



**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:	Clonakilty Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Clonakilty, Cork
Type of inspection:	Unannounced
Date of inspection:	21 July 2026
Centre ID:	OSV-0000559
Fieldwork ID:	MON-0051036

About the designated centre

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

Clonakilty Community Hospital is operated by the Health Service Executive (HSE) and is located on the outskirts of Clonakilty town. Resident accommodation is spread across four units and the centre is registered to provide care to 99 residents. The units include: Saoirse, a dementia specific unit, Dochas, Crionna and Silverwood. The centre has a chapel and well maintained enclosed gardens with extensive car parking facilities. The centre provides 24-hour nursing care. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	77
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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 21 July 2026	09:30hrs to 17:40hrs	Breeda Desmond	Lead
Tuesday 21 July 2026	09:30hrs to 17:40hrs	Siobhan Bourke	Support

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 had in place to safeguard residents from all forms of abuse. There was a relaxed and friendly atmosphere, and staff were seen to promote a person-centred approach to care that supported people to be as independent as they could be. Residents were seen to be smartly dressed in accordance with their wishes and preferences.

From what inspectors observed and what residents reported, residents were very happy with the service provided in the centre. Residents said that they could speak with staff if they had any concerns or worries, they knew the person in charge by name, and social interaction was observed between residents and the person in charge throughout the day. All interactions observed between residents and staff were calm, relaxed and respectful. Over the course of the inspection, inspectors met many residents and spoke with 15 residents in more detail to gain insight into their lived experience in Clonakilty Community Hospital. One resident said 'it's as good as it gets', an other resident said the care and facilities were 'exceptional' and were 'treated so well', and another reported it was 'A one'. Nonetheless, some residents reported that due to staff shortages, recently, there are delays in care and waiting times for staff to return to provide assistance.

Inspectors met eight visitors and all were very complimentary of staff and the service provided. Young grandchildren were seen to be very relaxed while visiting and it was evident that they visited regularly and were made feel welcome by staff.

Clonakilty Community Hospital is a designated centre located on the outskirts of Clonakilty town, and is part of a HSE facility site that also accommodates offices of allied health professionals, day care services and the ambulance bay. Clonakilty Community Hospital is registered to accommodate 99 residents; there were 77 people residing there at the time of inspection. It is a two storey building with residents accommodation on the ground floor, and staff facilities located upstairs.

The centre is divided into four distinct units namely Dochas (34 bedded unit), Crionna (31 beds), Saoirse (18 bedded dementia specific unit) and Silverwood (16 beds), which are all interlinked. 17 beds were currently closed on Dochas to facilitate the extensive refurbishment as part of the 'Pathfinder' upgrade programme. Each unit is self-contained with dining, day rooms and kitchenette facilities. Residents have access to two well maintained large gardens with planting, paving and seating, and an internal courtyard. The inspectors observed that overall, the physical environment was set out to maximise resident's independence, regarding flooring, lighting and handrails along corridors, and sensor operated doors enabling residents using mobility aids to independently move freely around inside, to access the enclosed gardens and to the outside. Residents, in particular people

using mobility aids and electric wheelchairs said that the sensor doors made their lives so much easier.

Silverwood unit comprises 16 single en suite bedrooms, with two day rooms and two dining rooms with kitchenette; and were very tastefully decorated. Inspectors saw that all bedrooms in this unit were quite spacious and personal storage space for residents included a double wardrobe, chest of drawers and lockable storage. Bedrooms were nicely decorated in either a blue or green theme and they each had a window seat, electric blinds, overhead hoists and wall-mounted televisions. There was access to the enclosed garden via the main dining room as well as other locations around the unit.

Dochas Unit (34 bedded unit) accommodation comprises 2 single bedrooms and eight four-bedded multi-occupancy bedrooms. Dochas has four different communal rooms all decorated in unique styles and looked very homely and comfortable. Residents were observed to enjoy numerous activities such as arts and crafts, music sessions and painting around the dining room table. Half of this unit was temporarily closed at the time of inspection due to refurbishment works; these included upgrading windows, doors, flooring and insulation, as well as raising the ceiling and installing electronically operated skylights. This was completed in other parts of the unit and made corridors much brighter; these skylights also provided additional ventilation, which was very welcome in the current hot weather.

Saoirse Unit (18 beds) is home to residents with a diagnosis of dementia and this unit is secure to enable the safety of residents. Residents accommodation comprises three four-bedded multi-occupancy bedrooms and six single bedrooms. The golden Labrador, Molly, was the pet dog and was seen to provide company and comfort to residents. There was a calm atmosphere here with soft music playing and an appropriate amount of staff to ensure residents were supervised and supported.

Crionna (31 beds) was recently refurbished and looked really well. Bedroom accommodation comprises single bedrooms, three and four-bedded multi-occupancy bedrooms. Communal rooms in Crionna includes the Atlantic Way room and a room called Cronin's Bar. The main dining area had a kitchenette and residents were seen to enjoy their breakfast, lunch and tea here.

While improvement was noted in some multi-occupancy bedrooms regarding residents' access to their wardrobes, other residents did not have easy access to their wardrobes to maintain their clothes as wardrobes were located on the other side of the room. Privacy screens remained difficult to use as they were heavy and cumbersome, and had multiple-brakes to be released so most residents would be unable to use these independently.

Residents in the centre had access to other communal rooms such as a family room and sitting room; previously, residents had access to the café and it was envisaged that this would re-open in the future. Birthday parties and family gatherings were held in the family room which also had a lovely little play area for younger children to play safely while visiting. The sensory rooms was further upgraded since the last

inspection and had a massage chair, a tall lava lamp, sensory lighting, and facility to stream music.

Within the centre there is also a large chapel, and this had been refurbished internally; alongside, the room of repose was being re-built at the time of inspection. Mass was held weekly in the centre; other denominations were welcomed and the Church of Ireland minister attended weekly as well.

On arrival, many residents were seen to enjoy their breakfast in dining rooms; other residents preferred a late breakfast and this was facilitated. The main meal was observed and residents gave very positive feedback on the choice and quality of food. Residents were served their three courses together. Some deserts were hot options, however, some were cold such as mouse, jelly and icecream. As it was an exceptionally hot day, these deserts were warm and melting by the time residents ate them. Most staff were seen to sit and chat with residents when providing assistance with their meal, however, on Crionna, one staff stood over a resident without engaging with them when assisting with their meal.

The daily schedule of activities for the residents was displayed in a prominent place in each unit. Throughout the inspection, inspectors saw residents engaging in a multitude of activities. In the afternoon, a musician played and sang for residents out in the garden; approximately 40 residents attended with staff. As it was a really hot day, residents reported that they had sun-tan lotion applied and some were wearing sun hats; beverages were offered and staff provided assistance when appropriate. One resident spoken with chose not to attend, they stayed in the other garden as they didn't like that music and was very happy watching the builders re-roofing, and explained that it was their profession and enjoyed looking at the work.

Another large notice board displayed the winners of the World Cup with photos of the resident who had drawn the match winner. Residents bedroom doors had the flag of their country displayed and residents reported they had great fun over the previous few weeks watching the soccer matches.

Many residents were seen to have specialised electric chairs which enabled them to mobilise independently, some residents were seen out and about, and some regularly went into town or on to the green-way alongside the hospital. All the paths in the enclosed gardens were being re-layed and were seen to be very wide; the person in charge explained that this was to accommodate the specialist wheelchairs as well as promote the independence of all residents.

Communal areas were seen to be well supervised. Some residents chose to stay in their bedrooms, and staff were observed to check on them and chat. Other residents had computer desks with computers with graphic design software to enable them continue with their hobbies. Another resident had a large space to keep their music keyboard. The exercise bike was being used by a resident in another day room. On each unit there was also a homemaker employed, who had responsibility for the provision of activities, supervision of residents in communal rooms and ensuring residents were offered drinks and snacks throughout the day. Arts for Health provided meaningful activation for residents twice a week, with residents' art

and glass-work displayed throughout the centre. Live music was scheduled throughout the week with a variety of different musicians. Another external activities provider was on site three times per week. The hair dresser was in the centre during the inspection and it was evident that residents knew her well and she facilitated them in their preferred location.

On the walk around of the centre, inspectors observed that the centre was generally clean throughout. Nonetheless, in one three-bedded room, the toothbrush, holder and toothpaste of one resident was stored on the clinical handwash sink. In one of the multi-occupancy bedrooms, there was a relaxing area with coffee table and chairs, however, a pillow and towel were left on a coffee table and crash mat alongside the coffee table. There is limited designated storage areas, for example, trolleys with residents' documentation was left in multi-occupancy bedrooms and on corridors which impacted their bedroom space and fire evacuation routes. The occupancy had been reduced in some bedrooms from four residents to three, however, in some of these rooms, the additional space had not been re-allocated to enable the remaining residents have more personal space for themselves.

There were sluice rooms in each unit, all with handwash sinks. Doors to rooms such as clinical and sluice rooms were secure access to ensure the safety of residents. Rooms storing oxygen had the appropriate signage displayed advising of this.

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. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This unannounced inspection was carried out 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. Findings of the last inspection relating to the governance structure regarding the appointment of a person participating in management (PPIM), upgrades to the premises, and wound care, were seen to be addressed. Regarding findings of this inspection relating to safeguarding, Clonakilty Community Hospital was a good service where residents were supported to have a good quality of life that enabled their independence in accordance with their ability. Nonetheless, this inspection findings showed that staffing levels required attention, and this will be discussed under Regulation 15: Staffing.

The registered provider of this centre is the Health Service Executive (HSE). There is a defined management structure and staff were aware of this structure and their reporting relationships. The person in charge was supported by two assistant directors of nursing, clinical nurse managers (CNMs) on each unit and a team of

nursing, health care, household, catering and maintenance staff. A CNM3 provided managerial oversight on night duty, and CNMs rotated on duty at weekends.

The person in charge was full time in post. She had the necessary experience and qualifications, as required in the regulations. She demonstrated good knowledge regarding their role and responsibility and was articulate regarding governance and management of the service. The person in charge was well known to residents and their families, and displayed excellent knowledge of residents' needs, rights and oversight of the service and promoted a culture of openness and transparency.

Inspectors found that there were inadequate staffing levels provided for the size and layout of the centre and this was acknowledged by senior management. Active recruitment was ongoing with scheduled interviews at the time of inspection for multi-task attendants; nurses had been recruited and due to commence employment following the inspection. While there was a shortage of household cleaning staff, management assured that cleaning at 'point of care' was undertaken by care staff. In addition, as part of the building project, contract cleaners were on site on a daily basis.

Regular management and staff meetings were scheduled and issues such as staffing, risk management, incidents and infection control concerns were discussed and documented. A daily safety pause meeting was held every morning and in the middle of the day to communicate any on-going risks or pertinent care issues relating to residents. Staff training records were examined and evidenced deficits in training completed; this is further detailed under Regulation 16: Training and staff development.

Records and documentation requested by inspectors were readily available throughout the inspection. Vetting disclosure in accordance with the National Vetting Bureau (Children's and Vulnerable Persons) Act 2012, and nurse registration certificates were available for relevant staff. Additional safeguards were in place relating to agency staff. A new app was available that enabled management to access Schedule 2 information, including photographic identification of the agency staff coming to the centre. The person in charge explained that this was invaluable to be assured of the staff coming to the centre to care for residents.

The complaints procedure was displayed in the centre along with information on advocacy services available. Complaints were welcomed and used to inform quality improvement and these were discussed at management and staff meetings. Records of complaints showed that the person in charge was pro-active in addressing issues raised and where relevant, put remedial actions in place to mitigate recurrence of issues. There was good oversight of complaints records, with open disclosure assured.

Incidents were being recorded and there was good oversight of these by the management team. All incidents had been notified to the Chief Inspector as required by the regulations. Incident and accidents were logged, and these correlated with statutory notifications submitted. While some of these incident reports were very comprehensive and detailed actions taken to ensure the safety and welfare of

residents, other records did not have this detail to be assured. Nonetheless, management provided additional information which demonstrated that appropriate actions were taken to safeguard residents, and assured oversight of risk management of the service.

Schedule 5 policies and procedures were reviewed and policies relating to safeguarding were available to staff; some were being updated at the time of inspection to ensure they remained current. Nonetheless, a policy on visiting was not available.

Staff spoken with and observation throughout the inspection showed that staff understood their roles and responsibility regarding safeguarding. A safety pause was facilitated on a daily basis and include information relating to residents at risk of falls, smokers, responsive behaviours, risk of choking and infection and clinically unwell for example. Registers were maintained of restrictive practices and as required PRN psychotropic medications as part of their quality oversight.

A sample of audits were examined. These demonstrated good insight into the service, with narrative notes detailing deficits, with action plan reports to address the deficits.

The health and safety statement was readily available. Clinical and non clinical risks were identified along with individual risk associated with specific residents, in line with regulatory requirements.

Regulation 15: Staffing

Action was required to ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, and the size and layout of the centre:

- the duty roster showed deficits in rostered staff for nursing and care staff, and in particular, household cleaning staff; some days there was just one staff allocated to cleaning duties
- residents reported waiting times to be attended to regarding personal care delivery.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Action was required to ensure all staff training remained current as gaps were identified in the staff training matrix as follows:

- responsive behaviours – 17 staff had not completed this and 43 staff were overdue
- safeguarding – two staff had not completed this and five staff were overdue training.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, there was good governance and management of this service, in particular, in safeguarding residents and in promoting a social model of care that respected peoples' human rights, their independence, and their right to self-determination.

The governance and management structure in place was well defined, with clear lines of authority and accountability. Monitoring and oversight systems were effective and ensured the service provided was safe, appropriate, and consistent. Where issues requiring improvement were identified, an action plan was developed to address these. Quality improvement plans seen, provided evidence that there was an ongoing commitment to enhance the quality and safety of the service provided to residents.

Judgment: Compliant

Quality and safety

The purpose of this inspection was to review the measures in place to promote and protect people's human rights, their safety and well-being. This involved assessing the quality of service being provided to residents to ensure they were receiving a high-quality, safe service that protected them as part of adult safeguarding.

This inspection found that there were robust systems in place to recognise and respond to safeguarding concerns in the centre, and to ensure all measures were taken to protect residents from harm.

The person in charge facilitated residents to access services such as MS Ireland and the Irish Wheelchair Association; residents had personal assistants (PAs) which enabled residents to access services and social outing in Clonakilty town, promoting their independence and autonomy. The physiotherapist was on site one day per week to support residents as part of their well-being programme.

Inspectors reviewed a sample of residents' care records. Residents documentation showed that residents signed consent for care planning and photographic

identification. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Validated risk assessments tools were available to staff to enable a high standard of nursing care assessment. The inspector viewed a sample of residents' safeguarding care plans and the management of behaviours that are challenging. Observation on inspection showed that staff had excellent knowledge of the resident, their interests and past lives, and used this information to actively engage with residents. The PINCHME prompt (Pain, Infection, Nutrition, Constipation, Hydration, Medication and Environment) was implemented as part of the protocol to assess residents prior to administering psychotropic medications to be assured that there was no organic reason for a change in a resident's behaviour. In addition, the new HSE IRESTORE early warning system was introduced to detect early signs of clinical deterioration in older people in residential care to support timely intervention.

As part of the KPIs, residents' weights were recorded on a monthly basis. These records included whether the resident was losing/gaining weight along with possible interventions such as closer monitoring of food and fluid intake, and whether the resident required referral to either a dietician or speech and language specialist. Reports from these allied health professionals were included in the care documentation to inform the care planning process to ensure residents received the correct food and fluid consistency for example. Also included as part of KPIs were records of residents with multi-drug resistant organisms (MDROs) in accordance with infection control requirements.

The centre promoted a restraint-free environment with minimal restrictive practice evidenced. A restrictive practice restraint register was maintained on a daily basis. There was excellent oversight of chemical restraint; recent research undertaken by the pharmacist showed a significant reduction in the administration of as required PRN psychotropic medications following the implementation of PRN recording sheets and the removal of the drugs from the drug trolley to the clinical rooms on each unit. Where restraints, such as bedrails, were used, they were risk assessed; alternatives and the least restrictive options were trialled and these were documented. Residents exhibiting responsive behaviour (how residents with dementia respond to changes in their environment or express any distress) were well supported. Staff were observed to respond appropriately to residents' needs including their communication needs.

There were policies in place relating to risk management and emergency planning; and these were site-specific. Audits were completed regarding clinical and non-clinical aspects of the service with action plans in place to address issues identified along with responsibility assigned to named persons, with completion dates. Associated risk registers were updated accordingly; this included the remedial works being undertaken regarding the Pathfinder project.

Residents' laundry was completed off site. The complaints log showed that there were issues regarding laundry services; concerns raised were dealt with immediately to the satisfaction of people raising concerns. In addition, the person in charge

followed up with laundry management regarding issues raised, following this, the number of complaints about laundry services had significantly reduced.

In general, inspection findings demonstrated that residents were free to exercise choice in their daily routine. It was evident that residents were consulted about the running of the centre, formally, at residents' meetings, and also through the daily interactions by management and staff.

Regulation 10: Communication difficulties

From observation during the inspection it was apparent that staff were familiar with residents and their individual communication needs; staff supported residents with their communication needs and were seen to take time to enable effective communication such as helping with re-setting passwords to ensure the resident could access their local community activities and news updates. Residents were also facilitated to access additional supports such as assistive technology to assist with their communication.

Judgment: Compliant

Regulation 17: Premises

There were ongoing upgrades to the premises such as new roofing, insulation, windows, doors, and flooring. The garden by the dementia specific unit, Soairse, was being levelled at the time of inspection to prepare the ground for landscaping. The premise, overall, was well maintained and decorated in a homely fashion.

Judgment: Compliant

Regulation 26: Risk management

There was a centre-specific risk management policy for Clonakilty Community Hospital. The risk register set out the clinical and non-clinical risks including the risk associated with the significant amount of building works in progress as well as identify the risks associated with staff shortages and reliance on agency staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of assessment and care planning documentation was examined and these were seen to be comprehensively maintained to ensure residents could be cared for in accordance with their individual needs. Residents had good access to GP services, specialist services along with allied health professional. The physiotherapist was on site once a week to support residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint register was maintained which included both physical and chemical restraint. These were discussed at the governance and management meetings; inspection findings showed good oversight of these. Any of the refurbishment and upgrade works being undertaken have residents' independence to the fore to ensure the least restrictive physical environment to enable independence.

Safeguarding plans were in place and associated safeguarding referrals were submitted. Advocacy services were availed of to support residents to fulfil their choices and decision-making.

Judgment: Compliant

Regulation 8: Protection

Any incidents or allegations of abuse were investigated by the person in charge, and referred to appropriate external agencies, for example the safeguarding and protection team and advocacy services, where required. Safeguarding plans were implemented to enable and ensure residents remained safe.

Residents said they were happy in the centre and felt their rights and choices were respected, and that they felt safe in the centre. Visitors and residents confirmed that they were treated with respect by staff and management.

Judgment: Compliant

Regulation 9: Residents' rights

Observation throughout the inspection and feedback from residents confirmed that residents were supported to have a good quality of life. Minutes of residents' meetings showed good information sharing, as well as excellent resident feedback and input; suggestions raised by residents were followed up and actioned immediately.

Residents reported that they were delighted with all the upgrades to the premises. Minutes of residents' meetings demonstrated lots of information sharing with discussion and feedback from residents; for example, around the upgrades to the building and suggestions for the gardens such as farm animals and these were all installed throughout with sculptures of calves, a variety of fowl, vintage farm machinery, water features, and an elephant.

Residents had access to advocacy services and an advocate was on site during the inspection supporting residents.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	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	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clonakilty Community Hospital OSV-0000559

Inspection ID: MON-0051036

Date of inspection: 21/07/2026

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Clonakilty Community Hospital is committed to ensuring that staffing levels and skill mix are sufficient to meet the assessed needs of residents and to support the safe and effective operation of the centre. The following actions have been implemented or are in progress to address identified staffing deficits and to ensure ongoing compliance with Regulation 15: Daily risk assessments are undertaken by management in CCH in relation to staffing allocation, resident dependency and acuity. Staffing arrangements are reviewed and adjusted where necessary to ensure that residents' needs can be safely met. Staff rosters are reviewed on a weekly basis by senior management to identify staffing deficits. Enhanced overtime opportunities are offered at present to CCH staff to support the management of staffing deficits and to minimise gaps in the roster in collaboration with agency. Annual Leave arrangements are managed in accordance with the relevant HSE guidelines and recorded through SAP to support effective workforce planning and roster management. The HSE Managing Attendance Policy will be adhered to, with appropriate management of staff attendance and absence to support workforce stability and continuity of care. Where a resident reports a delay in receiving care, a NIMS incident report will be completed as appropriate. Nurse Managers will monitor reported delays on a daily basis, review contributing factors and ensure that appropriate corrective action is taken. Recruitment of staff is ongoing, a total of 5 nursing staff have been recruited and 1 other staff nurse is commencing in September. 1 CNM3 has been recruited and another CNM3 is commencing in September.	

Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Responsive Behaviour Training is scheduled for September 2026, with two appropriately trained instructors available within CCH to support delivery. All staff with outstanding or overdue Responsive Behaviour Training will be facilitated to attend this training. The updated HSE Excel Training Matrix, commencing in September 2026, will be used to accurately record completion dates and identify future refresher training requirements. Staff will receive individual correspondence in September/October 2026 advising them of their mandatory training status and any outstanding training requirements. A request for onsite training on safeguarding has been submitted to the safeguarding team awaiting date.	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/12/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2026