



**Health  
Information  
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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:	Kanturk Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Kanturk, Cork
Type of inspection:	Unannounced
Date of inspection:	13 November 2025
Centre ID:	OSV-0000572
Fieldwork ID:	MON-0048860

## About the designated centre

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

Kanturk Community Hospital is a designated centre located on the outskirts of Kanturk town. It is operated by the Health Service Executive (HSE) and registered to accommodate a maximum of 29 residents. It is a single-storey building set on a large mature site. Kanturk Community Hospital has a range of single en-suite bedroom accommodation divided into four areas over one floor. The four areas each have a breakout space and are easily accessible to both the sitting rooms and dining room. Each area is a distinctive colour theme and this allows residents with cognitive impairment locate their area. Kanturk Community Hospital provides 24-hours nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided, mainly to older adults.

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

Number of residents on the date of inspection:	28
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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 13 November 2025	10:10hrs to 18:00hrs	Niall Whelton	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to inform decision making for an application to vary the registration. The inspector was met by the person in charge, who facilitated the inspection. This inspection included a focused review of fire precautions and the premises.

Kanturk Community Hospital is a single storey building comprising the original older building with a modern extension, comprising 29 single bedrooms to the west side of the building. The modern extension was registered and occupied two years ago. Since then, the original building was under construction to refurbish this section of the building; the inspector reviewed this area of the building to inform decision making and the remainder of the building to monitor compliance with the regulations. There was a temporary entrance in use and this was clearly sign posted on arrival at the centre. While the work was ongoing, there were two bedrooms in use as offices and the application to vary included reverting these two rooms to bedroom use.

Escape routes were clear and available and exits freely opened when checked. Fire containment appeared to be sustained to a good standard, however some gaps were evident to fire doors. The person in charge confirmed there was a scheduled review of the fire doors due in the coming weeks and this would occur twice annually going forward.

The larger communal rooms were observed to be used throughout the day; the smaller communal room in the extension was not used during the inspection, however the inspector was informed that it was used, but not to the same extent as the larger communal rooms.

Externally grounds were landscaped and finished to a high standard. The two internal courtyards were secure and the doors were available for use for residents to access these throughout the day. The call bell in the smoking area was difficult to press and only sounded once when pressed.

There was a recently laid out garden to the front of the centre, which was designed in a dementia friendly way with meandering pathways and planted flower beds. The hedge surrounding this area contained sharp long needle type thorns and required risk assessment to ensure the area was safe.

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 impacted the quality and safety of the service being delivered.

## Capacity and capability

Overall there were good systems of fire safety management in the day-to-day running of the centre. Improvement was required by the provider in terms of oversight and implementing requisite maintenance in the centre.

The registered provider of the centre is the Health Service Executive (HSE). The person in charge worked full-time in the centre, and was supported by a clinical nurse manager and a team of nursing, healthcare, household, catering, activity and laundry staff. Maintenance staff were accessible through the nearby Mallow General Hospital. The person in charge reports to a General Manager in the HSE.

Recent false alarms with the fire alarm system was being managed by the person in charge, who had contacted the fire alarm contractor after each false alarm instance in order to get to the root cause of the false alarms. The person in charge had identified a difficulty in locating the access panels to the attic voids in the grid type ceiling tiles for access to the attic in emergency and was exploring systems to address this.

Since the extension was registered, the provider had sub-divided a larger fire compartments into smaller compartments and had replaced fire doors to complete this. This further improved the safety of residents in the area of the building.

Staff training in fire safety was up-to-date and frequent fire drills were taking place, both by the external training provider and inhouse management. Staff spoken with confirmed this and were knowledgeable on the procedure to assist residents to evacuate.

The fire safety policy was in the process of being updated to reflect the alterations subject to the application to vary the layout of the centre.

## Regulation 23: Governance and management

The management systems in place required improvement to ensure the service is safe, appropriate, consistent and effectively monitored, this was evidenced by;

- The oversight and implementation of systems of ongoing maintenance required improvement

Judgment: Substantially compliant

## Quality and safety

Overall, the inspectors found that Kanturk Community Hospital provided residents with a safe environment. Some action was required to ensure the premises were appropriately maintained as described under regulation 17: premises.

In general, fire safety management in the centre was to a good standard. Escape routes were kept clear and there was a fire safety register showing day-to-day in house fire safety checks were being completed and up-to-date. Some action was required in relation to fire doors, as gaps were observed to a number of doors. The person in charge confirmed the fire doors were due to be serviced in the coming weeks; this was part of a twice annual review of fire doors.

In the two days prior to this inspection, two false alarms had occurred with the fire alarm system, where smoke detectors in attic areas had activated the system. It was not clear what was causing the false alarms, however the contractor was due in to review and determine the root cause of the activations.

Overall, the premises was designed and laid out to meet the needs of residents, however, some minor improvements were required by the provider to reach full compliance as described under regulation 17: Premises. Externally, the premises was maintained to a high standard. The courtyard areas were clean and accessible. The call bell in the courtyard required review as when pressed it only sounded once.

The call bell system was annotated on the corridor displays with a code only. While it was displayed on the nurse station panel with the title of the room, the displays on the corridor only showed the code, this may lead to delay responding to an activation of the alarm. The system would benefit from having a schedule of call bell descriptors on the corridors to assist staff, particularly newer or agency staff, to more readily identify the call bell location. The call bell in the courtyard, which was affixed to the side of an outdoor bench was difficult to press and only stayed on for a short period. The inspector was told by a staff member that a resident would bring the call bell from their room with them. The risk is where the call bell would activate, staff may not know if the call bell was for the bedroom or the courtyard, and relied on resident supervision to know this.

## Regulation 17: Premises

Action was required to meet the requirements of the Regulation 17 and Schedule 6, for example;

- The force of the closing device on the door to the toilet beside the dining room was strong and created a risk of hitting a resident

- The call bell in the fixed to the side of the bench at the smoking area was difficult to press and only sounded for a short time
- The sinks in residents' en suites did not have a means to retain water in the sink if a resident wished to use this for personal hygiene
- The hedge used in the dementia garden was found to have sharp thorns and was not protected from the garden side
- The internal ramp beside the dining room had a handrail to one side only; a second handrail is required
- The flushing mechanism in the dirty utility was broken
- The call bell system was operated by a code system. While the name of the room displayed on the panel in the nurse station, only a code appeared on the panels on corridors. There was no schedule of call bell codes displayed to assist staff to identify the correct location.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

This regulation was reviewed in the context of the areas of the building which were outside the application to vary the registration. The inspector reviewed the fire safety management systems in place and the building fabric.

- There were gaps observed to a number of fire doors; the person in charge confirmed there was a scheduled service due by a specialist fire door contractor
- The root cause of the false alarms to the fire alarm system is required to ensure the system responds as required and not causing repeated false alarms
- The drills reviewed did not contain sufficient information to demonstrate that the procedure was fit for purpose. The drills reviewed did not indicate where residents were evacuated to, how many residents were simulated and how many staff were actively participating in the drill
- There was a photocopier located in the staff base which was open to a bedroom corridor, introducing a fire risk to the bedroom escape corridor. The person in charge confirmed this would be moved into a room which was fire separated from the corridor.

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 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

# Compliance Plan for Kanturk Community Hospital OSV-0000572

Inspection ID: MON-0048860

Date of inspection: 13/11/2025

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>The oversight and implementation of ongoing maintenance projects has been reviewed and a clear system has been put in place to record the status of any requests and works. A template is in use to record any actions which assists with accessing clear information in relation to ongoing or projected works.</li> </ul> <p>A request of completed works confirmation will now be requested from maintenance following each submitted maintenance request. This system will be operated and monitored by the PIC and the Senior Nurse.</p> <p>]</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>The force of the closing device on the door beside the dining room will be adjusted on 15.02.2026 and will no longer pose a risk.</li> <li>The call bell identified has been reviewed and an alternative bell is being sourced with an expected completion date of 15.02.2026.</li> <li>The hedge is being removed and a beech hedge will be put in place, the weather is causing delays to the process.</li> <li>A second handrail will be installed on the other side of the wall, the design team are currently assessing the placement of the handrail due to the proposed location.</li> <li>The flushing mechanism in the dirty utility was fixed on 13.11.2025.</li> <li>The call bell system has had the panels in both areas reviewed and the schedule of call bells has been updated and is now available to assist staff. This is a laminated colour coded card that staff can carry that clearly identifies the location of all call bells, a copy of same will also be placed near nursing administration point.</li> </ul>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"><li>• All fire doors have been reviewed and the works to address all works will be completed on 29.01.2026.</li><li>• The root cause of the false fire alarms was addressed and the heads were replaced in December 2025.</li><li>• The fire drills have been reviewed and updated to include all information in relation to where evacuations would take place and to where residents would be evacuated, the number of residents involved and the number of staff who participated in the drills.</li><li>• The photocopier identified was removed to a more appropriate location on 13.11.2025.</li></ul> <p data-bbox="183 734 194 779">]</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.	Substantially Compliant	Yellow	15/01/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	20/12/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	29/01/2026

	suitable building services, and suitable bedding and furnishings.			
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	29/01/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	29/01/2026
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	29/01/2026