



**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:	30 September 2025
Centre ID:	OSV-0000557
Fieldwork ID:	MON-0048461

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
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 30 September 2025	09:30hrs to 15:15hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

There were 21 residents living in the centre on the day of the inspection. An additional four residents had been admitted for short term respite care. Over the course of the inspection the inspector met with all residents and spoke in more detail with six residents and one visitor to gain insight into what it was like to live in Bandon Community Hospital.

Residents expressed their satisfaction with staff, staffing levels, activities, the standard of environmental hygiene and attention to personal care. Residents confirmed that they felt safe, and that they could speak with staff if they had any concerns or worries. Some said that they preferred their own company but were not bored as they had access to daily newspapers, books, radios, the internet, and television. Residents' wishes in relation to their preferred religious practices were recorded and respected. The inspector observed a large group of residents attending mass in the morning and enjoying arts and crafts on the afternoon of inspection. One person who had been admitted for respite care, shared that they had thoroughly enjoyed the company of residents and staff during their stay in the centre.

The inspector spent time observing staff and residents' interaction. It was evident that residents' choices and preferences in their daily routines were respected. A group of residents sat together in the communal dining and recreational room chatting and participating in arranged activities. Other residents were observed sitting quietly, observing their surroundings. Residents were relaxed and familiar with one another and their environment, and were observed to be socially engaged with each other and staff. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared appropriately dressed and well-groomed.

The inspector also observed the dining experience at dinner time. A large group of residents gathered around a long dining room table for a 'family-style' lunch. The atmosphere was warm and communal, with plenty of laughter and friendly chatter. Meals provided appeared appetising and were served hot. Residents were complimentary about the food and confirmed that they were always afforded choice and provided with an alternative meal should they not like what was on the menu.

There was a variety of additional communal spaces available to residents including two smaller communal rooms, and a visitors' room with an adjacent kitchenette. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff throughout the day. Staff who spoke with the inspector were knowledgeable about the residents and their needs. There was a very pleasant calm atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff.

The centre is a single storey building and registered to accommodate 25 residents. Bedroom accommodation comprised 21 single and two twin bedrooms. All of the bedrooms were en-suite with a shower, toilet and wash hand basin. Bedrooms were equipped with over-head hoists to enable ease of transfer from bed to chair, where required. Many resident bedrooms were personalised with items of significance, such as soft furnishings and ornaments.

Ancillary facilities supported effective infection prevention and control. The main kitchen was of adequate in size to cater for resident's needs. Toilets for catering staff were in addition to and separate from toilets for other staff. Staff had access to a dedicated housekeeping room for storage of cleaning trolleys and equipment and two sluice rooms with bedpan washers for the reprocessing of bedpans, urinals and commodes Medications and a supply of clean and sterile supplies were stored in the pharmacy. These areas were observed to be clean and tidy with appropriate hand hygiene facilities.

Laundrying of residents' clothing and used linen was provided by an external contractor and some residents chose to have their clothing laundered at home. Clothes were marked to ensure they were safely returned from the external laundry.

While the centre generally provided a homely environment for residents, improvements were required in respect of premises and infection prevention and control, which are interdependent. The décor in the centre was showing signs of minor wear and tear. Surfaces and finishes including flooring in some resident rooms were worn and poorly maintained and as such did not facilitate effective cleaning. Despite the minor maintenance issues identified, overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared visibly clean.

Hand hygiene facilities supported effective hand hygiene. Conveniently located, alcohol-based product dispensers were readily available on corridors. Clinical hand washing sinks were available within every bedroom. These complied with recommended specifications for clinical hand wash sinks.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection had a specific focus on the

provider's compliance with infection prevention and control oversight, practices and processes.

The inspector followed up on the provider's progress with completion of the infection prevention and control related actions detailed in the compliance plan from the last inspection and found that they were endeavouring to improve existing facilities at the centre through ongoing maintenance. For example, flooring in the visitors room had been replaced and privacy screens within twin bedrooms had also been replaced with curtains since the previous inspection. These curtains were easy to use independently by residents. In addition, a new transfer letter had been introduced which included details of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation history.

The inspector found that the provider generally met the requirements of Regulation 5; individual assessment and care plan and Regulation 27: infection control, however further action is required to be fully compliant. Where areas for improvement were highlighted, the provider was responsive to addressing these in a timely fashion.

The registered provider is the Health Service Executive (HSE). Overall, this was found to be a well-managed centre with a clear commitment to providing good standards of care and support for the residents.

The person in charge worked full time and was supported by a clinical nurse manager, a team of nurses and care support staff, catering, housekeeping and administration staff. The management team in the centre was also supported by the HSE practice development, facilities and estates, infection prevention and control, human resources staff and maintenance. Records showed that there was regular engagement between the management team in the centre and regional antimicrobial pharmacist and infection prevention and control team.

Overall, the staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support. Cleaning records viewed confirmed that bedrooms and communal areas were cleaned each day and all bedrooms were deep cleaned each month.

The provider had also nominated a nurse manager and a staff nurse, with the required training, to the role of infection prevention and control link practitioners to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

The provider had a Legionella management programme in place. Water samples were routinely taken to assess the effectiveness of local Legionella control measures.

Maintenance issues were logged into a digital system, assigned to the appropriate staff, and tracked until completion. Progress was updated in real time, providing

clear oversight of all outstanding tasks. The person in charge confirmed that maintenance issues were generally addressed in a timely manner.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene, including cleaning specifications and checklists and color coded cloths and flat mops to reduce the chance of cross infection.

A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and documented in a timely and effective manner. There had been no outbreaks of notifiable infections in 2025 to date.

A schedule of infection prevention and control audits was also in place. Infection prevention and control audits covered a range of topics including hand hygiene, equipment and environment hygiene, waste and sharps management. Audits were scored, tracked and trended to monitor progress. The high levels of compliance achieved in recent audits was reflected on the day of the inspection.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. Records viewed confirmed that the majority of staff had received mandatory infection prevention and control training. Staff were observed to be appropriately supervised and supported. Staff with whom the inspector spoke with, were knowledgeable regarding infection prevention control procedures.

Regulation 15: Staffing

Staffing and skill-mix was maintained at levels to safely meet the service's infection prevention and control needs and activities, including appropriate staffing levels at night time and weekends. Staff had access to designated specialist staff with expertise in infection prevention and control and antimicrobial stewardship for advice and support as required.

Judgment: Compliant

Regulation 16: Training and staff development

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. The majority of staff had completed training in infection prevention and control and staff nurses had completed antimicrobial stewardship training. Staff were appropriately supervised and supported by nurse management.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements ensured the sustainable delivery of safe and effective infection prevention and control. The roles and responsibilities of staff were clearly defined and the provider supervised, monitored and reviewed the provision of care to ensure all staff members adhered to safe infection prevention and control and antimicrobial stewardship practices.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre had notified the Chief Inspector of all outbreaks of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents. Residents confirmed that they lived in an unrestricted manner and could choose how to spend their day. There were no visiting restrictions in place. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection.

A sample of paper based care plans and assessments for residents were reviewed. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. There was evidence of residents being involved in the consultation of their care plans and their review with the resident's family, where appropriate.

Staff used a variety of assessment tools to complete an assessment of each resident's needs, including the risk of falling, malnutrition, pressure-related skin

damage and mobility assessments. However, action was required to ensure that wound assessments were documented regular intervals when there was a change in the resident's wound and, following a review by health care professionals, to ensure that they effectively guided staff in the care to be provided to residents. Findings in this regard are reported under Regulation 5; individual assessment and care plan.

Residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. GP's from local practices attended the centre four days a week. Residents also had access to a mobile x-ray service referred by their GP which reduced the need for trips to hospital.

Antimicrobial stewardship initiatives reviewed provided assurance regarding the quality of antibiotic use within the centre. For example, the volume, indication and effectiveness of antibiotic use was monitored and audited. Staff also were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which may cause antibiotic resistance.

A local transfer form was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services. When residents returned from the hospital, the inspector saw evidence that relevant information was obtained upon the residents' readmission to the centre.

The premises were designed and laid out to meet the needs of the residents. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained with some exceptions. For example flooring in a large number of rooms was damaged.

The provider had ensured that a comprehensive risk management policy and risk register which met the requirements of the regulations was implemented in practice. For example, ensuring risks related to infectious diseases such as legionella were assessed and appropriate controls were implemented.

The inspector identified some examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions, such as hand hygiene, appropriate use of personal protective equipment and safe handling of linen, sharps and waste to minimise risk to residents, visitors and their co-workers.

Notwithstanding the many good practices observed, a small number of issues were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, improvements were required in equipment and environmental management and storage of laboratory specimens awaiting collection. Findings in this regard are presented under Regulation 27; infection control.

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 through out the centre.

The visiting policy outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, access during outbreaks and arrangements for residents to receive visits from their nominated support persons during outbreaks.

Judgment: Compliant

Regulation 17: Premises

The premises were designed to meet both individual and collective resident needs. They were clean, well-maintained, and compliant with Schedule 6 of the regulations. Communal areas were spacious, with furnishings that supported effective cleaning. Outdoor spaces were safe and independently accessible to all residents. Bedrooms and communal areas were bright, clean, and comfortably furnished. However, some bedroom flooring was damaged, as detailed under Regulation 27: Infection Control.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A local transfer document was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services. Copies of transfer forms were filed in resident records.

Upon residents' return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging service or hospital.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified infection related risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1).

Judgment: 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. This was evidenced by;

- A dedicated specimen fridge was not available for the storage of microbiology samples awaiting collection. This may impact the viability of the samples.
- Some flooring within resident bedrooms was worn and poorly maintained and as such did not facilitate effective cleaning.
- Improvements were required in equipment hygiene. Several portable fans and a commode were unclean.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was required to ensure that assessments were reviewed and updated at regular intervals when there was a change in the resident's condition and, following a review by health care professionals, to ensure that they effectively guided staff in the care to be provided to a resident. For example, wound assessments were not routinely updated.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. There was evidence of ongoing referral and review by allied health professional including tissue viability, speech and language therapy, dietitian, and physiotherapy as appropriate.

A number of antimicrobial stewardship measures had been implemented to ensure antibiotics were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example

- The volume and indication of antibiotic use was monitored and audits of antimicrobial use were undertaken. Antibiotic consumption data was analysed and served as a tool for quality improvement.
- Nursing staff were engaging with the “skip the dip” campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing. This had reduced antibiotic use where it was not clinical indicated.

Judgment: Compliant

Regulation 9: Residents' rights

Residents’ rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, the internet, television and radio was available.

Measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. The inspector was informed that visiting was facilitated during outbreaks with appropriate infection control precautions in place.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bandon Community Hospital OSV-0000557

Inspection ID: MON-0048461

Date of inspection: 30/09/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none">•A dedicated specimen fridge is available for the storage of microbiology samples since 29th of October 2025.•An assessment of all flooring carried out DON and the team and communicated to the maintenance team. They will assess the flooring within all resident bedrooms. Any worn or damaged flooring will be repaired/replaced as required to ensure effective cleaning can be carried out.• All portable fans found uncleaned were cleaned and have been returned to storage due to the change in the weather. These are scheduled to be cleaned again prior to use. The commode identified as unclean was cleaned immediately. The CNM2 has been allocated to conduct on the spot audits to ensure equipment hygiene is maintained at a high standard. All of this information has been communicated to staff at our staff meetings held on 13th and 22nd of October, 2025. This will also be reminded to all at the daily safety pause meeting.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none">• Care plans are being reviewed on a regular basis by the CNM2 to ensure that any changes in patient care are documented appropriately in a timely manner. Staff will be reminded of this at the safety pause and handover meetings. Care plan refresher training	

will be sourced for all staff to ensure the appropriate completion and updating of all documentation that guides the resident's care. All nursing staff reminded to update the wound assessment each time when they renew the wound dressing, this discussed on the recent nurse's meeting held on 13th October.

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 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	30/11/2025
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	31/12/2025