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:	Bandon Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Hospital Lane, Cloughmacsimon, Bandon, Cork
Type of inspection:	Unannounced
Date of inspection:	11 August 2026
Centre ID:	OSV-0000557
Fieldwork ID:	MON-0047497

About the designated centre

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

Bandon Community Hospital, established in 1929, is a single-storey building which had been extensively renovated. The designated centre is a Health Service Executive (HSE) establishment. It consists of accommodation for 25 older adults set out in 21 single en-suite bedrooms and two twin en-suite bedrooms. Communal areas include the day room, dining room, Bandon Suite relaxation area, visitors' room and the quiet reflection room. Residents have access to an enclosed courtyard and an enclosed walkway. The centre provides 24 hours nursing care for long-term, respite and palliative care residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25

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 11 August 2026	09:00hrs to 17:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider has in place to safeguard residents from all forms of abuse. The inspector met with many of the residents living in the centre and spoke with seven residents in more detail to gain insight into their lived experience there. Residents spoke very highly of all the staff, the food served, and the lovely outings during the summer visiting a variety of places around west Cork. The inspector spoke with four visitors who were very complimentary of the care in Bandon Community Hospital.

Bandon Community Hospital is a residential designated centre which provides care for both male and female adults, with a range of dependencies and needs, and can accommodate 25 residents. It is a single storey building situated on a HSE campus which also accommodates day care services, allied heath professionals and mental health specialist services. The main entrance is wheelchair accessible and leads into a lovely reception area with comfortable seating; information such as the nursing home registration, advocacy services and the complaints procedure are displayed here.

There were 25 residents living in the centre at the time of this inspection. There was a lovely relaxed atmosphere and staff were observed to be very respectful of residents and their care needs. Overall, the service had improved greatly over the past number of years since the appointment of the current person in charge who promoted a rights-based culture that enabled residents' autonomy and independence.

Residents' bedroom accommodation comprises 21 single rooms and two twin bedrooms. All bedrooms have en-suite shower, toilet and hand-wash facilities. The inspector saw that residents' rooms were bright, well maintained and personalised with residents' photographs and mementos. Residents' personal storage in their bedrooms comprised a minimum of a double wardrobe and bedside locker, and each room had a lockable storage space. All bedrooms had over-head hoists to enable ease of transfer from bed to chair, if required.

There were several residents' notice boards throughout the centre with information such as the complaints procedure, activities and local news displayed. The activities programme displayed showed a huge variety of activities such as arts for health, live music several times during the week and weekends, exercise programmes, relaxation therapy, and pet therapy for example; mass was facilitated in the centre on a weekly basis and the priest was on site during the inspection. He chatted with residents and following mass they had a sing-song, which residents said they always enjoy.

The hairdressers room was near reception, and the hairdresser was on site every week. There was a large bright dining and recreation room with views of the main entrance. In the morning, some residents were relaxing here and there was appropriate music playing which they said they enjoyed. The centre also had two smaller communal rooms, a reflection room, and a visitors' room with an adjacent kitchenette. The second sitting room had comfortable seating, tables, a computer for residents, and view of the garden. There were areas throughout the centre where residents could sit and relax with comfortable seating and coffee tables. The reflection room was decorated with two feature walls, one with a forest scene and the other a waterfall; there was comfortable seating with soft furnishings and the option of a fold-out bed should a relative wish to stay over if their relative was unwell. Directional signage informed resident and visitors of locations such as day rooms, bedrooms, the quiet reflection room were in place to minimise disorientation, however, information was only displayed on one side of these as the flip side was blank, so people coming from one side did not have this information to orientate them.

The centre was clean and appeared well maintained. Residents had access to a variety of outdoor spaces; there were two enclosed gardens, an enclosed courtyard and a seating area outside the main entrance. The statement of purpose informed the reader that Bandon Community Hospital is a smoke-free campus. There were no residents that smoked in the centre at the time of inspection.

Residents were observed enjoying their main meal in the day room in accordance with their choice. Meals looked very appetising and the chef came to the dining room and served food from the bain marie. While there was choice for the main meal and desert, there was no choice for starter; as the day was very warm only a few residents had the soup starter offered. There were sufficient staff available to help residents who required assistance. Residents dining in their bedrooms were seen to be provided with appropriate assistance and staff were seen to actively engaged with residents. Mid morning and mid-afternoon refreshments were provided including a choice of beverages, yogurt and biscuits.

In the afternoon, many residents sat in the enclosed courtyard enjoying the sunshine and chatting. Other residents went out with their relatives to town, and visitors were seen coming and going throughout the day and were warmly welcomed by staff.

Appropriate signage was displayed on doors indicating rooms storing oxygen or where oxygen was in use. Rooms such as the sluice room and clinical medication storage rooms were secure.

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 impact the quality and safety of the service being delivered.

Capacity and capability

This unannounced inspection was undertaken to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations with a focus on safeguarding, and to follow up on the previous inspection judgements. Regarding findings of this inspection relating to safeguarding, in general, Bandon Community Hospital supported residents to have a good quality of life with a culture of openness and transparency clearly evident, nonetheless, areas for improvement were identified regarding affording residents' choice in aspects of their daily lives, and identifying issues that required safeguarding referral.

The registered provider of this centre is the Health Service Executive (HSE). There are clear lines of accountability; the management team operating the day-to-day running of the centre comprise the person in charge and clinical nurse manager (CNM), supported by a team of nurses including senior enhanced nurses, multi-task attendants (duties include care provision and household cleaning roles), activities, catering, and administrative staff. At a more senior level, governance is provided by a general manager for older persons services who represents the registered provider. The management structure was enhanced with the appointment of a senior manager with responsibility for the centre named as a person participating in management; this resulted in the removal of the additional condition to the registration of the centre. The centre also has support from centralised departments such as finance, human resources, fire and estates, maintenance and practice development.

The inspector found that there were good systems of communication via daily shift handovers, safety pauses, regular staff meetings, and monthly quality and patient safety meetings. Records viewed demonstrated that a weekly analysis of key clinical performance indicators was completed by the person in charge and remedial actions implements to ensure the safety and quality of care of residents. While there was an audit schedule in place to measure the quality of care provided to residents, several of the inspection findings were not identified as part of their audit process such as issues relating to residents' care records and institutional practices relating to breakfast, for example.

The levels and skill mix of staff working on the day of the inspection were sufficient to meet the needs of residents living in the centre. Staff records were examined and vetting disclosures were in place for all staff and volunteers; nursing registration certificates were evidenced for all nurses for 2026. Staff training records were reviewed and showed that all staff had completed safeguarding training; training was scheduled for the HSE IRESTORE early warning score to enable early intervention should residents' condition deteriorate, however, managing behaviours that challenge mandatory training was outstanding for 12 staff.

A review of the incident and accident records and the post falls review log showed these were comprehensively maintained. The complaints procedure was displayed, and residents reported that they could raise anything with the person in charge and

it would be addressed immediately. A review of complaints records demonstrated that issues were dealt with immediately, however, one concern raised was followed up as a complaint and not a safeguarding incident, and not notified to the regulator; this was submitted following the inspection and the HSE safeguarding team advised of the incident.

Schedule 5 policies and procedures required review to ensure they complied with specified regulatory requirements. The service was a pension agent for two residents and robust systems were in place to safeguard residents' finances. The centre did not hold any petty cash for residents; there was no delay on the part of the centre in returning funds to people's estates following their death.

Regulation 15: Staffing

A review of the duty roster demonstrated adequate staffing for the size and layout of the centre and the assessed needs of residents for day and night duty.

Judgment: Compliant

Regulation 16: Training and staff development

While most mandatory training was up to date for staff, training relating to managing behaviours that challenge was outstanding for 12 staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

Some areas relating to the governance and management of the service required action, as follows:

- information detailed in a complaint was not recognised as a potential safeguarding incident, consequently, the statutory notification was not submitted to the regulator, or followed up as part of safeguarding; a second, incident which was reported the previous day, was discussed on inspection and it was agreed that this was a safeguarding concern and the associated notification was requested,
- **t**here was a lack of oversight of residents care planning and residents rights which were not identified on audits completed,as detailed in Regulation 5: Individual assessment and care plan, and Regulation 9: Residents rights,

- while there was a transfer letter to accompany a resident upon their their transfer to acute care, this was not completed accurately to reflect the current status of the resident; while the form indicated that additional documentation was transferred with the resident such as a copy of their prescription or advanced care directive for example, there was no evidence to support this.

Judgment: Not compliant

Quality and safety

Residents spoke positively about the care and support they received, and that staff were friendly, kind and respectful. Visitors had similar feedback and were very complimentary about Bandon Community Hospital.

Residents had good access to GP service and an on-call GP service was provided for out-of-hours medical care. Residents had a multi-disciplinary team review every three months with the clinical nurse manager or person in charge, GP and pharmacist to enable a robust medical review of each resident. Where residents were identified as requiring additional health and social care professional expertise, there was a system of referral in place and a review of the residents' care records showed that recommendations made by health and social care professionals were updated into the resident's plan of care. Allied health professionals had facilities on site including psychiatry of old age and physiotherapist for example.

A sample of care documentation was reviewed. In the sample viewed, residents signed consent for interventions and care assessments, in accordance with a rights-based approach to care delivery. Some of the care documentation showed good insight into residents' needs with specialist interventions to support them. However, while validated assessment tools were in place to risk assess residents to ensure appropriate supports for their care needs, these were not always completed accurately, or consistently updated to reflect the needs and changing needs of residents. Associated care plans showed mixed findings, and while some had really good individualised detail to inform personal care, others did not. While staff demonstrated excellent knowledge of residents in their care, assessments and care plans did not consistently reflect this knowledge. This is further detailed under Regulation 5: Individual assessment and care plan.

When residents were transferred to acute care, a designated template was available to detail the history and current status of the resident, however, these were not accurately completed to ensure the receiving medical facility had information that assured they could be cared for in accordance with their current needs.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the

Pharmaceutical Society of Ireland. Additional records were available as part of the medication administration such as an antibiotic log with information relating to the antibiotic, dosage, duration and the rationale for the prescription. Controlled drug records were maintained in accordance with professional guidelines.

Residents had access to an independent advocacy service and information regarding advocacy was displayed. There were opportunities for residents to provide feedback on the quality of the service. Resident meetings were held three monthly and issues raised by residents were followed up and actioned by the person in charge.

Regulation 10: Communication difficulties

Observation demonstrated that residents with additional communication needs were supported by staff who were familiar with residents and their communication ability, and positive interactions between staff and residents were seen.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was bright, clean and well maintained. Since the last inspection, outdoor gardens were upgraded with safe walkways, seating and beautiful shrubbery, which were very well kept.

Judgment: Compliant

Regulation 26: Risk management

There were centre-specific risk management policies for the service. Separate risk registers were maintained which including risks associated with individual residents as well as clinical and non-clinical centre risks. Following a recent incident in the enclosed courtyard, the person in charge immediately completed a risk assessment, identified that a fixed call bell was required in this location, and this was due for installment following the inspection.

Following the findings of the previous infection prevention and control inspection (IPC), a specimen fridge was installed in line with national policy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was required to ensure residents' care documentation was maintained in accordance with regulatory requirements:

- the nutritional assessment for one resident was not assessed accurately or consistently to ensure appropriate interventions to enable best outcomes for the resident; the resident's significant weight loss in the previous four months was not included as part of their nutritional assessment or care plan,
- many care plans were commenced for wounds and infection, however, these were not discontinued when the infection was cured or wounds healed; associated wound assessments records were not discontinued either, so it was difficult to determine which records were current to know the actual care needs of the resident,
- some wound care assessments did not detail the location of wounds
- one dependency assessment was not accurately completed, which may impact the implementation of necessary supports,
- residents' care assessments and plans were not routinely updated with the changed needs of residents, for example, when they became acutely unwell and required hospital transfer, or when they returned from hospital
- many of the care documents reviewed were not signed or dated by the staff completing the records, in line with their policy.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was good oversight of restrictive practices in the centre. The person in charge ensured that residents could exercise choice in most of their activities of daily living. Restrictive practices such as bed rails were implemented following assessment and, when possible, consent from residents, and in compliance with national policy. A restrictive practice register was maintained and this information informed their weekly key performance indicators and quality improvement meetings.

Judgment: Compliant

Regulation 8: Protection

Action was required to ensure residents were safeguarded as:

- not all incidents were recognised as safeguarding or investigated as part of safeguarding to protect residents.

Judgment: Substantially compliant

Regulation 9: Residents' rights

While residents had access to a wide variety of meaningful activities in their social programme, action was necessary to ensure the rights and choice of residents were upheld:

- residents had their breakfast either in bed or in their bedrooms, and were not offered choice to attend the dining room as breakfast routines were staff-led.

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	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Bandon Community Hospital OSV-0000557

Inspection ID: MON-0047497

Date of inspection: 11/08/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Our CNM2 is a "Train the Trainer "in managing behaviors that challenge. Due to various leave and summer holidays the training sessions lapsed for 12 staff members. To accommodate training for these 12 staff, we have planned training sessions on the following dates: Oct 8th, Oct 22nd and Nov 4th	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • All required notifications in relation to the safeguarding incidents in adult safeguarding portal and regulators portal have been submitted. Investigations completed and actioned. Trust in care process initiated. Preventive measures are in place to avoid similar situations in future, i.e. refresher training and in person training on Safeguarding the Vulnerable Adult. • Going forward we will ensure that a transfer letter accompanying a resident to acute care is completed accurately, to reflect the current status of the resident, and a copy of the accompanying documents that goes with the resident, will be kept on site. This will be discussed in safety pause and handover meetings. It is also on an agenda for the upcoming staff nurses meeting on 16th September. CNM2 will ensure that all staff members have received the correct training in accurate completion of transfer letters. • An internal audit of the Care Plan by peer to peer is planned for the month of	

September. Staff who require additional training in completion of the care plan will be identified. This training will be given by the new Clinical Development Co Ordinator and planned for 23rd of October 2026 from 10-4.30 pm. This will be followed by an external audit by the Clinical Development Team.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

• Staff will be provided with further training for the correct use and completion of the nutritional assessment tool, by the Clinical Development Co Ordinator.
• When wounds are healed and infections cured all Wound Care Plans will be discontinued and filed away. All Staff instructed to continue the same practice, and only leave the current records in the Care Plan folder and ensure that the location of the wound is identified.
We have a plan in place to source TVN guidance and in- person guidance rather than virtual support, to train our staff.
• To ensure that all care assessments are completed correctly; our staff will be retrained by the newly appointed Clinical Development Co Ordinator for Cork Community Hospital. This will be delivered on 23rd of October 2026 from 10.30 am-4 pm.
• To ensure that all dependency assessments are completed correctly; our staff will be retrained by the newly appointed Clinical Development Co Ordinator for Cork Community Hospital. This should include the importance to update care plans as their needs change. This training will be delivered on 23rd of October 2026 from 10.30 am-4 pm.

• DON has circulated a memo to all staff nurses in relation to all identified issues, including signing and dating each Care Plan in line with the policy.
Each Staff Nurse will review and action their care plan prior to the September Audit. These will be audited Peer to Peer internally and externally by Clinical Development Co Ordinator. All identified issues will be reiterated in safety pause and handover meetings. Documentation is on the agenda in the upcoming nurses meeting on 16th of September 2026.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• Staff members have updated their Safe Guarding Course online.
The importance of recognizing a Complaint vs a Safeguarding concern in line with the HSE complaint policy, has been reiterated at daily handovers and safety pause meetings. Algorithm of YSYS - Assessing a Complaint and decision-making flow chart is displayed in staff rooms and easy access areas to help recognize Safeguarding issues vs a Complaint.

An in-person safeguarding session is organized for 6th October at another Community Hospital, where the staff will be attending.

Regulation 9: Residents' rights	Substantially Compliant

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

• A new document has been implemented for each resident on admission. The resident will be asked to choose from various options from "What time would you like your breakfast" and "Where would you like to take your breakfast?" giving them options to choose from. And the findings will be documented and communicated with the Catering and Care Staff as to the resident's wish and preference for their breakfast.

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	15/11/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	15/10/2026
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident	Substantially Compliant	Yellow	15/11/2026

	immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	15/09/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	15/11/2026
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	30/09/2026
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial	Substantially Compliant	Yellow	30/10/2026

	origin, cultural and linguistic background and ability of each resident.			
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.	Substantially Compliant	Yellow	30/09/2026
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.	Substantially Compliant	Yellow	09/09/2026