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:	Dungarvan Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Springhill, Dungarvan, Waterford
Type of inspection:	Unannounced
Date of inspection:	27 July 2026
Centre ID:	OSV-0000594
Fieldwork ID:	MON-0050094

About the designated centre

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

Dungarvan Community Hospital is a designated centre situated within the urban setting of Dungarvan town, Co. Waterford. It provides long-term care for older persons as well as specialised care for people with dementia. Respite services, rehabilitation, convalescence care and end-of-life care are also provided on site. The criteria for admission is persons aged 65 years and over, however, the statement of purpose also states that there are exceptions to this criteria including persons under 65 years who require palliative care or a young person with a life-limiting illness. The facilities and services provided, according to the statement of purpose, are as follows: accommodation for 101 residents in six residential units: 1) Michael's Unit: an 11-bedded male unit, 2) Ann's Unit: a 10-bed dementia-specific female unit, 3) Vincent's Unit: a 32 bed mixed unit which provides for 27 long stay and 5 palliative beds, 4) Sacred Heart Unit: 19-bedded male and female unit accommodating rehabilitation; convalescence, and respite residents, 5) Francis Unit: a 17 bedded unit accommodating females for long-term care and which was refurbished in 2007, 6) Enda's Unit: a 12 bedded unit accommodating females for long-term care. Residents have access to occupational therapy, physiotherapy, radiology, a range of HSE community services, a church and private meeting areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	90

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 27 July 2026	20:00hrs to 22:00hrs	Catherine Furey	Lead
Tuesday 28 July 2026	08:35hrs to 16:45hrs	Catherine Furey	Lead
Tuesday 28 July 2026	08:35hrs to 16:45hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

This was an unannounced inspection to monitor ongoing compliance with the regulations and standards. The inspection also had a focus on the provider's compliance with infection prevention and control oversight, practices and processes.

One inspector arrived in the evening and met with management and staff. This inspector visited all areas of the centre over a two-hour period, chatting to residents who were for the most part relaxing in their rooms. Residents were watching TV, some were receiving visits and others were sitting in the communal areas. The next morning, two inspectors carried out a full day of inspection. Inspectors spent time in different areas of the centre, walking through the premises, observing daily life and interactions between residents and staff, and speaking with residents, visitors and staff to gain an insight into their lived experience in the centre.

Inspectors spoke with many residents during their visit, including eight in more detail. Residents gave good feedback about life in Dungarvan Community Hospital. One resident said the staff "couldn't be nicer" and another said "I am happy there is a place like this for people to come to". Many residents praised the staff as being very kind and patient, while others commented that the menu at mealtimes was lovely. One resident, who was a vegetarian, told inspectors that their dietary preferences were well catered for with a good selection of vegetarian options available.

Dungarvan Community Hospital is a large single storey facility, registered to accommodate 101 residents. There were 90 residents on the day of inspection. The centre was divided into six separately staffed units. Five of the units were designated for long-term care and one unit, Sacred Heart, was the dedicated rehabilitation unit. Vincent's unit was spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Sacred Heart unit had been refurbished in recent years. A link corridor joined these units to the older, and more dated areas of the centre which comprised Enda's, Francis', Ann's and Michael's units. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety. There was adequate communal space including sitting rooms and dining rooms for residents in each part of the centre. However, four resident bedrooms did not have hand washing sinks allocated for residents' personal hygiene. Findings in this regard are reported under Regulation 17: Premises.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example, some surfaces and finishes, including wall paintwork and flooring in the older units, were worn and as such did not facilitate effective cleaning. This is a repeat finding from previous inspections. Overall the general environment and residents' bedrooms, communal areas and

toilets, bathrooms inspected appeared appeared visibly clean, with the exception of a small number of bedrooms in Michael's unit. Inspectors were informed that, due to staff leave, bedrooms in this unit had not been cleaned in three days.

Visitors were observed coming in and out of the centre throughout the day. Inspectors spoke with five visitors who said that they were satisfied and grateful for the care provided to their loved ones. Visitors said that they were always kept updated with any changes or concerns, and that if they had any issues they felt confident to bring them to the attention of staff.

Inspectors observed the mealtime experience on Enda's and Francis' units, and noted that Francis' communal room served as both a sitting and dining area. Only one small table was prepared for lunch, seating three residents, while others stayed in their morning armchairs and used bedside tables for their meals. Another table was present but not set. These practices did not promote an enjoyable and dignified mealtime experience for all residents and did not create clearer separation from the morning activity space.

Residents were seen engaging with staff and appeared to enjoy their meals. A daily menu with multiple options was available, and meals were attractively presented, appealing, and nutritious. A recent quality-improvement initiative had focused on enhancing the presentation of modified-texture diets, and inspectors noted that these dishes were shaped and moulded to resemble the original vegetables or meats. Some residents preferred to eat in their own rooms, or their condition required them to remain in bed. Inspectors saw that staff delivered meals directly from the kitchen so they arrived hot. Staff sat with residents, offering discreet help and encouragement when needed. Each unit had a small kitchenette and could provide a range of hot and cold drinks and snacks during meals and throughout the day.

The centre operated a laundry service, however inspectors found a backlog of approximately 30 bags of used laundry, due to weekend service disruption. Sluice rooms were clean and well-equipped, though some housekeeping rooms lacked appropriate design, leading to mop buckets being emptied in sluice rooms and increasing cross-contamination risk. Hand-hygiene facilities were well-provided, with compliant clinical sinks and accessible alcohol-based dispensers.

Call-bells were available in all areas used by residents, and staff were observed to respond promptly to residents' requests and needs. Staff were respectful of residents' privacy, knocking on bedroom doors before entering. It was evident that staff were familiar with residents' individual needs and preferences, greeting them by name. Residents appeared relaxed and comfortable in the presence of staff.

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

Overall, this was found to be a well-managed centre with a clear commitment to providing good standards of care and support for the residents, however while some slow progress was made in some areas, there continued to be infrastructural deficits that required action. Some aspects of the premises continued to not comply with the requirements of the regulation. These were repeated findings from inspections in 2025 and 2024.

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 to 2025 (as amended). The registered provider of Dungarvan Community Hospital is the Health Service Executive (HSE). There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. There were deputising arrangements in place for key management roles. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.

A comprehensive annual review of the quality and safety of care provided to residents in 2025 had been completed by the person in charge, with targeted action plans for improvement set out for 2026. The review also contained feedback and consultation with residents and their representatives. Management and administrative staffed maintained good control over documentation in the centre. Documents were stored in a secure manner and retention periods were in line with legislation. Staff files were kept on-site and made available for review by inspectors.

Staffing and skill-mix of nursing, healthcare assistants, and support staff on the day were appropriate to meet residents' needs and residents received timely support. However, a three-day gap in housekeeping cover on Michael's unit meant staffing levels were not maintained, posing a risk to hygiene standards. Further detail is provided under Regulation 23: Governance and management.

A number of antimicrobial stewardship measures had also been implemented to ensure antibiotics were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example, monthly monitoring of a minimum dataset of healthcare-associated infection (HCAI), antimicrobial resistance (AMR) and use of antibiotics was undertaken by the provider on a regional basis. Monthly reports reviewed included breakdown and benchmarking nationally and within the region. The most recent report in quarter 1 2026 showed low levels of both therapeutic and prophylactic antibiotic use relative to other HSE centres throughout the region. This initiative provided ongoing assurance to management in relation to the quality and safety of services, in particular the burden of HCAI and AMR in the centre.

Inspectors found that that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. The provider had nominated a staff member in each unit to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. Staff also had regular access to specialist infection prevention and control advice and support.

Regulation 15: Staffing

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

A lapse in the adequate cleaning staffing in one unit is discussed under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents maintained for past and present residents which included all of the required information including the name and contact details of the residents' General Practitioner (GP), and the date of admission to the centre.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were reviewed and all contained the required information as set put in Schedule 2 of the regulations, including two references, a valid An Garda Síochána (police) vetting disclosure, and evidence of nurses' registration with the Nursing and Midwifery Board of Ireland (NMBI).

Other records, as set out in Schedules 3 and 4 of the regulations, for example worked staff rosters and a record of any medication errors, were in place.

Judgment: Compliant

Regulation 22: Insurance

There was an up-to-date contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Following the previous inspection in July 2025, the provider's compliance plan for Regulation 17: Premises and Regulation 23: Governance and management was not accepted as it did not adequately assure the Chief Inspector that the action would result in compliance with the regulation. This inspection identified the same findings:

- Hand washing sinks for resident's use were not available within four bedrooms as per Schedule 6. This is a repeat finding and is detailed under Regulation 17: Premises.

Additionally;

- There was insufficient management oversight and contingency workforce planning to ensure continuity of housekeeping and laundry services in all areas each day.
- The system to identify that equipment had been cleaned after use had not been consistently implemented at the time of inspection. Several items of equipment were not tagged after cleaning.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Four contracts of care were reviewed. All contracts contained the fees payable for services under the Nursing Home Support Scheme, and any additional fees payable. The terms relating to the bedroom to be provided were also outlined in the contract.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place, which contained all the required information specified in Schedule 3 of the regulations, for example the arrangements for dealing with complaints and the management of emergencies.

Judgment: Compliant

Regulation 30: Volunteers

There was a policy and procedure in place for volunteers in the centre. Inspectors reviewed the file for the centre's only volunteer, who provided pastoral care to the residents. The file contained the required information including references and Garda vetting.

Judgment: Compliant

Quality and safety

Overall, this was a good service which provided high-quality care to residents. Residents told inspectors that they were happy living in the centre and that they felt safe. Notwithstanding, inadequate practices and infrastructural limitations in the areas of infection control and premises, continued to have a potentially adverse impact on the quality and safety of the service, as detailed under their respective regulations.

The standard of care planning was good and described person-centred and evidence-based interventions to meet the assessed needs of residents. Based on a sample of care plans viewed, it was evident to inspectors that validated risk assessments were regularly completed to assess clinical risks such as risk of malnutrition, falls and pressure ulcers. Care planning for infection control required review, as discussed under Regulation 27.

Inspectors identified some examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, and safe handling and disposal of waste, sharps and used linen. Appropriate use of personal protective equipment (PPE) was observed over the course of the inspection.

Infection prevention and control and antimicrobial stewardship governance arrangements ensured the sustainable delivery of safe and effective infection prevention and control. Nursing management ensured that service delivery was safe and effective through ongoing infection prevention and control audit and

surveillance. Surveillance of healthcare associated infection (HCAI) and multi drug resistant organism (MDRO) colonisation was routinely undertaken and recorded.

Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. Outbreaks were generally managed, controlled and reported in a timely and effective manner. The centre had experienced three respiratory outbreaks in 2026 to date. The low level of transmission and short durations of these outbreaks indicated that the early identification and effective management of infection had contained and limited the spread of infection.

Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There were adequate numbers of staff available to assist residents with nutrition intake at all times.

Residents' rights were upheld in the centre. Staff were respectful and courteous towards residents. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Staff respected residents' privacy and dignity by knocking on bedroom and bathroom doors before entering. Residents could communicate freely and had access to radio, television, newspapers, telephones and internet services throughout the centre. Residents also had access to independent advocacy services.

There was a focus on social interaction led by a team of activity co-ordinators and residents had daily opportunities to participate in group or individual activities. On the day of inspection there were various activities on offer in each unit, including exercise, reminiscence, ball games, art and puzzles. In the afternoon a live musician played for residents, who joined in enthusiastically singing and dancing. Visitors were observed to be welcomed by staff and it was evident that staff knew visitors by name and actively engaged with them. Visits took place in communal areas and residents' bedrooms where appropriate.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

The provider continued to remain not compliant with the following aspects of the regulation:

- Two single bedrooms within Ann's unit did not have a hand wash basin allocated for residents personal hygiene as required under Schedule 6.
- The sink in two twin rooms in Enda's unit was designated as a clinical hand washing sink for staff use, with no sink available in the room for residents' to use for personal hygiene.
- Flooring in a large number of bedrooms was damaged and as such did not facilitate effective cleaning.

This is a repeat finding.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were offered a varied, nutritious diet. The quality and presentation of the meals were of a good standard. Some residents required special diets or modified consistency diets and these were provided as recommended. There were good systems in place to ensure that the kitchen staff were made aware of these requirements in a timely manner.

There was a sufficient number of staff available to ensure that residents received their meal in a hot and appetising fashion, both in the dining areas and in residents' bedrooms.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services. Copies of transfer forms were filed in resident records.

Upon residents' return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging service or hospital.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1).

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018). However, further action is required to be fully compliant. This was evidenced by;

- The use of generic infection prevention and control care plans without specific clinical indication may compromise effective infection prevention and control practices by staff becoming accustomed to relying on generic care plans instead of developing specific targeted infection prevention and control care plans when residents present with infection or an increased risk of infection.
- Open-but-unused portions of wound dressings were observed in one clinical store. Reuse of open but unused wound dressings is not recommended due to risk of contamination.
- In the absence of a janitorial unit in the chemical store, cleaning trolleys were prepared within the sluice rooms on Ann's and Michael's units. This posed a risk of cross-contamination.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of care plans and assessments for residents were reviewed. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Other than the issues outlined under Regulation 27 in respect of

infection control care planning arrangements, care plans reviewed were sufficiently detailed to guide staff in the provision of person-centred care.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence-based healthcare provided in this centre. GPs routinely attended the centre and were available to residents. Health and social care professionals also supported the residents on-site, for example the dietitian and physiotherapist.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.

Judgment: Compliant

Regulation 9: Residents' rights

Staff working in the centre promoted and supported the resident's independence and their rights. Residents said that their rights and choices were respected. Residents were involved in their care and had choice in the time they wish to get up, how to spend their day and when to go to bed. Residents had access to newspapers, magazines and books.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dungarvan Community Hospital OSV-0000594

Inspection ID: MON-0050094

Date of inspection: 28/07/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The registered provider acknowledges the findings of the inspection and has reviewed governance, oversight and monitoring systems to ensure that risks associated with premises, infection prevention and control, environmental hygiene and service delivery are effectively identified, managed and monitored.

In relation to the absence of dedicated resident hand wash basins in four bedrooms, the provider has completed a comprehensive review involving local management, Infection Prevention and Control (IPC), Estates and senior operational management. A detailed IPC risk assessment has been undertaken for each affected room to ensure that any potential risks to residents are identified and mitigated. The provider also sought guidance from the HSE Antimicrobial Resistance and Infection Control (AMRIC) Team regarding resident hand hygiene facilities. This consultation recognised that resident access to personal hygiene facilities must be balanced with infection prevention and control requirements and that alternative arrangements may be utilised where supported by a documented risk assessment.

Pending completion of permanent environmental works, residents in the affected bedrooms have access to an individual dedicated wash bowl for personal hygiene purposes. Each wash bowl is allocated to a specific resident and is cleaned and decontaminated after use in accordance with local infection prevention and control procedures. Compliance with these procedures is monitored through routine environmental hygiene and IPC audits.

The identified premises deficit has been recorded on the centre risk register and will remain under active review by the Person in Charge and senior management team. Monthly environmental audits will monitor compliance with interim control measures and ensure that resident safety and dignity continue to be maintained. Quarterly infection prevention and control audits will review the effectiveness of the control measures and any findings will be addressed through the centre's quality improvement programme. Progress in relation to the installation of compliant resident hand wash facilities will be reviewed through monthly governance meetings and escalated through the appropriate

HSE Estates and Capital Management structures until resolved.
The provider has strengthened oversight arrangements in relation to housekeeping and laundry services following the identified lapse in service continuity. A contingency workforce plan has been implemented to ensure that appropriate housekeeping cover is maintained during periods of annual leave, sick leave and other unplanned absences. Housekeeping staffing levels and cleaning schedules are reviewed by management on an ongoing basis to ensure continuity of service and maintenance of environmental hygiene standards across all units.
The provider has also reviewed arrangements for the management and decontamination of equipment. Staff have received further guidance regarding the requirement to identify equipment that has been cleaned following use. Compliance with cleaning and decontamination procedures will be monitored through regular audits undertaken by Clinical Nurse Managers and IPC Link Practitioners, with findings reported through the centre's governance framework.
These actions will strengthen management oversight and provide assurance that services are safe, effectively monitored and supported through robust governance systems.
Date for Compliance: 30 October 2026

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider acknowledges that four bedrooms do not currently have dedicated resident hand wash basins in accordance with Schedule 6 requirements and that a number of bedroom floors require replacement due to wear and damage.
An assessment of the affected bedrooms has been completed in conjunction with Estates and Infection Prevention and Control personnel. Funding approval and scheduling of the required works are being progressed through the HSE Estates and Capital Management process. The provider remains committed to achieving full compliance with Schedule 6 requirements and will continue to engage with relevant stakeholders to progress installation of compliant resident hand wash facilities within the identified bedrooms.
Pending completion of these works, comprehensive interim arrangements remain in place to support residents' personal hygiene needs and maintain safe infection prevention and control practices. Residents in the affected rooms have access to dedicated personal wash bowls which are individually assigned, cleaned and decontaminated after each use in line with local policy and IPC guidance. The effectiveness of these arrangements is monitored through environmental and IPC audit processes.
A survey of flooring throughout the centre has been completed and damaged flooring has been incorporated into the centre's refurbishment programme. Areas identified as presenting the greatest infection prevention and control risk have been prioritised. Flooring replacement works will be completed on a phased basis to minimise disruption to residents and ensure continuity of care. All replacement flooring will be durable, impervious and suitable for effective cleaning and decontamination.
The provider will continue to monitor progress through monthly governance meetings and quarterly environmental reviews to ensure that all identified premises deficits are addressed within the agreed timeframe.
Date for Compliance: 30 October 2026

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The registered provider acknowledges the inspection findings and has taken action to address the identified areas requiring improvement.

A review of infection prevention and control care planning arrangements has been completed. Generic infection prevention and control care plans have been removed where no clinical indication exists. Nursing staff have received guidance on the development of person-centred, risk-specific infection prevention and control care plans to ensure that care planning accurately reflects individual resident needs and risks. Compliance with this requirement will be monitored through regular care plan audits.

All open but unused wound dressing products identified during the inspection were removed immediately. A review of storage and stock management arrangements for wound care products has been completed and staff have been reminded of the requirement that single-use dressings must be discarded once opened and not retained for future use. Compliance will be monitored through ongoing clinical and infection prevention and control audits.

Environmental cleaning procedures have also been reviewed. Alternative arrangements have been implemented to ensure that cleaning trolleys are no longer prepared within sluice room areas. Staff have received guidance regarding the revised processes and compliance will be monitored through routine environmental and IPC audits.

The Person in Charge, Clinical Nurse Managers and Infection Prevention and Control Link Practitioners will continue to monitor compliance through the centre's audit programme. Audit findings, trends and actions arising will be reviewed through the governance structure to ensure sustained compliance and continuous quality improvement.

Date for Compliance: 30 September 2026

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	30/10/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/10/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	30/10/2026

	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.	Substantially Compliant	Yellow	30/09/2026