Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Columba's Hospital
Name of provider:	Health Service Executive
Address of centre:	Cloughabrody, Thomastown, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	08 June 2026
Centre ID:	OSV-0000552
Fieldwork ID:	MON-0050640

About the designated centre

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

St. Columba's Hospital provides residential accommodation for up to 45 residents in four continuing care areas. The centre is run by the Health Service Executive (HSE) and is located in a rural setting on the outskirts of Thomastown, Co Kilkenny. The stated primary aim of the hospital is to provide support and services to older people age over 65. Admissions of younger residents may only be accepted if it is deemed appropriate by the multidisciplinary team and following a full assessment of their needs. The service caters for residents from low to maximum dependencies and for short stays and long term care. Nursing care services are provided over 24 hours for respite, convalescence, dementia care and end of life care. The centre had 9 dedicated dementia care beds. The building was originally constructed in the late 1800's and has been upgraded and adapted over time, however, the layout mostly reflects a building from that period. There is a passenger lift for access to the first floor. Bedroom accommodation is provided over two floors and consists mainly of 1 to 4 bedded rooms. There is a limited number of single rooms which are generally used for end of life care. Screening in 2-4 bedded rooms is provided by means of partitions and curtains. Residents may only be admitted to the hospital following assessment of individual care needs to ensure that the centre is suitable to provide for the needs of the individual. The common summary assessment record is completed for all admissions which are managed through the multidisciplinary meeting at the Local Placement Forum. There are medical reviews by the Medical Officer who visits the hospital each day, Monday to Friday and out of hours, Care Doc is called to provide the medical service. The centre currently employs approximately 110 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42

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
Monday 8 June 2026	09:00hrs to 17:00hrs	Mary Veale	Lead

What residents told us and what inspectors observed

The overall feedback from residents was exceptionally complementary of the staff and the quality of the care provided. Residents who were living with a cognitive impairment and were unable to fully express their opinions to the inspector, were relaxed and comfortable in the company of staff. During the day, the inspector met with most of the 42 residents living in the centre and spoke with ten residents and two visitors in more detail. The inspector spent time observing daily life in the centre to gain an insight into the lived experience of the residents living in St Columba's Hospital.

This was a one-day inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 (as amended) and to follow up on the compliance plan submitted following an inspection of the centre in May 2024.

St Columba's Hospital is located on the outskirts of Thomastown, Co Kilkenny. The centre offers accommodation for both males and females with varying levels of dependency and care needs. It is registered to accommodate 45 residents. St Columba's Hospital was originally built in the mid-1800s. The provider has upgraded and renovated the premises over time. Bedroom accommodation for the majority of residents consists of multi-occupancy open-plan bay areas. There are three bedrooms with en-suite bathrooms facilities in the centre. The remaining 42 residents across all four units access shared toilet and shower block facilities at the end of the bay areas.

The registered provider was in the process of building a new facility to accommodate the residents from this designated centre. The building was completed but not yet registered.

Residents were accommodated in four units within the centre. St Michael's Glen and St Patrick's Villas were located on the ground floor on either side of the front door to the centre. These two units were managed and staffed as one unit, providing accommodation for ten residents each. St Mary's Garden, a dementia-specific unit, occupied the ground floor at the rear of the centre, accommodating nine residents. Mount Brandon was located on the first floor and was accessible via stairs or a passenger lift. This unit provided accommodation for 16 residents.

Communal areas included open-plan dining and sitting areas in each unit. Residents in St Patrick's Villas, St Michael's Glen and St Mary's Garden had access to an enclosed garden. The enclosed gardens were well-maintained with garden furniture, raised planters and decorative features for residents to enjoy, such as a water feature and wind chimes. For residents on the first floor, staff accompanied residents for walks within the grounds.

Bedroom accommodation in Mount Brandon, St Mary's Garden, and part of St Patrick's Villas was laid out in bay areas. These bay areas are large open-plan areas divided by partition walls, placed at the head of some resident's beds. The partition walls did not extend to the ceiling, and there was no partition or wall to the side of the resident's bed space nearest the corridor or thoroughfare. Privacy screening around each resident's bed space consisted of curtains. As outlined in previous inspection reports, this type of accommodation could not prevent noise and smells from pervading through these large bay areas.

The layout of the bay area bedroom accommodation was impacting on the residents' privacy and dignity. Conversations and personal care occurring at the bedside could be overheard by other residents, staff, and visitors. Unless a resident chose to have the curtain surrounding their bed space closed at all times, as some residents were observed to do, the residents, their activities and possessions were fully viewed by other residents and visitors to these units. On the day of inspection, a bay area on St Mary's Garden unit was observed to have internal windows which allowed staff and visitors passing on the corridor to view residents who were in their private bed space. Additionally, residents could not enjoy quiet reflection and peace at their bedside at a time of their choosing due to noise and disturbance.

Toilet and shower facilities were located at the end of each unit. The showers in St Michael's Glen and St. Patrick's Villas and one of the two showers on Mount Brandon were located within a mixed-purpose room that was also used for storing clinical equipment.

The inspector observed a relaxed atmosphere in the centre and residents were not rushed to get up following breakfast in their bedrooms. All residents who spoke with the inspector were complimentary of the home-cooked food in the centre. A daily menu was displayed in the communal areas of each unit. The inspector observed the main lunchtime meal on St Mary's Garden unit. The lunchtime was a relaxed and sociable experience, with residents enjoying each other's company as they ate while engaging in conversation. Meals were prepared in the centre's on-site kitchen and the main lunch time was served in the communal areas by the staff. Residents confirmed that they were offered a choice of main meal. The food served appeared nutritious and appetising. The inspector observed that drinks and snacks were offered to residents in the morning and afternoon.

Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents had access to advocacy services.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. Visitors who spoke with the inspector were overwhelmingly positive about the staff and the care their relatives received in the centre.

Residents spoken with said they were very happy with the activities programme in the centre, and some preferred their own company but were not bored as they had access to televisions, newspapers, books, and radios. Residents also confirmed that

they had access to the Internet. The daily activities programme was displayed in the communal areas. The inspector observed the daily newspaper was available to residents early on the morning of inspection. Roman Catholic mass was celebrated in the centre's chapel twice a week. Residents could attend mass in the chapel, which was also broadcast on their televisions. Residents told the inspector that the centre had a bus and they had enjoyed a recent shopping trip to Kilkenny city. The inspector observed residents attending a live streamed Mass and partaking in a quiz in the morning. In the afternoon, residents from St Michael's Glen and St Patrick's Villas enjoyed a tour of the new facility and had afternoon tea and pastries together in the new building.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The provider had effective governance and management arrangements in place and had good staffing levels, which ensured residents received a good quality of care and support from a staff team who knew them well. The provider had progressed parts of a compliance plan submitted an inspection of the centre in May 2024. On this inspection, the inspector found that residents' rights, the premises, record management and infection prevention and control did not fully align to the requirements of the regulations.

The inspector reviewed unsolicited information received by the Office of the Chief Inspector. The information received pertained to concerns regarding care planning, the governance and management of the centre, safeguarding, and residents' rights. This information was partially substantiated on this inspection.

The registered provider is the Health Service Executive (HSE). There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge worked full-time, five days per week, and reported to the manager of older persons' services, who represented the provider for regulatory matters. The person in charge was supported by two assistant directors of nursing, six clinical nurse managers, a team of nurses, healthcare assistants, catering, activities, housekeeping, multi-task attendants and administration staff. There were deputising arrangements in place.

There was a schedule of training in the centre and the person in charge had good oversight of training. An extensive suite of mandatory training was available to all staff in the centre and training was up-to-date. There was a high level of staff attendance at training in areas such as the management of behaviours that are challenging, fire safety, safeguarding, manual handling, and infection prevention and

control. Staff with whom the inspector spoke, were knowledgeable regarding safeguarding procedures.

Records maintained in the centre were in paper format except for the staff file records which were kept in electronic format. Records and documentation were well-presented, organised and supported effective care and management systems in the centre. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available for each member of staff. Staff files reviewed did not contain all the requirements under Schedule 2 of the regulations, this is discussed further under Regulation 21: Records.

Records of governance meetings, and staff meetings which had taken place since the previous inspection were viewed. Governance meetings took place quarterly and staff meetings took place monthly in the centre. There were multiple committees in place to monitor the quality and safety of care delivered to residents, including a hospital clinical risk management committee, a quality and patient safety committee and committees that specifically examined key areas such as restrictive practice, infection, prevention and control, food, nutrition and hydration, medication management, documentation, nursing metrics and regulatory compliance. An annual review for 2025 was available during the inspection. It set out the improvements completed in 2025 and improvement plans for 2026. Since the previous inspection, falls, care planning, complaints, medication management, end-of-life care and infection prevention control audits had been completed.

Regulation 16: Training and staff development

Staff had access to training, appropriate to their role. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging, and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported by a nurse management team.

Judgment: Compliant

Regulation 21: Records

The registered provider did not ensure that all records as set out in Schedule 2 were kept in the designated centre and were not available for inspection by the Chief Inspector. For example; in a sample of four staff files viewed,

- Three staff files did not include evidence of the person's identity.
- All of the staff files did not have a full employment history.

- Three staff files did not contain two written references.

Judgment: Not compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. These clearly outlined the room the resident occupied and additional charges, if any.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received good quality care. Staff and resident interactions were kind and respectful, and staff had a clear understanding of the residents' needs. Residents and visitors were highly complimentary about the centre and the care from the staff. While acknowledging the improvements in fire safety since the previous inspection, not all areas of non-compliance had been addressed due to the constraints of the building, specifically in the areas of; residents rights, premises and infection prevention and control.

The inspector reviewed a sample of residents' care plans and good practices were noted in relation to individual assessment and care planning. Care plans were developed following an assessment of the residents' needs using a wide range of validated assessment tools to identify risks such as falls, pressure ulceration, and malnutrition. Care plans were person-centred and were reviewed at minimum

intervals of four months. It was clear from the documentation that residents and families were consulted.

There was a policy in place to inform the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. There was evidence that staff had received training in managing behaviour that was challenging. Residents' had access to psychiatry of later life. The number of bed-rails in use as restrictive practices had reduced in the centre. Bed rails risk assessments were completed, and the use of restrictive practice was reviewed regularly.

While the provider had made improvements to the design and laid out, to try to meet the needs of residents in the centre, the layout of the shared, multi-occupancy bay area bedroom accommodation was directly and significantly impacting the residents quality of life. Parts of the centre were observed to be in a poor state of repair and were not in full compliance with Schedule 6 requirements. This is detailed under Regulation 17: Premises.

Improvements were found in fire safety since the previous inspection. The provider had effective systems in place for the maintenance of the fire detection, alarm systems, and emergency lighting. There were automated door closures to all compartment doors, and the doors were seen to be in working order on the day of inspection. All fire safety equipment service records were up-to-date and there was a system for daily and weekly checking the means of escape, fire safety equipment, and fire doors to ensure the building remained fire safe. Fire training was completed annually by staff and records showed that fire drills took place regularly in the centre with fire drills stimulating the lowest staffing levels on duty. Records were detailed and showed the learning identified to inform future drills. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents and staff spoken with were familiar with the centre's evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre. There were fire evacuation maps displayed throughout the centre, in each compartment. On the day of the inspection there were two residents who smoked and detailed smoking risk assessments were available for these residents.

Staff were assigned to the provision of social activities in the centre. Residents were provided with recreational opportunities, including games, music, exercise, bingo and art. Arrangements were in place for consulting with residents in relation to the day-to-day operation of the centre. Resident feedback was sought in areas such as activities, meals and mealtimes and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services were displayed in the centre. Residents had access to local and national newspapers, internet, televisions and radios. Notwithstanding the efforts of staff and management, residents' rights were being directly and significantly impacted by their environment. This is discussed further under Regulation 9: Residents' rights.

Regulation 17: Premises

Similar to the findings of previous inspections, the premises was not appropriate to the needs of residents and directly and significantly impacted their quality of life. The daily experience for most residents in the centre involved a lack of privacy and dignity, both at the bedside and while using the toilet and shower facilities.

The bedside accommodation was not appropriate to the needs of residents, for example:

- Due to the open plan bay area layout of the bedroom accommodation, residents of Mount Brandon, St Mary's Garden and St Patrick's Villas could not hold a conversation or undertake personal care at the bedside without being overheard by other residents, staff, and visitors.
- Similarly, the noises and smells from the care routines of others could not be excluded from the resident experience.
- Other noises and disturbances from the daily routines of the centre impacted the residents' capacity to enjoy quiet reflection and peace at their bedside at a time of their choosing, which was of particular concern in the largest unit, Mount Brandon.
- As the bedside bay areas served as a thoroughfare, residents, staff and visitors were obliged to transit through these areas to access toilet and shower facilities, clinical and cleaning equipment, or to visit their loved one.
- Unless a resident chose to have the curtain surrounding their bed space closed at all times, the resident, their activities and possessions were fully viewed by other residents and visitors to these units.
- Some of the bay areas on the ground floor to the rear of St Patrick's Villas and St Michael's glen were dark. For example; one resident could see a small piece of the sky from his bed space as the window from his bed space faced a concrete wall.

The toilet and shower facilities were not appropriate to the needs of residents, for example:

- The showers in St Michael's Glen and St. Patrick's Villas and one of the two showers on Mount Brandon were located within a mixed-purpose room that was also used for storing clinical equipment. This meant that while a resident was using the shower, staff members may also have to access the same area to retrieve equipment to undertake their duties, directly and adversely impacting resident comfort, privacy and dignity.
- Two of the resident toilets did not have a wash hand basin.

There were several areas of the centre were observed to be in a poor state of repair, for example;

- There was paint peeling and exposed drywall in some areas throughout the centre for example, on the inside of the external wall in the bay areas of St Patrick's Villas and Mount Brandon.
- Several floor surfaces were damaged.
- Areas the premises were not sufficiently maintained. For example, the inspector observed, scuffed doors, chipped paint on walls, wooden skirting and handrails.
- Some resident's did not have appropriate access to lockable storage space in their bedrooms.
- Polyvinyl chloride plastic (PVC) panelling was observed to be damaged in many of the toilets and auxcillary rooms.
- The exterior of the windows was observed to be visibly dirty, particularly on the first floor.
- Areas of some ceiling tiles had brown water stains.
- There was a cracked wall tile above a clinical hand-wash basin on St Patrick's Villas.

These were repeated findings from previous inspections.

Judgment: Not compliant

Regulation 26: Risk management

There was appropriate oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

While the provider had processes in place to manage and oversee infection prevention and control practices within the centre and the environment was generally clean and tidy, some areas did not fully ensure that residents were protected from infection, and did not fully comply with the National Standards for Infection Prevention and Control in Community Services (2018).

The environment was not managed to minimise the risk of transmitting a healthcare-associated infection, for example:

- There was inappropriate storage of equipment in shower rooms. This posed a risk of cross contamination.

- Some surfaces throughout the centre were observed to be significantly rusted and damaged and, therefore, could not be effectively cleaned.
- A house keeping trolley was observed to be unclean.
- There was no racking in the sluice room on Mount Brandon, as an alternative to racking the provider was using a stainless steel wire shelving unit which was observed to be rusted.
- There were cobwebs in the alcoves of some window in the stairwells.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Measures were in place to ensure residents' safety in the event of a fire in the centre and these measures were kept under review. Fire safety management servicing and checking procedures were in place to ensure all fire safety equipment was operational and effective at all times. Daily checks were completed to ensure fire exits were clear of any obstruction that may potentially hinder effective and safe emergency evacuation. Each resident's evacuation needs were regularly assessed and the provider assured themselves that residents' evacuation needs would be met with completion of regular effective emergency evacuation drills. All staff had completed annual fire safety training specific to St Columba's Hospital and were provided with opportunities to participate in the evacuation drills.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed, appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed as required, and on a four-monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up-to-date knowledge, training and skills to care for residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector reviewed a

sample of care plans and saw that person-centred care plans, outlining where evident, triggers and appropriate interventions, to support residents with responsive behaviour. The use of bed rails was monitored by the management team and alternatives to bed rails such as low to floor beds and crash mats were in use where appropriate. There was evidence of risk assessments when bed rails were in use.

Judgment: Compliant

Regulation 9: Residents' rights

While staff and management in St Columba's Hospital strived to promote and respect residents' rights, the residents' right to undertake personal activities in private was significantly adversely impacted by the premises, both at the bedside and while using the shower facilities, for example:

- Conversations and personal care at the bedside could be overheard.
- Noises and smells from the care routines of others could not be excluded from the resident experience.
- Access to televisions was limited in the multi-occupancy bay areas. The inspector observed that one resident could watch television in a 3 bedded bay area but the other two residents could not see the television.
- Unless a resident chose to have the curtain surrounding their bed space closed at all times, the resident, their activities and possessions were fully viewed by other residents and visitors.
- As some of the showers were located within a mixed-purpose storeroom, residents using the shower could experience staff members accessing the same area to retrieve equipment.

These were repeated findings following previous inspections.

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 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Columba's Hospital OSV-0000552

Inspection ID: MON-0050640

Date of inspection: 08/06/2026

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 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • Communication has been undertaken with HSE HR Department to ensure that the relevant employee information is correctly uploaded and accessible on the file storage platform (Therefore). • St. Columbas / Thomastown Residential Care Centre clerical administration team have devised a check list to ensure that all existing and new staff files are uploaded and available on the provider's record keeping platform. • Our local onsite HR team have completed a process of collating compliance files for all new and existing employees.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Thomastown Residential Care Centre (TRCC) has now been built and ready for occupation pending HIQA registration. • Pre-registration site inspection was undertaken on 29.07.26. • An official outcome report has been received and currently an action plan and appropriate response being prepared. Following engagement and registration of the new CNU, a process to de-regulate St Columba's as a Long Stay CNU will commence with a plan for the existing residents to transfer into their new home. • The new CNU (Thomastown Residential Care Centre) will include single ensuite bedrooms, communal and private areas for the residents are present, which will promote and protect the resident's dignity and privacy. • TRCC will have appropriate toilet and showers facilitates to meet the current regulation requirements.	

• Thomastown Residential Care Centre will be maintenance managed by an onsite facilities management team, whose responsibility is for general maintenance.
• Following the move from St. Columbas to Thomastown Residential care Centre, the building will be refurbished, upgraded and repurposed.

• Review of the existing bathrooms and shower rooms have been requested with an environmental walkabout by the IPC team and Estates team originally planned for 15th Aug postponed due unforeseen events. Rescheduled to 15th Sept.
• Request made to technical supports to review and provide quotation for re-decoration and ongoing maintenance issues particularly in relation PVC panelling.
• Request made to technical supports to undertake window cleaning of all front windows made and awaiting confirmation of date
• Extra lockable storage to be obtained and aim for completion by 1.12.26
• Maintenance team contacted on 28th Aug with a request to install individual televisions at all bed areas. Awaiting a quotation and feasibilities study.
• Requests made to technical support to replace cracked wall tiles.

• On receipt of report for TRCC and transfer date confirmed the following will be enacted -
• Notification to the office of the chief inspector will take place with the appropriate documentation to close the existing centre as a designated centre for older persons.
• A communication plan with residents and families will commence, outlining transfer plans and dates.
• Communication plans already have taken place with residents and families and remains ongoing. Site visits are ongoing.
• Residents have been involved in choosing their rooms, naming of units etc.
• Mobility / dependency status of all residents known with plans to safely transfer all residents in by appropriate
• Plan to have a settling in period of 4 weeks for residents/ staff with phased admission process to begin on 5th week of transfer.

Aim for completion 31.12.26

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• Thomastown Residential Care Centre (TRCC) has now been built and ready for occupation pending registration.
• Pre-registration site inspection was undertaken on 29.07.26.
• An official outcome report has been received and currently an action plan and appropriate response is being prepared. Following engagement and registration of the new CNU, a process to de-regulate St Columba's as a Long Stay CNU will commence with

a plan for the existing residents to transfer into their new home.
• Residents of TRCC will avail themselves of single occupancy ensuite bedrooms which will aim to reduce cross infection.
• Appropriate storage rooms are adequately located within the new CNU
• Cleaning schedules are in place and implemented and site managed by the facilities management company with oversight of the schedules and cleaning processes by the Person in Charge.
• IPC audits are ongoing. with all units having IPC link nurses
• Environmental walkabouts will be conducted routinely

• Equipment was removed on 12.06.26 and staff educated re appropriate placement of equipment.
• Storage of equipment added to check list of cleaning schedules for equipment 12.06.26.
"Clean it" stickers applied.
• Technical services team have been made aware and requested to undertake a review Provisional IPC/ estates environmental walkabout date 10.09.26.
• Housekeeping trollies are included in daily cleaning Schedules and housekeeping staff are aware that the trolley needs to be cleaned after use and ready for use.
• Racking unit in Sluice room to be obtained and replaced. Quotations to be obtained by technical services and replacement put in place. Completion 31st October 2026
• Deep clean of the alcoves and stairwell was undertaken this area has been added to cleaning schedules on the first floor.

• On receipt of report for TRCC and transfer date confirmed the following will occur
• Notification to the Office of the Chief Inspector will take place with the appropriate documentation to close the centre as a designated centre for older persons
• A communication plan with residents and families will occur outlining transfer plans and dates
• Communication plans already have taken place with residents and families and remains ongoing. Site visits are ongoing.
• Residents have been involved in choosing their rooms, naming of units etc.
• Mobility / dependency status of all residents known with plans to safely transfer all residents in by appropriate
• Plan to have a settling in period of 4 weeks for residents/ staff with phased admission process beginning on 5th week of transfer

Aim for Completion: November 2026

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

• Thomastown Residential Care Centre (TRCC) has now been built and ready for occupation pending registration.
• Pre-registration site inspection was undertaken on 29.07.26.
• An official outcome report has been received and currently an action plan and appropriate response is being prepared. Following engagement and registration of the new CNU, a process to de-regulate St Columba's as a Long Stay CNU will commence with a plan for the existing residents to transfer into their new home.
• TRCC environments with single ensuite bedrooms, communal and private areas for the residents are present which will promote and protect the resident's dignity and privacy.
• All Bedrooms will have televisions; in addition, there are several communal areas in each unit which afford residents the opportunity to mingle and experience the centre.
• Review of the existing bathrooms and shower rooms have been requested with an environmental walkabout by the IPC team and Estates team originally planned for 15th Aug postponed due unforeseen events. Rescheduled to 10th Sept.
• Signage erected on the entrance door to shower area and storage area advising staff not to enter if closed thus removing the risk of staff entering the area to gain access to the storage area whilst the resident is in the shower area. All staff made aware of this at daily safety huddles
• Maintenance team contacted on 28th Aug with a request to install individual televisions at all bed areas. Awaiting quotations.
• On receipt of report for TRCC and transfer date confirmed the following will occur -
• Notification to the Office of the Chief Inspector will take place with the appropriate documentation to close the centre as a designated centre for older persons
• A communication plan with residents and families will occur outlining transfer plans and dates
• Communication plans already have taken place with residents and families and remains ongoing. Site visits are ongoing.
• Residents have been involved in choosing their rooms, naming of units etc.
• Mobility / dependency status of all residents known with plans to safely transfer all residents in by appropriate
• Plan to have a settling in period of 4 weeks for residents/ staff with phased admission process beginning of 5th Week.

Aim for completion 31st Dec 26

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	31/12/2026
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.	Not Compliant	Orange	18/08/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in	Substantially Compliant	Yellow	30/11/2026

	place and are implemented by staff.			
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 such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	31/12/2026
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	31/12/2026