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:	Fermoy Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Tallow Road, Fermoy, Cork
Type of inspection:	Unannounced
Date of inspection:	03 September 2026
Centre ID:	OSV-0000560
Fieldwork ID:	MON-0051544

About the designated centre

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

Fermoy Community Hospital is located on the outskirts of the town of Fermoy. It was originally built in the 1800s as a workhouse and has been a community hospital since the 1990s. It is a two-storey premises but all resident accommodation is on the ground floor. The centre comprises two units 'Cuisle', and 'Dochas'. The former 'Sonas' unit is now an administration block. The centre will accommodate 72 residents when the current renovations are completed. A number of bedrooms have full ensuites attached while the remainder share communal, bath, shower and toilet facilities. Bedrooms include, single, double and four bedded rooms. The centre is registered to provide care to residents over the age of 18 years but the resident population is primarily over the age of 65 years. There is currently space to accommodate 38 residents with full time, 24 hour nursing care available. A range of meaningful activities are available and the centre is embedded in the local community who organise fund raising on an annual basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37

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
Thursday 3 September 2026	08:45hrs to 17:30hrs	Erica Mulvihill	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, with a specific focus on adult safeguarding in order to review the measures the registered provider had in place to safeguard residents from all forms of abuse.

This inspection overall, found that safeguarding was embedded into all aspects of care delivery in the centre. This ensured that residents were living in a safe environment where their dignity and well-being were supported and protected by staff who knew them well and respected their choices and preferences.

On arrival, the inspector met with the Clinical Nurse Manager and commenced a walk through of the centre. This allowed the inspector to gain an insight into the lived experience of residents and to observe staff who interacted with them on a daily basis. The majority of residents were in bed, some residents had already started their morning routine in the privacy of their bedroom and a small number of residents were observed in the communal areas as was their preference.

The inspector met with many residents and spoke to nine residents in detail. Residents stated that they felt well cared for by staff; residents said they valued staff relationships and described staff as "kind, fun and friendly".

Residents also commented that they felt very safe in the centre. One resident described living in the centre as "second to none", they stated that they settled in on day one as the atmosphere was "calm, warm and welcoming". Residents stated staff knew them well and that they trusted that staff would act promptly if any concern arose.

From speaking to residents, it was evident that they were aware of how to make a complaint and were familiar with the management team in the centre with whom they stated they would talk to if they had a concern. The centre ran 'Resident Awareness" sessions annually. The centre has invited speakers to come to talk to the residents and provide them with information on topics such as, safeguarding and making complaints. The session last year was held on Assisted Decision Making which was reported as very informative.

Fermoy Community Hospital provides long term care for both male and female adults, with a range of dependencies and needs. The centre is situated on the outskirts of Fermoy town in County Cork and is registered to provide care for 38 residents. There was 37 residents living in the centre on the day of the inspection.

Bedroom accommodation comprised of 16 single rooms, 11 with en suite facilities, three four bedded rooms, and five twin bedded rooms. Residents had access to bathroom facilities throughout the centre. Grab rails were available throughout the

centre to support residents who liked to walk around the centre from space to space.

The centre had sufficient private and communal space to rest, relax and to receive visitors as per their preference. Residents told the inspector that they were happy with the care provided to them and how their health care needs were met. There was ongoing works in the centre to upgrade one unit in the centre, but these works did not impede resident rights and staff appeared cognisant of maintaining resident privacy and dignity. Staff were observed to knock prior to entering resident rooms, and meaningful exchanges were observed between residents and staff at this time.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choices.

When residents were asked about the provision of food in the centre, all residents who spoke to the inspector said the food provided was of very good standard. They said there was a choice of meals, and it was always served hot and was presented well. They confirmed that refreshments were offered throughout the day.

Residents were supported to enjoy a good quality of life in the centre. Activities provided were varied and provided residents with a selection of different activities in which one resident stated was "perfect" as they could attend those that interested them and could retreat to other quiet spaces to read or relax as per their preference. Residents and visitors both stated that the staff go above and beyond to provide outings for some residents and garden parties, tea parties during the year to vary the activity programme.

Independent advocacy services were available to residents who wished to avail of this service. Three residents in the centre also had access to a personal assistant who came to the centre and took the residents for walks, sat chatting with them and kept them company during the day.

The inspector observed that staff endeavoured to keep residents safe, by providing supervision to them when in the communal living areas and in the dining rooms. The inspector saw that residents had access to their call-bell when in their bedroom alone, and all residents spoken with said their call-bell was answered promptly.

The following two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This inspection found that the registered provider had good governance and oversight procedures in place, which ensured the delivery of a sustainable quality service where residents were kept free from harm in their home.

This was an unannounced inspection to assess the providers level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). It also focused on the leadership and management arrangements in place with respect to adult safeguarding.

Fermoy Community Hospital is a residential care setting operated by the Health Service Executive (HSE). The person in charge of the centre had overall day to day operational and clinical management of the centre and was supported by a General Manager who was in regular contact with the person in charge to offer guidance and support.

Onsite, the person in charge was supported by an Assistant director of nursing, three Clinical nurse managers, staff nurses, health care assistants, catering, household, grounds staff and administration staff. The centre had an ongoing service level agreement with a reputable agent who provided activity coordinators to the centre five days per week. Activities at the weekend were provided by the centres staff on duty.

Staffing levels on the day of the inspection were sufficient to meet the needs of residents, with regard to the size and layout of the centre. A review of rosters confirmed that there were sufficient staff rostered weekly to ensure the safe care of residents. Staff who spoke with the inspector showed a good understanding of their responsibilities in safeguarding residents and reporting any issues of concern to the senior management team.

The centre had a comprehensive training schedule in place with evidence of training being scheduled for staff who required updates. From a safeguarding perspective, training in responsive behaviours, restrictive practice and manual handling were all up to date. However, it was observed that some staff were out of date with training in safeguarding vulnerable adults. This is outlined under Regulation 16: Training and staff development.

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff were sufficient to meet the assessed needs of residents while maintaining their safety and promoting their rights with regard for the size and layout of the centre. A robust induction programme was in place for new staff to ensure they were supported to care for residents.

Judgment: Compliant

Regulation 16: Training and staff development

Action was required to ensure that all staff had appropriate training in line with regulation. For example:

- Nine staff did not have up to date training in safeguarding and protection of vulnerable adults.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. The registered provider had established management systems in place to monitor the quality and safety of the service provided to residents.

Judgment: Compliant

Quality and safety

This inspection found that overall, the provider had fostered a culture of openness and transparency and was proactive in their approach to safeguarding residents. Appropriate measures were taken to protect residents from harm and to promote their safety.

There were robust systems of care planning and delivery in place. Arrangements to assess residents health and social care needs upon admission to the centre, using validated assessment tools were in place. Care plan records showed evidence of resident participation in their development and were reviewed every four months or more frequently if required.

Residents who displayed responsive behaviours(how people living with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) had care plans in place which were person centred and showed evidence of the use of behaviour assessment tools to pinpoint triggers for behaviour escalation to direct care for staff. Staff spoken with were very aware

of individual residents needs. Training in de-escalation methods was provided to staff in order to strengthen their practices.

The centre had a policy outlining the use of restraint. Where restrictive practices were in place, a review of a sample of care documents demonstrated that appropriate restraint assessments had been completed and care plans were developed accordingly. Risk assessments were in place in the care records with associated signed consent forms to align with residents participation in the discussion around the usage of restrictive practices. The centre held an up to date restrictive practice register which was overseen by the centres' clinical nurse managers and discussed with management at the senior nurse management meetings.

The registered provider had taken all reasonable measures to protect residents from abuse. Any concerns were addressed promptly through escalation systems to senior management which then involved external agencies as required. Evidence of documentation demonstrated clear structure in the investigating, reporting, outcomes and learning from any allegations of abuse. The centre was a pension agent for four residents in the centre.A designated person was appointed to oversee and manage residents financial arrangements, such as invoicing. The inspector was assured that the processes for protecting residents finances was robust and a policy in relation to this was available for review on request.

Residents were supported to make informed choices, with evidence of external advocacy support offered where required. Activities were meaningful and were tailored to meet the needs of all residents in the centre through a varied schedule inclusive of all residents capacities and capabilities. Arrangements were in place for residents to give feedback and to participate in the running of the designated centre. Resident meetings were held every four months by the activity staff in the centre, where any issues residents may have and suggestions on how to improve the service are escalated to management who liaise with the residents thereafter.

The provider ensured that there were accessible communication methods for all residents, including assistance technologies such as eye gazing devices for residents who were unable to converse with staff. Staff were observed to be proactive in their approach to communicating with residents who had difficulty expressing their needs directly and demonstrated that they knew them well.

The premises was of suitable size to support the numbers and needs of residents with large bright corridors for residents to amble around the centre as per their preference. Notwithstanding this,storage in shared bedrooms remains an issue. There was not adequate space and suitable storage facilities available to residents in twin and four bedded rooms to display their personal effects, retain control over their possessions of importance and the opportunity to access lockable storage in their bedrooms. Two bedded rooms were observed to be narrow and not conducive to support residents with high support needs. This is actioned under Regulation 17: Premises.

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.Management and staff were proactive in ensuring the all residents could communicate effectively and participate fully in daily life in the centre.

Judgment: Compliant

Regulation 17: Premises

Action was required in order to comply with the regulations in relation to matters set out in Schedule 6. For Example:

- Residents in twin rooms did not have sufficient personal storage in order to store and retain control over their belongings.
- Residents in the centre did not have access to lockable storage to enable them to store items of personal value safely.
- Two bedded rooms were narrow and for residents who required high support equipment, it was observed to be difficult to manoeuvre required essential equipment in order to enable the residents to move in and out of their bedroom.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place which was up to date. This contained all information as set out in Schedule 5. The registered provider had ensured that there was a plan in place for responding, reporting and managing incidents in the centre. The centre promoted a service which maximised residents' choices and control over their own lives whilst still protecting their safety appropriately.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were well maintained in the centre. A sample of care plans reviewed on the day of the inspection were found to be updated four monthly as required, as well as, following a change in residents assessed care needs. Validated assessment tools were used to inform care planning. The inspector found that there was sufficient information in the sample reviewed to guide staff in the provision of health and social care to residents, based on their individual needs and preferences.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a restrictive practice register in place in the centre. The centre was actively promoting a restraint-free environment, in line with local and national policy.

Judgment: Compliant

Regulation 8: Protection

There were robust policies and procedures in place for preventing, detecting and responding to all forms of abuse or neglect.

The provider was a pension-agent for a number of residents and the management team understood their responsibilities in relation to the safeguarding and protection of residents' finances.

Staff files reviewed contained all the required documents, providing assurance that residents were safeguarded through robust human resources practices. The sample of files reviewed, had evidence that staff had obtained An Garda Síochána vetting prior to commencing employment.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were observed to be treated with dignity and respect; residents were living in a safe and supportive environment, where their individual choices and rights were upheld.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially 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 Fermoy Community Hospital OSV-0000560

Inspection ID: MON-0051544

Date of inspection: 03/09/2026

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: • The staff that were identified as not having up to date training in Safeguarding and Protection of Vulnerable Adults have now all completed this training.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Lockable storage has been sourced and will be installed for each resident at their bedside to enable them to store items of personal value safely and to provide additional storage space. • Residents accommodated in 2 bedded rooms are risk assessed. Residents with high support equipment and associated complex medical needs are accommodated in single rooms as the single rooms become available. A review of the fitted furniture in the twin rooms has been commissioned.	

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	25/09/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2026