector arrived in the morning for an unannounced inspection to monitor ongoing regulatory compliance with the regulations and standards. The person in charge greeted the inspector and then continued the process of administering morning medication to residents. In the interim, the inspector availed of the opportunity to observe the morning routine and also met with nurse management from the adjacent Dungarvan Community Hospital, whom also have oversight of Dunabbey House.

The inspector observed a large number of residents having their breakfast in the dining room. Residents appeared to be well dressed in their preferred attire and moved freely around the centre. Some residents were seen to leave the centre accompanied, either with family taking them out for the day or by staff accompanying a resident to a day centre

Following the completion of the medication round, an introductory meeting was held with the person in charge and the inspector was then guided on a tour of the premises. Dunabbey House is operated by the Health Service Executive and is registered to accommodate 28 residents. There were 25 residents living in the centre on the day of the inspection. The centre is located directly across the road from another designated centre, Dungarvan Community Hospital. Both centres share a number of services, such as nursing management, kitchen services, maintenance, administration and activity staff.

The centre comprises twenty two single and three twin bedrooms. Two of the twin rooms have an en suite containing a toilet and wash hand basin; two single rooms have an ensuite with a toilet only with a wash hand basin in the bedroom; and one twin room shares a "Jack & Jill" bathroom with a single room containing a toilet and wash hand basin. All of the other bedrooms have a wash hand basin only in the room. There are adequate communal toilet, shower and bath facilities conveniently located for all other residents.

During the walk around and over the course of the day of the inspection, the inspector spoke with a large number of residents and the general feedback was that Dunabbey House was a nice place to live and residents had good relationships with staff in the centre. This was confirmed by the observations of the inspector, who saw lots of jovial banter between residents and staff. Residents were observed chatting with each other or relaxing alone with magazines and newspapers. Residents said that staff were kind and supportive

Many residents had personalised their rooms with pictures, photographs and personal belongings from home. The inspector did note that a number of bedrooms had exposed wall plugs and exposed screws, presumably left over from previous picture frames. Some bedrooms had cracked paint on the ceiling and one bedroom had a rusty pipe from a radiator. There were a number of shared communal spaces

including a large sitting room, dining room and two smaller sitting rooms where residents could meet their visitors in private. There was also an activation room that was used as a hairdressing salon and a small suitably decorated oratory. There was a large enclosed garden with ample seating and multiple access points from the centre.

There is one staff member dedicated to the provision of activities in the centre. The staff member is employed through an agency but has worked in the centre for a number of years. Residents were offered gardening activities in the morning, although not many chose to participate in this. The resident has access to a minibus that can carry up to six residents and residents were seen to be offered to go on a trip in the afternoon. Residents are offered facilitated to go on regular outings to the community, usually on a Thursday. Bingo was the main activity on offer in the afternoon. Some residents chose to participate in this activity while other residents preferred to spend their day mobilising around the centre, reading or watching television.

The lunchtime experience was observed. The majority of residents attended the dining room for their meals. Residents were observed to be chatting to each other and with staff. Residents were offered a choice at mealtimes and food was observed to be nutritious and portion sizes were generous.

The next two sections of the report present the findings of this inspection in relation to 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, findings of this inspection were that the centre was well resourced and had good management systems in place to monitor the quality and safety of care provided to residents and to ensure they had a good quality of life. Most areas identified on the previous inspection, which were required to be addressed, had been completed. However, action was required with regards to governance and management, in relation to the role of clinical nurse manager (CNM).

This was an unannounced inspection, carried out over one day by an inspector of social services, 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). This inspection also reviewed the registered provider's implementation of their compliance plan submitted following a previous inspection in July 2024.

The registered provider for Dunabbey House is the Health Service Executive (HSE). The centre is operated and managed through the governance structures of Dungarvan Community Hospital. The Director of Nursing of Dungarvan Community Hospital is a person participating in management for the centre and had good

oversight of the service provided. As a national provider, providing residential services for older people, the designated centre has access to and support from centralised departments such as human resources, accounts, and information technology. The local management team includes a director of nursing that has operational oversight of Dungarvan Community Hospital and this centre. At a more senior level, the DON reports to a hospital manager. The person in charge is a CNM 2 and reports to the DON. The PIC is supported by a team of nurses, healthcare assistants, household staff, catering personnel, and activity coordinator. While there was a clearly defined management structure which identified lines of accountability and responsibility for the service, the structure in place did not align with the centre's Statement of Purpose. This is discussed further under Regulation 23 of this report.

The provider ensured there was good oversight of the quality and safety of care provided to residents. There was a schedule of audits in place that included care planning, infection control, medication management and restrictive practices. Key clinical indicators such as falls, wounds, pressure ulcers, infections and antibiotic usage were also monitored. The provider had completed the annual review of the quality and safety of care delivered to residents for 2024. The inspector saw evidence of the consultation with residents and families reflected in the review.

The inspector reviewed a sample of staff duty rotas. There is a high level of use of agency staff, however, every effort is made to ensure that there is continuity among the agency staff that work in the centre. Communication with residents and staff indicated that the number and skill-mix of staff was sufficient to meet the needs of residents, having regard to the size and layout of the centre. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. The whole time equivalent (WTE) nursing staff, however, did not align with that outlined in the centre's statement of purpose. This is discussed further under Regulation 15 of this report.

Staff files were reviewed. All staff files contained Garda Síochána (police) vetting and identification. However, there were some gaps regarding the documentation required to ensure safe and effective recruitment practices, which will be discussed under Regulation 21: Records.

The provider ensured staff had access to training appropriate to their role. From speaking with staff during the inspection, it was evident they were aware of residents' care needs and preferences. From a review of staff training records, it was evident that there was a high level of attendance at training appropriate to their role.

Regulation 14: Persons in charge

The person in charge meets the requirements of the regulations. The person in charge is an experienced registered nurse with the required level of experience of nursing older persons, the required managerial experience and a post-registration

management qualification. The person in charge demonstrated good knowledge and understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there were sufficient numbers of staff and an appropriate skill-mix across all departments to meet the assessed needs of the residents. The inspector observed skilled staff providing care for residents in a respectful manner.

Judgment: Compliant

Regulation 16: Training and staff development

While there was a high level of attendance at mandatory training, a number of staff were overdue attendance at training in responding to challenging behaviour.

Judgment: Substantially compliant

Regulation 21: Records

Not all records in relation to staff employment were available, as outlined in Schedule 2. For example, of a sample of three staff files reviewed, there was a gap in the employment history of one staff member for which an explanation was not recorded.

Judgment: Substantially compliant

Regulation 23: Governance and management

The appointment of the new person in charge resulted in a reconfiguration in nurse management. The new management structure did not align with that set out in the Statement of Purpose.

Judgment: Substantially compliant

Quality and safety

Overall, residents in this centre were supported and encouraged to enjoy a good standard of care and support in line with their assessed needs and preferences.

There were adequate facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. There were opportunities for residents to maintain links with the community and to visit local attractions through the availability of a minibus. Outings were scheduled on a weekly basis.

The inspector reviewed a sample of care records and found that a comprehensive nursing and social care assessment was completed on all residents within 48 hours of admission. Additionally, a range of validated assessment tools, such as malnutrition universal screening tools, dependency level assessment tools, and pressure ulcer risk assessment tools, were used to complement the comprehensive assessment. Continuous re-assessment of residents' needs was also completed on a four-monthly basis or sooner if required. Care plans were comprehensive and described the care required to meet the needs of residents. Care plans were very person-centred and reflected the care provided to them.

Residents had access to a general practitioner (GP) who attended the centre regularly, which ensured that any medical concerns were addressed in a timely manner. Additionally, residents had access to specialist health and social care professionals through a referral system.

The centre was laid out to meet the individual and collective needs of residents. Residents had access to adequate communal space and secure outdoor space. While there was a rolling programme of maintenance in the centre, some areas of improvement were required. These are outlined under Regulation 17 of this report.

Fire fighting equipment, emergency lighting and the fire detection and alarm system were all being serviced at the appropriate intervals. Annual certification was available to review. Staff were up-to-date with fire safety training. Personal emergency evacuation plans were in place for each resident and updated four monthly or if a resident's condition changed. Fire safety training was provided to staff annually in the centre. While fire safety drills were conducted regularly, further action was required to confirm that residents could be evacuated in a timely manner in the event of an emergency. This is detailed further under Regulation 28 of this report.

The inspector reviewed the arrangements for the storage and administration of medicines in the centre. Medicine administration practices were compliant with relevant standards. Controlled drugs were stored securely and a system was in place

to monitor the storage and administration of these drugs. Arrangements were established to ensure that the pharmacist could fulfil their obligations to the residents.

The inspector engaged with several residents, and they confirmed that they felt safe in the centre. Staff who spoke with the inspectors demonstrated good awareness of the safeguarding procedures established within the centre that are to be followed.

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance, repair and review to be fully compliant with Schedule 6 requirements, for example:

- the decor in some areas, including resident bedrooms, was showing signs of wear and tear. There was cracked paint on some bedroom ceilings and there were exposed screw plugholes on the walls of some bedrooms
- the radiator in one bedroom had a significant amount of rust
- the flooring in some bedrooms was damaged.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure the provider had adequate arrangements to evacuate all persons in the designated centre, for example:

- while there were regular fire drills conducted, a number of the drill records did not contain adequate detail to confirm that the drill simulated the dependency levels and mode of evacuation of residents within the fire compartment
- the assistance levels required following assessment outlined in the fire management policy available in the centre did not correlate with the assistance levels outlined in personal evacuation plans (PEEPS). For example, the fire policy details three levels of assistance namely; mobile, moderate assistance and full assistance; while the PEEPs referenced four levels of assistance; ambulant; semi-ambulant; immobile; and full assistance.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate systems in place for the safe storage and administration of medicinal products. The inspector observed that the medicinal products were stored in a safe and secure manner. The medicine administration records indicated that all medicinal products were administered in accordance with the directions of the residents' general practitioner.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans reviewed on the day of inspection were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed upon admission to this centre and reviewed at regular intervals, which informed the care plans.

Judgment: Compliant

Regulation 6: Health care

The residents in this centre had regular access to their general practitioner (GP). Additionally, residents had access to specialist services, such as psychiatry of old age, speech and language (SALT), occupational therapy (OT), and dietetics

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The registered provider had a policy on 'Restrictive Procedures and Responsive Behaviour Guidelines' in place, which guided staff in practice. Staff were aware of how to appropriately manage and respond to responsive behaviours. There were no restrictive practices in use in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to daily newspapers, radio, television and internet. There was an independent advocacy service available to residents. The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents were consulted on the operation of the centre through residents' meeting and surveys.

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 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dunabbey House OSV-0000590

Inspection ID: MON-0047201

Date of inspection: 22/05/2025

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Dunabbey House and its neighbor Dungarvan Community Hospital have upskilled two members of staff to provide training in the area of managing responsive behavior and positive behaviours support.</p> <p>A comprehensive rollout of this training is underway and staff who are overdue attendance at such training will be prioritized. Expected completion date: 30/09/2025.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The Centre will review all existing staff members files and ensure there is a complete employment history dating to completion of fulltime education.</p> <p>The centre has also engaged with the central recruitment team to advise on the requirement for a comprehensive employment history, accounting for all & any gaps at the point of recruitment which will capture all new and promoted staff.</p> <p>Expected completion date: 31/12/2025</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Statement of Purpose has been reviewed and updated to reflect the current management structure and staffing allocation. This will be submitted alongside this compliance plan.</p> <p>The Centre meets Regulation 14 Person In Charge and also has qualified & experienced nurses who meet the requirements for deputizing for short-term absences for the PIC.</p> <p>Action Complete.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A thorough review has been completed of the centre to identify areas requiring maintained & repair.</p> <p>The radiator & pipe that were observed to be rusted have been refurbished.</p> <p>A plan to address the issues highlighted at inspection such as damaged flooring, cracked paint on bedroom ceilings, repair of screw plugholes in bedrooms and general decoration is in place with an expected completion date of 31/12/2025.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A detailed fire drill template is in use in the centre detailing the simulated dependency levels and mode of evacuation of residents for each drill.</p> <p>The fire management policy has been reviewed to ensure consistent language with individual's Personal Emergency Evacuation Plans (PEEPs)</p> <p>Review of feedback report from fire drill/evacuation to ensure detail included dependency levels & mode of evacuation. Review & update of fire policy to ensure compliance with evacuation strategies as outlined in Personal Emergency Evacuation Plan.</p> <p>Action complete.</p>	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2025
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.	Substantially Compliant	Yellow	31/12/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/12/2025

Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	18/07/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/06/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/06/2025