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

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| Name of designated centre: | St Oliver Plunkett Community Unit |
| Name of provider: | Health Service Executive |
| Address of centre: | Dublin Road, Dundalk, Louth |
| Type of inspection: | Unannounced |
| Date of inspection: | 25 August 2026 |
| Centre ID: | OSV-0000539 |
| Fieldwork ID: | MON-0051240 |

## About the designated centre

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

St. Oliver Plunkett Community Unit is a ground floor building comprising of a day hospital and a nursing home. It is located onsite and to the rear of Louth County Hospital on the outskirts of the town of Dundalk. The centre has undergone extensive refurbishment in recent years that has resulted in a variety of private and communal facilities for residents and a number of secure outdoor areas. Central facilities include a church, lounge, reception area, main kitchen where prepared food is delivered to, offices and storage rooms. Residents also have use of the day services and activities provided in the adjoining day hospital. A total of 63 residents can accommodated in the residential centre that has two distinct units, St. Cecilias that accommodates up to 44 residents and St. Gerard's (dementia specific unit) that accommodates up to 19 residents. Residents' bedroom accommodation consists of a mixture of single and twin bedrooms. Some have en-suite facilities and others share communal facilities. The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions. It encourages individual choice and active participation with the involvement of family and friends in a homely atmosphere where people are valued. A vision of being open to new ideas and ways of working to ensure effective communication and teamwork to develop and provide safe person centred care is outlined. Services provided include respite, day care, dementia care, extended care and interim funding initiative beds.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 58 |

## 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 |
|---|---|---|---|
| Tuesday 25 August 2026 | 07:30hrs to 15:00hrs | Yvonne O'Loughlin | Lead |

## What residents told us and what inspectors observed

Residents were supported to lead meaningful and self-directed lives within the centre. The inspector found that residents had opportunities to influence aspects of their day-to-day living, including the activities they participated in, their food choices, and the support they received. Information relevant to residents was readily available throughout the centre, including details on upcoming events, independent advocacy services, and how to raise a concern or complaint. Regular resident meetings were held, providing a forum for residents to express their views, discuss matters affecting the service, and contribute to ongoing improvements within the centre. These arrangements demonstrated a commitment to resident participation and ongoing engagement.

Discussions with residents and visitors indicated a high level of satisfaction with the service. Staff were consistently observed engaging with residents in a courteous, caring, and individualised manner. Residents described the staff team positively and said they felt well cared for in the centre. To inform inspection findings, the inspector spoke with a number of residents throughout the inspection, held more detailed conversations with 15 residents, and sought feedback from five visitors.

On arrival at the designated centre, the inspector was welcomed by the person-in-charge. Following an introductory meeting and a request for documentation relevant to the inspection, the inspector undertook a walk-through of the premises. This provided opportunities to observe the environment and to engage with residents and staff members throughout the centre.

The designated centre was registered to accommodate up to 63 residents across two separate units. St. Cecilia's unit could accommodate a maximum of 44 residents, while St. Gerard's, a dementia-specific unit, had capacity for 19 residents. Bedroom accommodation comprised of a combination of single and twin rooms. Some bedrooms had en-suite facilities, while others had access to shared bathroom and toilet facilities. On the day of the inspection there were 58 residents living in the centre. The majority of residents had personalised their bedrooms with photographs, ornaments and other personal memorabilia.

The inspector observed that the designated centre was clean, bright, warm and welcoming on the day of the inspection. The premises were generally well maintained and provided a comfortable environment for residents.

However, the baths on both units had been out-of-service for an extended period, which was not in line with the facilities outlined in the statement of purpose under which the centre is registered.

The design and layout of the centre promoted residents' independence and freedom of movement. Clear, colour-coded signage was in place throughout the centre to

assist residents in locating key communal areas and facilities. Residents were observed moving freely throughout the premises and accessing communal spaces independently.

On the day of the inspection, there was a vibrant and active atmosphere throughout the centre. A large group of residents were observed participating in a singalong accompanied by organ music. Other residents were attending the local day hospital, providing opportunities to engage with the wider community, while one resident was participating in an art group on the campus. The centre also had access to a dedicated minibus, which facilitated regular outings and excursions for residents. One resident told inspectors that these weekly trips were the highlight of their week.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

Overall, the registered provider was striving to provide a service compliant with the regulations. Some for improvements were required in the governance and management of the centre and in the area of quality and safety which are further discussed within this report under the relevant regulations.

This unannounced risk inspection was carried out by one inspector of social services over one day to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people Regulations 2023 to 2025 (as amended) with a particular focus on infection prevention and control (IPC).

The Health Service Executive (HSE) is the registered provider of St Oliver Plunkett Community Unit. There were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. The person-in-charge had nominated two staff members to the role of IPC link practitioners to support staff to implement effective IPC and antimicrobial stewardship practices within the centre. Staff also had access to and support from community IPC specialists as required.

The inspector observed that there were sufficient numbers of clinical and housekeeping staff available to meet residents' needs on the day of the inspection. Residents received timely support, including assistance at mealtimes and responses to requests for care. The centre was observed to be clean and fresh smelling throughout.

The provider had established a number of quality assurance measures to monitor environmental hygiene standards, including cleaning schedules, specifications and

checklists. Cleaning trolleys were appropriately stocked and maintained, with segregation of clean and used equipment. Records demonstrated that routine and deep cleaning were carried out as scheduled. Housekeeping rooms on each unit were organised, clean and well-maintained.

Staff had recently managed a prolonged outbreak of a contagious skin condition affecting 11 residents on one unit. At the time of inspection, the outbreak had been declared over, and documentation reviewed indicated that it had been managed appropriately.

The centre had a schedule for conducting IPC audits, carried out by the management team and the IPC link nurse. The audits covered various areas of standard precautions. Audit scores were high which reflected what the inspector observed on the day of inspection.

The annual review for 2025 was completed and available for review. It included feedback from the residents and their families together with a quality improvement plan for 2026.

## Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of the residents living in the centre.

There were sufficient staff resources available to maintain the cleanliness of the centre. On the day of the inspection, two housekeeping staff members were assigned to each unit. The housekeeping staff were employed through an external agency and demonstrated a good knowledge of the centre, having worked there for an extended period.

Judgment: Compliant

## Regulation 16: Training and staff development

Efforts to embed infection prevention and control practices within the service were supported through mandatory staff education and training. Records reviewed indicated high levels of compliance with mandatory infection prevention and control training requirements. Staff were observed to be appropriately supervised and were able to clearly describe the infection prevention and control measures in place within the centre, demonstrating a good level of knowledge and awareness.

Judgment: Compliant

## Regulation 23: Governance and management

The designated centre had did not have sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. For example, the bath facilities as outlined in the statement of purpose were out-of-order.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

Notifications, as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

## Quality and safety

Overall, the inspector was assured that the quality of the service and quality of the care received by residents was of a high standard. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre.

While hand hygiene facilities were readily available throughout the centre and aligned with best practice guidance, improvement was required to ensure compliance with regulatory requirements regarding residents' access to personal wash-hand basins. Alcohol-based hand sanitiser was available at points of care, and dedicated clinical hand-wash sinks were provided in residents' bedrooms for staff use. However, in many bedrooms, particularly those without en-suite facilities, a separate sink was not available for residents' personal use. As a result, residents were required to share sinks that were designated solely for clinical hand hygiene purposes, which did not adequately meet residents' needs or the requirements of the regulations. This is outlined under Regulation 17: Premises.

Ancillary facilities supported effective IPC. Sluice rooms were clean and well-ventilated. One of the sluice rooms had a bed pan washer that was out-of-order, however, the person-in-charge was aware of this and there was access to another sluice room when required.

There were no visiting restrictions in place and public health guidelines on visiting had been followed during the outbreak. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Visits and social outings were encouraged and facilitated.

An antimicrobial stewardship programme had been implemented in the centre. Data on antimicrobial prescribing and residents colonised with infections was routinely collected and analysed. Staff had also completed online antimicrobial stewardship training to support the appropriate use of antibiotics and reduce the risk of antimicrobial resistance.

## Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

Judgment: Compliant

## Regulation 17: Premises

The registered provider did not ensure that the premises of the designated centre was in accordance to the statement of purpose prepared under Regulation 3. For example:

- The baths on both units were out-of-order for an extended period of time.

Overall the centre was well-maintained and nicely decorated however improvement was required of the registered provider, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- Equipment to be used by residents was not in good working order. For example, one bed pan washer and was out-of-order.
- Residents did not have access to a dedicated wash-hand basin with a plug in their bedrooms for personal hygiene. Instead, residents were reliant on clinical hand-wash-basins, which were intended for staff use only.

Judgment: Not compliant

## Regulation 25: Temporary absence or discharge of residents

A review of documentation found that there was effective communication within and between services when residents were transferred to or from hospital to minimise risk and to share necessary information.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person-centred and evidence-based interventions to meet the assessed needs of residents.

Judgment: Compliant

## Regulation 6: Health care

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to an occupational therapist (OT), physiotherapy, tissue viability and dietitians as required.

Judgment: Compliant

## Regulation 9: Residents' rights

Call-bells were accessible throughout the centre, and staff were responsive and attentive, promptly addressing residents' requests and needs. Staff members knocked on residents' bedroom doors before entering, and the inspector observed that they were familiar with residents' needs and preferences, greeting them by name. Residents appeared relaxed and enjoyed the company of the staff.

Notwithstanding these positive findings, residents did not have the option of choosing a bath if this was their preferred method of bathing, as the baths on both units had been out-of- service for a long time. This impacted residents' choice and was not in-line with the facilities described in the centre's statement of purpose.

Judgment: Substantially compliant

## Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018), however further action is required to be fully compliant. For example:

- During the inspection, the inspector observed that some soiled linen contained within red water-soluble bags had been placed inside white laundry bags together with residents' linen. This practice was not in accordance with the provider's designated colour-coded laundry segregation and transportation process, increasing the risk of cross-contamination.
- Healthcare waste segregation was not consistently in line with best practice. For example, a clinical waste bin contained paper waste, indicating inappropriate segregation at the point of disposal.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| **Quality and safety** | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |
| Regulation 27: Infection control | Substantially compliant |

# Compliance Plan for St Oliver Plunkett Community Unit OSV-0000539

## Inspection ID: MON-0051240

## Date of inspection: 26/08/2026

**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 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>· Functioning bath available for resident use as of 07/10/2026. | |
| Regulation 17: Premises | Not Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:<br>· Bath has been provided for resident use as of 07/10/2026<br><br>· Plans in place to replace other existing baths. Provision of further bath progressed with installation to be completed by Q1 2027<br><br>· Bedpan washer was in the process of being replaced at the time of the inspection, new bedpan washer was commissioned into use on the 30/08/2026<br><br>· Individual wash basins are available for each resident for personal use, these are stored in resident personal storage cabinet. PIC will undertake a review of number of hand wash sinks with a view to replacing with dedicated wash hand basin (including plug) for resident use. This review will take place with input from Infection Prevention and Control Team. | |

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| Regulation 9: Residents' rights | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 9: Residents' rights:<br>· Bath available for resident use as of 07/10/2026.<br><br>· PIC / Registered provider will undertake a further review of bathroom facilities in view of changing resident needs and dependency levels.<br><br>· Further bath to be installed onsite, installation to be complete by Q1 2027 | |
| Regulation 27: Infection control | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 27: Infection control:<br>• The PIC contacted the linen supply company to ensure that sufficient red bags are continually supplied for the collection of alginate bags (soiled linen). A supply of bags have been received and therefore correct colour coded segregation is in place. Daily monitoring by unit manager will take place to ensure compliance with linen segregation procedure.<br>• Unit managers during walk around will monitor to ensure correct use of clinical waste bins to avoid same being used for non-clinical waste.<br>• Staff provided with update on the correct segregation of linen and related procedures. | |

## 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(1) | The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3. | Not Compliant | Orange | 07/10/2026 |
| 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 | 07/10/2026 |
| Regulation 23(1)(a) | The registered provider shall ensure that the designated centre has sufficient resources to | Substantially Compliant | Yellow | 07/10/2026 |

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| | ensure the effective delivery of care in accordance with the statement of purpose. | | | |
| Regulation 27(a) | The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff. | Substantially Compliant | Yellow | 30/08/2026 |
| Regulation 9(2)(a) | The registered provider shall provide for residents facilities for occupation and recreation. | Substantially Compliant | Yellow | 07/10/2026 |