



**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:	Kinsale Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Rathbeg, Kinsale, Cork
Type of inspection:	Unannounced
Date of inspection:	26 November 2025
Centre ID:	OSV-0000584
Fieldwork ID:	MON-0048913

About the designated centre

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

Kinsale Community Hospital is owned and operated by the Health Service Executive (HSE) and is located on the outskirts of Kinsale town. The centre is registered to provide care to 40 residents and consists of single, twin and three-bedded rooms. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. The centre provides 24-hour nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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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
Wednesday 26 November 2025	09:30hrs to 16:30hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

Residents living in Kinsale Community Hospital told the inspector that they felt content and they were very satisfied with the quality of care and support they received. The residents spoken to nine in total, expressed confidence in the staff, satisfaction with their access to health care, and they complimented the range of daily activities that were available. Overall, the inspector observed that residents were well supported and cared for by the staff team, who were kind, caring and responsive to their needs. The inspectors' observations and residents' feedback gave assurances that residents were happy with their life in the centre.

This was a one day unannounced inspection. On arrival to the centre the inspector was informed that residents and staff were preparing for the centre's annual remembrance mass, which was taking place at 11 am that morning. The inspector had the opportunity to attend a portion of the mass where residents who had passed away in the centre over the last year were remembered by staff, other residents and their families. People from the local community were invited to attend and a purple candle was lit, and carried to the alter for each resident. Both residents and staff spoke to the inspector about the significance of this yearly event. For residents who could not attend the inspector saw that the local priest visited them in their bedrooms.

Kinsale Community Hospital is a designated centre for older people located in the seaside town of Kinsale, County Cork. It is a two-storey facility which has undergone an extensive renovation project over the past few years. The facility has accommodation for 40 residents and there were 37 residents living in the centre on the day of this inspection. Bedroom accommodation consists of 17 single, seven twin and three triple bedrooms, all with ensuite facilities. The inspector observed that the premises was decorated to a high standard in a homely style. There are comfortable furnishing throughout and many paintings of beaches and boats on the walls, depicting the centres close proximity to the sea.

There was sufficient communal space in the centre, which had been increased since the previous inspection. This included a dining room on the ground floor which had direct access to the beautiful gardens, and a quiet room on the first floor. Residents told the inspector they were very happy with these new rooms, which had just come into use a few weeks prior to this inspection. The inspector saw that an outdoor pergola had also been erected, with nice seating available for residents use in the good weather. Residents had access to an enclosed garden area, which was paved and had raised flower beds.

Residents were observed to be receiving visitors with no restrictions throughout the day. Visitors the inspector spoke with, three in total, told the inspector that said they could come to the centre anytime. They stated that their relatives were very happy living in the centre, one stating that the care was "exceptional" and their loved one

was treated like "family". One visitor was seen to be decorating their family members rooms with a small Christmas tree, which they stated was encouraged by staff.

Social and recreational activities were well-organised in the centre and met the individual needs of the residents. On the afternoon of the inspection 15 residents attended a relaxation and reminiscence session in one of the sitting rooms. The atmosphere was relaxing and the facilitator had soft music playing, dimmed lighting and discussed with residents their favourite childhood memories and their local beaches. Residents were seen to positively engage in discussing their memories, and the inspector was informed that this session took place weekly. A live musician was scheduled to attend the centre in the evening, a session that residents reported they were looking forward to.

It was evident that the centre was considered an important part of the community of Kinsale. There were plans to attend the local hotel for a Christmas brunch the week following the inspection which was being hosted by the local Lions club. There were also approximately 13 volunteers who attend the centre which included the local Altrusa club, pet therapy, a poet and musicians.

The inspector observed many person-centred interactions between staff and residents during the inspection. Staff were observed to knock before entering residents' bedrooms and were observed to respectfully support residents with their mobility and care needs. Residents appeared well-groomed in their own personal style and gave positive feedback regarding the laundry service in the centre. Staff reported the centre as a nice place to work and spoke very positively about the importance of ensuring that residents enjoyed their days and lived their life to the maximum of their ability. Residents told the inspector that staff checked in regularly to ensure everyone was comfortable and had everything they needed. It was clear that residents views were listened to and they were supported by a dedicated staff team.

Residents spoke positively about the quality of the food they received and the overall dining experience. The three dining areas were inviting and tables were set with condiments and cutlery to create a homely environment. With the addition of the new dining room, the staff team were doing a full review of the dining experience in the centre, as the two larger dining rooms were on the ground floor. Residents who chose to dine in their rooms, had this respected. The lunchtime meal was unhurried and residents were offered choice. Staff were observed to be attentive to residents needs and ensured residents received what they liked, and took time to chat with them as they served their meals. One resident reported that 'the food is always good here'.

The following sections of this report details the findings with regard to the capacity and capability of the provider, and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

Overall, the findings of this inspection was that Kinsale Community Hospital was a good centre where there was a focus on ongoing quality improvement, to enhance the lived experience of residents. The inspector found that residents were receiving a good service from a responsive team of staff who delivered safe, appropriate person-centred care and support to residents. Some actions were required in relation to the addressing the restrictive condition on the centres registration and in care planning documentation. These findings are detailed under the relevant regulations of this report.

The registered provider of the centre is the Health Service Executive (HSE). There was a clearly defined management structure in place. The person in charge worked full-time in the centre and was supported by two clinical nurse managers and a team of nursing, health care, household, catering, activity and maintenance staff. The person in charge reports to a General Manager in the HSE, who the inspector was informed 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 finance.

When the registration of this centre was renewed in June 2025 a condition was attached to the registration which required the HSE, to 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. Although the HSE had initially appealed the decision renewing the registration of Kinsale Community Hospital with this condition, in November 2025 they withdrew this appeal and gave commitments to the Chief inspector that they would comply with the requirements of this condition. However, at the time of this inspection, the HSE had yet to comply with this condition and were in breach of a condition of registration. This finding is actioned under Regulation 23; Governance and Management.

Within the centre, there was a nurse management structure that was responsible and accountable for the delivery of safe and person-centred care to the residents. The centre was being managed by a suitably qualified and experienced person in charge, who met the requirements of the regulations. They were supported clinically and administratively by two clinical nurse managers, one who had been appointed two weeks prior to this inspection. The nurse managers supported the person in charge to monitor the quality of the service provided to residents and the daily supervision of staff.

The centre had established management systems in place to monitor the quality and safety of the service provided to residents. Key aspects of the quality of resident care were collected and reviewed by the management team and included information in relation to falls, weight loss, nutrition, complaints, antimicrobial usage

and medication management. Staff attend a daily safety pause where clinical information was communicated in a structured and consistent manner, to ensure they had the appropriate knowledge with regard to clinical risks and care of residents. An annual review for 2025 had been prepared of the quality and safety of care delivered to residents in the designated centre, to ensure that such care is in accordance with relevant standards. There was evidence of good communication, via monthly quality and patient safety meetings with the general manager, to discuss all areas of governance and risk. There were also internal meetings with relevant disciplines such as nursing, healthcare assistants and catering staff.

There was a schedule of weekly and monthly audits in place to monitor in the quality and safety of the service across key areas including care plans and clinical documentation, infection prevention and control, complaints management and restrictive practices. These audits supported the identification of areas for improvement and contributed to the ongoing oversight and improvement of care practices within the centre.

The centre had a complaints procedure that outlined the process for making a complaint and the personnel involved in the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged, investigated, the outcome communicated to the complainant. There was evidence that complaints were analysed for areas of quality improvement and that the learning was shared with the staff. For example additional storage for residents clothes were sourced and dissatisfaction with laundry services had been appropriately addressed.

Comprehensive documentation of accidents and incidents were recorded. A review of the records of adverse incidents involving residents showed that incidents were appropriately documented and investigated. Notifiable incidents, as detailed under Schedule 4 of the regulations, were submitted to the Chief Inspector of Social Services, within the required time-frame.

Regulation 14: Persons in charge

The person in charge, at the time of inspection was full time in post since December 2023. They had the necessary qualifications and experiences as required in legislation. It was evident to the inspector that they were knowledgeable, regarding their roles and responsibilities, and residents care needs.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents, in line with the statement of purpose. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care staff. The staffing compliment also included catering, housekeeping, administrative and management staff. There were some healthcare attendant vacancies which were being recruited for at the time of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Mandatory training included safeguarding vulnerable adults, fire safety, infection control and the management of responsive behaviors. A few staff were due refresher training in people moving and handling, which was booked in the coming weeks.. Registered nurses also undertook annual medication management training and were provided with cardiopulmonary resuscitation (CPR) training every second year.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had established and was maintaining a directory of residents in the centre and this included all information as outlined in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not complied with the restrictive condition placed on the centres registration. This condition stated that: "The registered provider shall, by 31 August 2025, 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".

Judgment: Substantially compliant

Regulation 30: Volunteers

Volunteers supported the service to enhance the quality of life of residents and positively contributed to the lived experience of residents. Volunteers supported the provision of recreational and stimulating activities, and were appropriately supervised to carry out their role. They had their roles and responsibilities set out in writing, as required by the regulations and Garda vetting was secured prior to commencing their role in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified since the previous inspection and found these were managed in line with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The service was responsive to the receipt and resolution of complaints. Comprehensive records of complaints were maintained in line with the requirements of the regulations. A review of the complaints register evidenced that all complaints were appropriately managed and were used to inform quality improvement initiatives. The person in charge displayed good oversight of all complaints received and was the named complaints officer in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures required by Schedule 5 of the regulations were available to guide staff. For example the policies on use of restraint, fire safety management and end-of-life care. These policies were centre-specific and were up to date with relevant information and national and international guidance.

Judgment: Compliant

Quality and safety

Residents living in Kinsale Community Hospital received care and support which ensured that they were safe and that they could enjoy a good quality of life. Residents healthcare needs were met to a good standard and the quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. An ethos of respect and dignity for residents and was evident. Some improvements were required in relation to care planning documentation, which is detailed under Regulation 5.

All residents had access to a choice of general practitioner (GP) services and there was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis. Daily progress notes demonstrated appropriate monitoring of the residents care needs and the effectiveness of the care provided. There was a reported low incidence of pressure ulcer development. The inspector saw that the risk of this was assessed regularly and appropriate preventative interventions including pressure relieving equipment were in use. The inspector reviewed the file of a resident with a wound and noted adequate wound assessment and wound care charts in place. There was evidence of consultation with a tissue viability nurse when required.

Residents had a comprehensive assessment of their needs completed prior to admission to the centre, to ensure that the service could meet their health and social care needs. An individualised care plan was developed for each resident, within 48 hours of admission to the centre. The inspector reviewed a sample of four residents' nursing care records. Some care plans reflected the individual assessed needs of residents and what interventions were required to ensure person-centred safe quality care with positive outcomes for residents. Staff spoken with were knowledgeable regarding the specific needs of each resident and could clearly describe the care delivered. However, some actions were required to ensure that care plan documentation was maintained in line with regulatory requirements, as detailed under Regulation 5.

The management team promoted a restraint-free environment. The use of restrictive practices was monitored to ensure that restrictive practices were only initiated after an appropriate risk assessment was completed, and in consultation with the multidisciplinary team and the residents concerned. Audits were undertaken on the use of restrictive practice to monitor trends and this had led to a significant reduction in the use of restrictive practices in the centre over the past year. There were no bedrails in use on the day of this inspection.

Procedures were in place to ensure that when the transfer of residents from the designated centre occurred it was in line with the requirements of the regulations.

This included arrangements to ensure information pertinent to the care of residents were communicated to the receiving health care facility.

Residents' rights were protected and promoted in the centre and their choices and preferences were seen to be respected. Regular residents' meetings were held, which provided a forum for residents to actively participate in decision-making and provide feedback for a variety of areas of the service provision. Residents independence and autonomy was promoted and respected. For example; some residents had been assessed and allocated motorised wheelchairs which promoted their independence.

Regulation 10: Communication difficulties

The inspector found that residents with communication difficulties had their communication needs assessed and had a care plan supporting resident and staff engagement. For residents with hearing and visual difficulties, their care plan referred to their use of glasses and hearing aids to enable effective communication and inclusion.

Judgment: Compliant

Regulation 17: Premises

The premises and specifically the availability of communal space for residents, had been enhanced since the previous inspection. Residents now had access to an additional dining room and a quiet room. These were suitably decorated in a homely domestic style. There was appropriate assistive equipment provided to meet the needs of residents, including hi-low beds, hoists, specialised mattresses. There was a lift provided between the two floors of the centre which residents could access independently.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Arrangements were in place to support the transition of residents from the designated centre to hospital in consultation with each resident, including the resident's general practitioner (GP). Information regarding the residents health and social care needs and details of health care associated infections were provided to the receiving hospital via the National Transfer Document.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Notwithstanding that some care plans reviewed were comprehensive and contained detailed person centred information to direct care, some actions were required as per the following findings:

- One residents care plan had not been updated four monthly and there was a gap of eight months noted. This is a requirements of the regulation that care plans are reviewed at intervals not exceeding four months.
- One residents care plan was not updated after review by a speech and language therapist. Therefore, the information in their care plan pertaining to prescribed food consistency was not accurate and could lead to errors.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to medical assessments and treatment by their local General Practitioners (GP). Diagnostic tests were carried out as directed by the GP, and the resulting laboratory reports were appropriately maintained. Residents also had access to a range of health and social care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life and palliative care. Records evidenced that the recommendations of health and social care professionals were implemented and reviewed, to ensure best outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre had a low use of restrictive practices and maintained a comprehensive register of any practice that was or may be restrictive. All restrictive practices were risk assessed. Where a resident required a restrictive practice for their safety or well being, the least restrictive option was used.

Judgment: Compliant

Regulation 9: Residents' rights

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights, make choices, and the ethos of care was person-centred. Residents had facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents were also provided with unrestricted access to independent advocacy services. Residents' civil, political and religious rights were promoted in the centre.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kinsale Community Hospital OSV-0000584

Inspection ID: MON-0048913

Date of inspection: 26/11/2025

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> <p>It is the intention of the IHA Managers to issue correspondence to HIQA to outline the full details around Person in Charge, Registered Provider Representative and Person Participating in Management for each centre once the transition plan is full in place.</p> <p><i>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.</i></p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • A review plan of current practice on clinical oversight of care plan documentation. This involves a daily review of new care plans, ensure individual care plans are updated ie. reflects any changes clinically (SALT changes, commenced antibiotic therapy, updated mobility instructions ie. Physiotherapy assessment). • Any change that happens on any given day will be updated by the RGN. On duty that day. The assigned nurse to the care plan will have overall responsibility that all aspects 	

of the Activities of daily living and associated therapies are reflected in that specific care plan.

- CNMS will proactively continue to guide and support the nurses in ensuring nurses are in compliance with the Health Act 2007.
- They will meet and offer time to review any changes of the care plan to ensure they are in a timeframe of 4 monthly as per regulation.
- At nurses meetings the care plan reviews was topic of agenda to ensure nurse are made aware of the importance of compliance with the regulation. This is further embedded in the scope of section 4. Professional guidance on record keeping NIMBI.
- I have initiated a Care plan champion to support and drive improvements ie. A designated workshop on care plans.
- Care plans progress reviews will be discussed with Director of Nursing each week of the quarterly reviews. Example (Dec, April, August).

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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 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	03/03/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/04/2026