



**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:	Killarney Community Hospitals
Name of provider:	Health Service Executive
Address of centre:	St Margaret's Road, Killarney, Kerry
Type of inspection:	Unannounced
Date of inspection:	08 September 2025
Centre ID:	OSV-0000568
Fieldwork ID:	MON-0044069

## About the designated centre

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

Killarney Community Hospital is located on the outskirts of Killarney town. There is a strong association between this healthcare setting and the local community of Killarney and the wider population of County Kerry. Killarney Community Hospital provides long term care for both male and female adults with a range of dependency levels and needs. The centre is registered to provide care for 66 residents. The centre is divided into three units: Fuschia, Hawthorn and Heather. Fuschia is a unit for residents diagnosed with dementia and can accommodate 18 residents and caters for all ranges of dementia and residents who need extra support and supervision. Hawthorn and Heather units provide accommodation in a single story building which mainly consists of multioccupancy bedrooms. Each of the three units in the centre had adequate communal space for residents with Fushia unit having an enclosed garden for residents use.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	63
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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
Monday 8 September 2025	09:45hrs to 17:25hrs	Erica Mulvihill	Lead
Monday 8 September 2025	09:45hrs to 17:25hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

The overall feedback from residents living in Killarney community hospital was that they were happy with the care they received and felt safe in the centre. The inspectors observed that residents enjoyed a good quality of life, supported by a team of staff who were kind and responsive to their needs. Throughout the course of the inspection, inspectors spoke to many residents living in the centre and spoke to 11 residents in more detail. The majority of feedback provided to the inspectors with regards to the quality of care provided was positive. One resident spoken to stated that they felt very safe in the centre and stated " staff will go to the extreme to meet your needs". Another commented that the centre always has a happy atmosphere and staff are very attentive. Another resident said "you could not fault any of the nurses here" The inspectors also met with six visitors on the day of inspection and all reported they were satisfied with the care in the centre for their family member. However, some families spoken to said that although the care was very good the building was in a poor state of repair. The inspectors identified significant deficits with the building particularly in the Fuchsia unit, including poor decor and flooring and areas of damp and mould that required immediate action.

Located in the town of Killarney, Co Kerry, Killarney Community Hospital is registered to provide long term care to a maximum of 66 residents. The centre is comprised of three units, Fuschia unit (dementia specific) situated in the ground floor of the main two storey building, Hawthorn (male occupancy) and Heather (female occupancy) are adjoining units and are situated in a separate single story building on the campus with a separate entrance. The provider the HSE had building works ongoing to provide a new centre which would move all the residents in the current units to a new site near the existing designated centre. This will enhance the lives of the residents going forward. Although the building is complete the inspectors were informed it has not been handed over to the provider and to date an application has not been received by the Office of the Chief Inspector to register this new centre.

The inspectors were greeted by the person in charge upon arrival to the centre. Following an initial walk through the centre, where inspectors observed kind interactions between staff and residents, the inspectors and the person in charge had a short introductory meeting.

The majority of residents in the current centre were accommodated in multi occupancy rooms, with shared bathroom and shower facilities located on the corridors. One resident told the inspectors that whilst they were happy in the centre, they were looking forward to moving to the new building to have a room to themselves as currently they are in a four bedded room and stated " I would prefer my own space". A number of other residents said they looked forward to having a new modern premises and more space, while some other residents spoken with, were happy to share a room and enjoyed company of others.

During the walk around of the units, inspectors observed significant wear and tear of floor surfaces and badly damaged wall areas throughout the centre. Resident communal areas were dated and required ongoing maintenance to ensure that the residents had a homely environment. In parts of the centre, mould was observed on a number of area including a bedroom wall, in a sluice room and in a cleaners store where cleaning products, cleaning equipment, mops and clean cloths were stored. There was a strong odour of must and mould This finding posed a significant health and safety risk to residents in the centre which will be discussed further in the report and required immediate action by the provider.

The inspectors spent time chatting with, and observing residents interactions with staff throughout the day and found that they were warm, respectful and person centred. It was evident that staff knew residents well and were knowledgeable about the level of support and interventions that were required for each resident they cared for.

The inspectors observed the lunchtime meal in the centre. Dining tables were set with condiments available for resident use. Menus were available on tables for residents to view the choices available to them. Residents were complimentary about the food choices available in the centre and were seen to enjoy the food provided to them. Residents who required assistance with meals were assisted by staff in a respectful and dignified manner. Lunchtime was observed to be sociable with some residents choosing to sit in the dining rooms on each unit. However there were a large number of residents who had their lunch and tea time meal in their bedrooms.

In Fuchsia unit the inspectors observed residents celebrating a birthday with a fellow resident. A specific modified diet cake was provided along with other cakes and there was a lovely jovial atmosphere as they sang happy birthday to their friend.

Residents had access to television, local and national newspapers and some residents were observed sitting at their bedside reading whilst having a cup of tea or coffee in the mid morning. Other residents were seen watching a Gaelic match in the large day room in Hawthorn unit and a few residents were seen cheering and laughing enjoying the game.

There were arrangements in place for residents to access independent advocacy services. Residents could receive visitors in communal areas or in their bedrooms. Multiple visitors were seen coming and going on the day of inspection to visit their loved ones.

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

## Capacity and capability

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). The inspectors reviewed the actions from the previous inspection to address issues of non compliance. This inspection found that, while some action had been taken to improve the quality of service, the oversight of some management systems was not sufficiently robust to ensure full compliance with a number of regulations including statement of purpose, governance and management, infection control, premises and resident rights.

This inspection found significant non-compliance in relation to Infection prevention and control. Following this inspection, the provider was required to submit an urgent compliance plan to the Office of the Chief Inspector, to ensure that:

- evidence of mould present on walls in resident rooms, sluice room and cleaners stores was immediately addressed to ensure the provision of a clean and safe environment for residents
- assurance that further oversight and management of premises and infection prevention and control measures to provide a clean and safe environment for residents was in place.

During the inspection the acting general manager and estates attended the unit and provided assurance that the issues would be addressed and the urgent compliance plan response submitted by the registered provider was accepted by the Chief Inspector.

The registered provider for the centre was the Health Services Executive (HSE). There was a clearly defined management structure in place. The person in charge reports to a general manager in the HSE, who was available for consultation and support on a daily basis. The service is also supported by centralised departments, such as human resources, fire and estates and practice development. There was evidence of good communication, with monthly quality and patient safety meetings, to discuss all areas of governance and risk.

The management team in the centre comprised of the director of nursing, the person in charge, the assistant director of nursing (ADON), clinical nurse managers(CNM), a team of nurses, health care assistants, administration staff, household, catering and maintenance staff. The person in charge works with the Director of Nursing and report to a General Manager in the HSE, who inspectors were informed, was available for consultation and support on a daily basis. The acting General Manager was available on the day of the inspection and did attend the centre during the course of the inspection.

The provider had been granted a certificate of renewal of registration of the centre which had took effect from May 2024. As part of this process, the Chief Inspector assesses the governance and management arrangements of the registered provider. Although it was evident that there was a defined management structure in place and the lines of authority and accountability were outlined in the centres' statement of purpose, the senior managers with responsibility for the centre were not named as persons participating in management on the centres registration. The provider was

required to review these arrangements and was afforded until the 31st of October, 2024 to do so. However, at the time of this inspection these senior managers had yet to be named on the centres registration. This finding is actioned under Regulation 23: Governance and Management and Regulation 3:Statement of Purpose.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2024. The inspectors saw evidence of the consultation and collaboration with residents and their families reflected throughout the review. Quality improvement initiatives and key performance indicators such as documentation, falls prevention and nutrition were set out at the beginning of the year and findings were reviewed and discussed with staff to improve care delivery to residents.

A review of staffing rosters found there were sufficient staff on duty to meet the needs of the residents living in the centre and staff had access to appropriate training and supervision to support them in their respective roles. Well maintained training records were reviewed by the inspectors and were found to be up to date with a schedule for further training which was due toward the end of the year.

The person in charge informed the Chief Inspector of notifiable events, in accordance with Regulation 31.

A robust complaints system was in place in the centre. Information on how to make a complaint was displayed in each unit for residents and visitors to review which also contained information regarding the procedure, complaints officer, review officer and the office of the ombudsman. Complaints reviewed were well managed with engagement and follow up with the complainant evident.

### Regulation 15: Staffing

Through a review of staffing rosters and the observations of inspectors, it was evident that the registered provider had ensured that the number and skill mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

There was an ongoing schedule of training in place in the centre to ensure all staff had relevant and up to date knowledge to enable them to perform their roles.



Training was generally provided via face to face formats and supplementary online courses. There was good oversight of staff training requirements.

Judgment: Compliant

### Regulation 23: Governance and management

Some of the management systems in place were not sufficiently robust to ensure adequate management oversight and required action. For example:

- The registered provider had not complied with the restrictive condition placed on the centres registration. This condition stated that: "The registered provider shall, by the 31st of October 2024, submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007( Registration of Designated Centres for Older People) Regulations 2015 as amended in relation to any person who participates or will participate in the management of the designated centre".
- There was a lack of oversight of premises and infection control issues which were of high risk to residents. This is further outlined under Regulation 27: Infection prevention control and Regulation 17: Premises.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed on the day of inspection. It was evident that the provider had agreed in writing with each resident, on the admission of that resident to the designated centre, the terms on which the resident would reside in the centre including room numbers and fees, if any, payable for services.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose did not contain all the required elements as set out under Schedule 1 of the regulations. For example:

- The restrictive Condition 4 in relation to any person who participates or will participate in the management of the designated centre was not listed on the Statement of Purpose as set out on the certificate of registration.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge ensured that all required incidents were notified to the Chief Inspector within the specified time frames, for example, incidents of serious injuries requiring hospital admission, and quarterly notifications which included incidents of restrictive practice use in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a robust procedure in place for the management of complaints which was on display in the centre. Inspectors found that a comprehensive recording of complaint logs were maintained in each specific ward area and were managed appropriately with review and the provision of response to the complainant on the outcome of reviews as per regulatory requirements.

Judgment: Compliant

## Quality and safety

Although residents spoken with were mostly happy with the care in the centre and satisfied with the service provided, the inspectors found that action by the provider was necessary to ensure that residents rights were upheld and that there was effective oversight of premises and infection prevention and control practices in the centre. These findings will be detailed under the relevant regulations of this report.

Residents in the centre were provided with appropriate and timely access to general practitioners services. Arrangements were in place for residents to access health and social care expertise such as physiotherapy, occupational therapy, speech and language and dietetics if required through a referral system.

The centre had a robust care planning system in place. A number of validated assessment tools were used to assess residents' care needs. Care plans were informed through the assessment process and developed in consultation with residents. Care plans reviewed were noted to be person centred and informed daily

care for staff. They were updated as per regulatory time frames or where there was a change in a residents condition.

In general, there was good oversight of fire safety management, nonetheless, on the day of inspection a fire door was reviewed and found to be jamming and not closing adequately; this posed a risk to residents in the event of a fire. This finding is actioned under Regulation 28: Fire Precautions.

The registered provider had measures in place to safeguard residents from abuse. The provider acted as a pension agent for 15 residents. Records which detailed each residents payment and surplus amounts were available to review. There was also a robust procedure in place for the management of residents' petty cash. There was a policy and a procedure available for safeguarding vulnerable adults and training records identified that staff had participated in safeguarding vulnerable adult training.

Residents nutrition and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious diet, based on their choices and dietary requirements including those residents who required a modified texture diet. The inspectors observed that there was sufficient staff available to assist residents with dining, where necessary. Staff were attentive and kind interactions were seen between residents at staff at the lunch time meal. Notwithstanding these positive findings, action was required in relation to storage of kitchen trollies which were lined up behind the main dining table in the dining room which aesthetically took away from a homely environment.

Residents were supported to participate in meaningful activities and residents were seen to enjoy art, watching a gaelic match on the day of inspection. Residents had access to newspapers and many residents who enjoyed their own company were observed to be comfortably resting in their rooms reading a book or the paper. External garden areas in Fuchsia unit required attention as the benches for residents to sit and enjoy the outdoors required painting and general upkeep of this area was also required. Hawthorn and Heather unit did not have an external area for residents to have a variety in which areas they wished to spend their day.

Minutes of resident meetings were held at regular intervals and the inspectors saw that residents had opportunities to discuss the centre and have their say about how they wished to live their lives in the centre. Evidence of discussion around nutrition, activities and updating residents on the new centre was seen with action plans for improvements also documented. However, residents were not afforded an opportunity to have feedback on these action plans and were not informed of updates from previous meetings.

Inspectors observed that residents had limited storage for their personal possessions, particularly residents in the four bedded rooms. Each resident had a small single wardrobe which had little room for their belongings. A chest of drawers was placed in each of these rooms since the last inspection but these were shared between residents and inspectors found inappropriate storage of linen and

incontinence wear in these areas. Lack of storage is discussed further under Regulation 12: Personal possessions.

In general, whilst residents were content, the premises had areas of concern in relation to poor state of flooring in some areas, and poor upkeep of painting within the centre. Storage in some areas was also an issue, as the inspectors found linen trolleys stored inappropriately in resident bathrooms and shower areas on corridors. The centre is an old building and requires regular maintenance which inspectors were not assured was being managed appropriately. This is discussed further under Regulation 17: Premises.

Significant findings of mould were evident in areas around the centre on the day of inspection. In a designated centre for older people, mould is not just an aesthetic or maintenance issue- it is a serious health hazard that requires immediate remediation, strict moisture control, and regular monitoring. Mould poses significant health and operational risk. Visible mould on surfaces may be an indication of more serious contamination underneath. The main means of exposure to mould is via inhalation but exposure can also occur via ingestion or contact with mouldy surfaces. This finding required an urgent action which was issued to the provider on the day of inspection. This was actioned under Regulation 27: Infection Prevention and control.

## Regulation 17: Premises

Significant action was required in relation to the premises to ensure it conformed with the requirements set out in Schedule 6 of the regulations. For example:

There were a number of issues identified with storage in the centre

- There was inappropriate storage in bathrooms and shower rooms of linen trolleys. This was in a centre where large storage rooms on Fuchsia and Hawthorne units were overcrowded with boxes, old furniture and excess equipment.
- There was also inappropriate storage of bed linen in residents wardrobes
- There was inappropriate storage of multiple kitchen trolleys in the communal day room taking away from a homely environment for residents.

Other aspects of the premises that required action included

- Wear and tear on floor surfaces with a pronounced indentation in one part of the flooring in Fuchsia ward which was a trip hazard.
- Large areas of scuffed paintwork and indentations in walls with plaster missing, were seen throughout the centre and particularly in the clinical room in Fuchsia ward where medical supplies were stored.
- Garden furniture in the fuchsia garden was in a poor state of repair and the garden required maintenance.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks. Refreshments were seen to be offered throughout the day. Menus were displayed in the dining rooms on a Menu board situated on the wall and menu cards were in place on tables which were set for lunchtime. Modified diets, based on nutritional assessment by a dietician and a speech and language therapist, were found to be very well presented and appetising and residents were seen to enjoy their meal.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

A review of documentation found that when residents were transferred to hospital from the designated centre, relevant information was provided to the receiving hospital. Copies of transfer documents were filed in resident charts.

Judgment: Compliant

### Regulation 27: Infection control

The provider did not meet the requirements of Regulation 27 Infection control and the National standards for infection prevention and control in community services(2018). An urgent action plan was issued to the provider on the day of the inspection.

Mould was seen in a number of parts of the designated centre including a residents bedroom, a sluice room, a cleaners room where cleaning equipment was stored, a store room and other areas. There was a very strong odour of must and mould throughout the unit particularly in the morning time.

In a designated centre for older people, mould is not just an aesthetic or maintenance issue – it is a serious health hazard that requires immediate remediation, strict moisture control, and regular monitoring. Mould poses significant health and operational risk. Visible mould on surfaces may be an indication of more serious contamination underneath. The main means of exposure to moulds is via

<p>inhalation but exposure can also occur via ingestion or contact with mouldy surfaces.</p> <p>The provider submitted an action plan identifying urgent actions taken following the inspection to address the issues identified.</p> <p>Other aspects of infection control that required action included are covered under Regulation 17: Premises in relation to damage to floors and walls that prevented effective cleaning.</p>
Judgment: Not compliant
Regulation 28: Fire precautions
<p>Action was required in relation to the provider making arrangements and oversight for maintaining all fire equipment, means of escape and building fabrics and building services. Evidenced by:</p> <ul style="list-style-type: none"> <li>a small sample of fire doors were reviewed and one door in one unit was jamming and did not close fully which would not ensure protection to residents in the event of a fire. All other doors required review to ensure complete closure in the event of a fire.</li> </ul>
Judgment: Substantially compliant
Regulation 5: Individual assessment and care plan
<p>Care plans were created using validated assessment tools and were updated in accordance with regulatory requirements or revised if there is a change in the current needs of the resident. Care plans were very person centred and reflected the residents' needs and the supports they required to maximise their quality of life.</p>
Judgment: Compliant
Regulation 6: Health care
<p>Residents were provided with timely access to medical professional services, as necessary. Arrangements were in place for residents to access a general practitioner service. Residents were provided with timely access to a range of health and social</p>

care professionals also. This included physiotherapy, dietetics, speech and language therapy and occupational therapy.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Good oversight of restrictive practices was demonstrated in the centre. A restrictive practice record was maintained which included a separate record was maintained which documented daily review and quarterly review and were reflected in the resident individual care plans. Staff had up to date knowledge and skills, appropriate to their roles, to manage and respond to residents displaying responsive behaviours.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to safeguard residents from abuse. Overall, staff displayed knowledge of safeguarding and how to recognise and report abuse. Safeguarding training was up to date for all staff. At the time of this inspection, there were no open safeguarding concerns in the centre. There were robust systems in place for the management and protection of residents finances.

Judgment: Compliant

### Regulation 9: Residents' rights

Action was required to ensure residents' rights were upheld in the centre as evidenced by the following:

- Although residents meetings were undertaken there was no evidence that residents received feedback after resident meetings on issues they had brought forward, therefore, they did not know if their concern was addressed.
- residents in Hawthorn and Heather unit did not have easy access to an external garden space to ensure they had a choice of places to spend their day.
- there were a lot of residents observed eating their meals in their multi-occupancy bedrooms particularly at tea time in Heather and Hawthorne units which did not lend to a social dining experience or ensure residents choice.

Judgment: Substantially compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Killarney Community Hospitals OSV-0000568

Inspection ID: MON-0044069

Date of inspection: 08/09/2025

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Registered Provider The Registered Provider makes Representations under section 50 Health Act 2007 (as amended) in relation to regulation 23-Governance and Management, that the person who will participate in management of the Designated center is the person in Charge, and their Qualifications have already been submitted to the Chief Inspector pursuant to section (i) b (ii).The person in charge is supported by the Older Persons Services South West Region.</p> <p>For clarity lack of oversight of premises and infection control issues are responded to in each relevant regulation plan. Regulation 27 response for IPC and Regulation 17 response for premises</p> <p><b>The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.</b></p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose now includes senior management and Condition 4 on the HIQA Certificate of Registration has been added to the statement of purpose.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Linen trolleys are stored in a designated room and not in bathrooms this is discussed and highlighted to staff at the daily report.</p> <p>All staff have been directed that bed linen is not to be stored in resident's wardrobes this is also communicated at the daily report</p> <p>The storage room where PPE is kept has been cleaned out and all old furniture has been disposed of.</p> <p>In Fuschia ward works to both the floor and the paint work have been addresses and are now completed</p> <p>The garden furniture in Fuschia has been reported to maintenance and will be repainted before further use in the meantime it has been removed until painting completed. The garden has been weeded and the hedges and plants cut back.</p> <p>The fire door has been repaired.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>As per action plan submitted to HIQA – works were immediately commenced to address this concern. The maintenance department reviewed works on the day of inspection. Works to address the issues raised commenced and were completed within 72 hours. The Person In Charge with assist from Maintenance department will continue to monitor regularly</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Maintenance were contacted and all fire doors have been reviewed and repaired where necessary.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  The CNMs and activity therapist who chair the residents meetings will now provide feedback to residents in relation to any issue raised.  The residents are encouraged to have their meals in the dining room and not by their bedside to provide a more social dining experience.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	13/10/2025
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	13/10/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	13/10/2025

	provided is safe, appropriate, consistent and effectively monitored.			
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.	Not Compliant	Red	10/09/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	09/09/2025
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	13/10/2025
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	09/10/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant	Yellow	10/09/2025

	may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	10/09/2025