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:	St Joseph's Unit
Name of provider:	Health Service Executive
Address of centre:	Bantry General Hospital, Bantry, Cork
Type of inspection:	Unannounced
Date of inspection:	30 June 2026
Centre ID:	OSV-0000597
Fieldwork ID:	MON-0041981

About the designated centre

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

St Joseph's Unit, Bantry General Hospital is located on the first floor of Bantry General Hospital. It was opened in 1991. St Joseph's Unit currently has 24 registered beds: 18 are continuing care beds, four are respite beds and two palliative care beds. There are 12 single rooms with en-suite facilities, including two palliative care suites, two four bedded rooms with en-suite facilities and two two bedded rooms with en-suite facilities. There is 24 hour nursing care and residents have access/ referral to physiotherapy, occupational therapy, chiropody, podiatry, dietitian and speech and language therapy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21

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
Tuesday 30 June 2026	09:00hrs to 16:15hrs	Louise O'Hare	Lead
Tuesday 30 June 2026	09:00hrs to 16:15hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection also had a specific focus on infection prevention and control. Overall, the findings of this inspection were that residents received a good standard of care in St Joseph's Unit. The inspectors met with the majority of the residents living in the centre, and spoke with ten residents in more detail to gain a view of their experiences in the centre. The majority of residents reported that they felt safe in the centre and that their rights, privacy and choices were respected. However, a small number of residents commented that staff woke them early in the mornings.

On arrival to the centre, inspectors were greeted by the senior nurse on duty. The person in charge and clinical nurse manager (CNM) were not scheduled to be in the centre on that day but arrived shortly after the inspection began. Inspectors conducted an initial walk around of the centre followed by an introductory meeting with the person in charge and CNM.

St. Joseph's Unit is located on the first floor of Bantry General Hospital. Resident accommodation comprised 12 single bedrooms, two twin bedrooms and two multi-occupancy bedrooms. All bedrooms in the centre had en-suite toilet and shower facilities. Two of the bedrooms were designated as palliative care suites, with adjoining space that included a seating area and kitchenette, for family and visitors' use.

Bedroom accommodation met residents' needs with regards to their comfort and privacy and were seen to be well maintained. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms.

There was limited outdoor space available to residents. Outdoor space comprised a sheltered terrace with seating and planting. This area was poorly maintained, with weeds growing, rotting raised planters, discarded and rusting furniture. As a result, the space was not inviting and did not maximise opportunities for residents to enjoy spending time outdoors. Inspectors were told and saw documentation that funding had been sought to renovate this space.

On the day of the inspection, building works were ongoing in an area adjacent to the centre. Appropriate aspergillosis control measures had been implemented. However, these measures required the windows in rooms adjacent to the site to remain closed, resulting in reduced ventilation in these rooms. Inspectors were informed that a decision had been made to cease construction for three days during the previous week's period of high temperatures. However, despite a recent reduction in the overall outdoor temperatures, some rooms remained very warm on

the day of the inspection. Inspectors observed that not all bedrooms in this area had been provided with portable fans to help mitigate the impact of the reduced ventilation and elevated temperatures. Findings in this regard are reported under Regulation 17: Premises.

There was a high level of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. Those residents who could not communicate their needs appeared comfortable and content. Staff were observed to be kind and compassionate when providing care and support. Residents who spoke with inspectors were positive about staff. One resident told inspectors that "they are so good to me", and another described them as "fantastic".

Visitors were seen coming and going over the course of the day. Visits were observed taking place in residents' rooms. Inspectors met with four visitors, who spoke very positively, regarding the care provided to residents living in the centre. One visitor said that staff went above and beyond to mark special occasions, such as birthdays.

Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff throughout the day. There was a very pleasant, calm atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff.

Residents confirmed that there was a wide range of activities taking place from Monday to Friday and residents were encouraged to engage in meaningful activities throughout the day of the inspection. During the morning, a group of residents were baking and enjoying a chat. While in the afternoon, a large number of residents were seen enjoying live music in the day room where one resident performed with a visiting musician. The activities coordinator attended the centre four days a week, and designed the weekly activities schedule in conjunction with residents. On the week of inspection, the West Cork Chamber Music festival was taking place in Bantry and there was plans for two groups to perform in St. Joseph's Unit. Residents were supported to go out with their families on day trips or for longer, should they choose to. However, there was a limited activities schedule at weekends.

Inspectors observed the dining experience at lunch time. Some residents attended the dining room for their meals while the others choose to have lunch in their bedrooms. A number of residents required assistance and inspectors saw that those who did, were provided with it, in a respectful and unhurried manner. Meals provided appeared appetising and were served hot. Residents were complimentary about the food.

Clinical handwashing sinks were accessible and located on the corridors within close proximity of resident bedrooms, in the treatment room and sluice rooms so that they were convenient for staff use. Conveniently located, alcohol-based product dispensers were readily available within bedrooms and on corridors. However, some

barriers to effective staff hand hygiene were identified during the course of this inspection. Issues identified are detailed under Regulation 27: Infection control.

Despite some signs of minor wear and tear of the décor, overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared visibly clean. However some ancillary facilities including the housekeeping room and one sluice room were not designed in a manner that supported effective infection prevention and control. Details of issues identified are set out under Regulation 27: Infection control.

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

Capacity and capability

This inspection was carried out by two inspectors of social services over one day. Overall, the findings of this inspection were that there was good oversight of systems within the centre. The compliance plan from the previous inspection was followed up, and found that the majority of actions had been completed.

St. Joseph's Unit is a designated centre for older persons that is owned and managed by the Health Service Executive who is the registered provider. The centre is operated and managed through the governance structures of Bantry General Hospital. The centre had three named persons participating in management (PPIMs), including the Director of Nursing of Bantry General Hospital who was present during the inspection and had good oversight of the service provided. Additionally, the hospital manager and head of housekeeping were also PPIMs and provided further operational support to the person in charge.

The person in charge worked full time in the centre and was supported by a CNM, a team of nurses, healthcare assistants, multitask attendants, an activity co-ordinator and administration staff.

The multitask attendants undertook a combination of caregiving, household and catering duties. Inspectors found that these staff were clear about their roles and responsibilities, and these duties were organised in a manner that supported the effective day-to-day operation of the centre while ensuring residents' assessed care needs were met. However, local infection prevention and control guidelines did not provide specific guidance on the deployment of multitask attendants during outbreaks to ensure this combination of duties did not adversely impact effective infection prevention and control practices.

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the person in charge. Two staff members

had been nominated to take up 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 access to specialist infection prevention and control advice and support from the adjoining acute hospital as required.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and color coded mop heads and disposable cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day and deep cleaned each week.

The registered provider had systems in place to monitor the quality and safety of the service delivered to residents. A schedule of infection prevention and control and other relevant audits was in place. Audits covered a range of topics including care plans, hand hygiene, equipment and environmental hygiene and sharps management. Audits were scored, tracked and trended to monitor progress.

The annual review for 2025 had been completed, with an associated quality improvement plan that focused on enhancing the mealtime experience and continued safeguarding training. Staff who spoke with inspectors said they were able to raise concerns about the quality and safety of care.

Surveillance of multi-drug resistant organism (MDRO) colonisation was routinely undertaken and recorded. The volume of antibiotic use was also monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. However, further improvements were required to progress the antimicrobial stewardship programme. While antibiotic usage was recorded, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship audits or quality improvement initiatives.

A schedule of training was maintained in the centre, and the staff were supported to attend training programmes appropriate to their roles. Staff were knowledgeable about the reporting arrangement in the centre. Records viewed confirmed that the majority of staff had received mandatory training in safeguarding vulnerable adults, managing responsive behaviour, infection control, manual handling and fire safety.

The person in charge told inspectors that staff had recently received training on the national Residential Older Persons Early Warning System. This is an early warning system to assist staff recognise and respond appropriately to clinical deterioration in older people (aged 65 years or older) in long-term residential care settings. It was planned to implement the initiative in the coming weeks.

Records and policies set out under Schedule 2,3, 4 and 5 of the regulations were made available for inspection. While the majority of records were well maintained, some gaps in documentation were identified as detailed under Regulation 19: Directory of residents, and Regulation 4: Written policies and procedures.

Registration Regulation 4: Application for registration or renewal of registration

An application had been made to renew the registration of the designated centre in the form determined by the chief inspector.

Judgment: Compliant

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 staff was appropriate, having regard to the needs of residents and the size and layout of the centre. Residents said that there were enough staff to provide the care they wanted at the time they wished. Call-bells were seen to be answered quickly, and staff were available to assist residents with their needs.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed the training matrix and saw that staff were provided with training appropriate to their role. There was a schedule of training available for staff in safeguarding vulnerable adults, managing responsive behaviour, infection control, manual handling and fire safety. Staff were appropriately supervised by the clinical nurse managers, in their roles.

Judgment: Compliant

Regulation 19: Directory of residents

While the directory of residents was generally up-to-date, some required information was absent including the required details for the resident's next of kin and discharge details for a number of residents.

Judgment: Substantially compliant

Regulation 21: Records

Records set out in Schedule 2, 3 and 4 of the regulations were made available for inspection. Inspectors reviewed a sample of staff files and saw that they contained the relevant information set out in Schedule 2 of the regulations. Current registration details were available for all nurses rostered in the centre. Systems were in place to ensure that An Garda Síochána (police) vetting was in place for staff before they started employment.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a valid contract of insurance in place against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a clearly defined management structure with identified lines of authority and accountability in place. Deputising arrangements were in place for key management roles. There were effective management systems in place to monitor the quality and safety of care provided to residents and to ensure the service provided was safe and appropriate. Infection prevention and control governance arrangements ensured the sustainable delivery of safe and effective infection prevention and control. Staff were facilitated to raise concerns about the quality and safety of the care and support provided to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts were reviewed and found to contain the information required by the regulations, including services to be provided.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose had been prepared in relation to the designated centre and contained the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

While incidents as set out in Schedule 4 of the regulations were notified to the office of the Chief Inspector, not all notifications were submitted within 2 working days as required by the regulations.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

While all Schedule 5 policies were prepared and available for inspection, four policies had not been reviewed within the required three years, and some did not reflect current practice within the centre.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors were assured that residents living in St Joseph's Unit enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents. Residents lived in an unrestricted manner according to their needs and capabilities. All interactions observed on the day of inspection were person-centred and courteous.

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.

Residents' healthcare needs were met to a good standard. A review of documentation found that residents' had timely access to general practitioners (GP),

specialist services and health and social care professionals, such as physiotherapy, dietitians, speech and language therapists and tissue viability specialists as required.

Overall, the standard of care planning was good and described person centred and evidenced 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.

However, the review of care plans also found that appropriate information was not recorded in a small number of care plans to effectively guide and direct the care of residents with a known history of MDRO colonisation. Action was also required to ensure that care plans were reviewed four monthly and following a review by health care professionals, to ensure that they effectively guided staff in the care to be provided to a resident. Findings in this regard are presented under Regulation 5: Individualised assessment and care plan.

The designated centre was clean, bright and laid out to meet the needs of the residents; however, the storage facilities in en-suite bathrooms, and the outdoor terrace area required action as detailed in Regulation 17: Premises. Inspectors saw that these and other issues had been identified by the person in charge, in conjunction with the maintenance department in May. Additionally, funding had been sought for the outdoor terrace area, and inspectors were told works were planned to start in the coming weeks.

Inspectors also 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 and used linen.

Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. There had been one outbreak of a notifiable infection in 2026 to date. While it may be impossible to prevent all outbreaks, the low level of staff transmission and short duration of this outbreak indicated that the early identification and effective management of infection had contained and limited the spread of infection.

Notwithstanding the good practices observed, a number of issues were identified that required review to ensure that the registered provider complied with the national standards for infection prevention and control. These are detailed under Regulation 27: Infection control.

Staff who spoke with inspectors were knowledgeable about safeguarding and their responsibilities. Residents told inspectors they felt safe living in the centre and could raise issues as needed with staff. Residents' meetings took place frequently and there was evidence that residents were consulted about the organisation of the centre. Information on independent advocacy services was displayed in the centre and residents were supported to have access to a range of media. Since the previous inspection the activities coordinator had been changed to four days per

week. The centre also benefitted from having volunteers who assisted with provision of activities. However, the inspectors saw that activities were not scheduled at weekends, and were told that activities at the weekend were limited. Residents told the inspectors that generally their choices were respected and they could spend their day as they chose. However, as previously mentioned a small number of residents told inspectors they were routinely woken at 6am. This is detailed further under Regulation 9: Residents' rights.

Regulation 10: Communication difficulties

Residents with communication difficulties were facilitated to communicate freely. Communication requirements such as hearing aids, or specific approaches to communication were clearly recorded in the resident's care plan

Judgment: Compliant

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 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Clothes were marked to ensure that they were safely returned from the laundry and residents expressed satisfaction with this service.

Judgment: Compliant

Regulation 17: Premises

The premises generally conformed to the matters set out in Schedule 6 Health Act Regulations 2013, however further action is required to be fully compliant. For example;

- There was insufficient storage available for personal hygiene products within resident's en-suite bathrooms. As a result, items were stored on radiators and on sinks.
- A visitors room was used for storage of wheelchairs and a mattress on the day of inspection, therefore was not available for its stated purpose.
- The outside terrace area was poorly maintained and did not provide an inviting or welcoming environment for residents.
- Some bedrooms were excessively warm as a result of required window closures during the ongoing building works.
- Signage on bedroom doors was not dementia friendly. For example, some bedroom doors did not have room numbers or names.

Judgment: Substantially compliant

Regulation 20: Information for residents

A guide to the designated centre had been prepared for residents; however, it did not contain information on how to access inspection reports or information regarding independent advocacy services as required by the regulations.

Judgment: Substantially compliant

Regulation 26: Risk management

While the registered provider had ensured that a risk management policy was in place, it did not include the measures and actions in place to control the risk of infectious diseases as required by the regulations.

Judgment: Substantially 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. For example;

- The overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. There was no evidence of multidisciplinary targeted antimicrobial stewardship quality improvement initiatives or audits.
- There was no janitorial unit within the housekeeping room. Housekeeping trolleys were prepared within a sluice room which posed a risk of cross contamination. A separate housekeeping store containing cleaning textiles was accessed via a sluice room. This also posed a risk of cross contamination.
- Supply pipework was not concealed within one sluice room and as such, did not facilitate easy cleaning. A hand washing sink within the same sluice room did not conform to the recommended specifications of clinical hand washing sink. This sink had a plug and an overflow which may impact the effectiveness of hand hygiene.
- The provider had introduced a tagging system to identify equipment that had been cleaned. However this system had not been consistently implemented at the time of inspection and several items of shared equipment had not been tagged after cleaning.
- Some items of resident equipment, including a cleaning trolley, several portable fans and resident wheelchairs, observed during the inspection were visibly unclean.
- The lid of one sharps bin was not securely attached. This increased the risk of needle stick injury.
- Staff were observed wearing PPE (gloves) on a number of occasions during the day when there was no indication for their use.
- Some alcohol hand gel dispensers were labelled as 'chemical scrub'. This terminology does not clearly identify the product as alcohol gel and does not promote or reinforce hand hygiene practices, creating potential confusion among staff and visitors.
- Antimicrobial soaps were available at some clinical hand washing sinks. National guidelines advise that antimicrobial soap is associated with skin care issues and it is not necessary for use in everyday clinical practice.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. However, further action is required to be fully compliant. For example:

- Infection prevention and control information was not recorded in three care plans to effectively guide and direct the care of residents that were colonised with an MDRO.
- Care plans were not consistently reviewed at intervals not exceeding four months and a small number were not updated following changes in the person's care, or assessments and recommendations by allied health

professionals. This may result in miscommunication and inconsistent care delivery.

Judgment: Substantially compliant

Regulation 6: Health care

Residents living in the centre had good access to medical care and from a review of records, it was evident that residents were reviewed regularly and when required. Residents were referred to health and social care professionals such as physiotherapy, dietitian, speech and language therapists, tissue viability specialists as required. Community palliative care specialists, based within the adjoining hospital, also attended the unit as required.

Judgment: Compliant

Regulation 8: Protection

Residents who spoke with inspectors said they felt safe living in the centre, and could raise issues with staff as needed. Safeguarding training was up-to-date and staff who spoke with inspectors were able to speak about identifying signs of abuse and the need to report. The person in charge investigated any incidents or allegations of abuse. There were robust systems in place for the management and protection of residents finances. The centre was not a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

While a number of good practices were in place to support residents rights, some areas for improvement were identified:

- There was limited access to meaningful activities for residents at weekends.
- A small number of residents told inspectors they were routinely woken around 6.00am by staff, this practice did not respect residents' rights to undertake personal activities at a time of their choosing.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Joseph's Unit OSV-0000597

Inspection ID: MON-0041981

Date of inspection: 30/06/2026

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Person in Charge (PIC) has completed a full review of the Directory of Residents to ensure all information required under Schedule 3 is recorded. Missing next-of-kin address, location admitted from and discharge information have been updated to ensure compliance with regulation 19.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The notification process has been reviewed by the Person in Charge. A tracking system has been introduced to monitor all statutory notifications and ensure they are submitted to the Chief Inspector within the required two working days. The requirement for timely notification has been reinforced with all staff, and compliance will be monitored through monthly governance meetings, these have been updated to ensure compliance with regulation 31.	
Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

All Schedule 5 policies have been reviewed against current legislation, HIQA Standards, HSE guidance and national best practice. Policies identified as overdue have been revised and awaiting approval through the hospital governance process. A policy review schedule has been established to ensure all policies are reviewed within the required three-year timeframe, with oversight maintained by the Person in Charge, updated to ensure compliance with regulation 4.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Suitable storage solutions will be installed within en-suite bathrooms to eliminate the storage of items on sinks and radiators, subject to funding.
Equipment has been removed from the visitors' room to ensure the room is fully available for residents and their families.
The Roof Top Garden will be refurbished, including the replacement of damaged furniture and planters, landscaping, and the creation of a user-friendly environment, subject to approved funding. we have applied to Friends of Bantry Hospital for funding.
Portable fans have been provided to all affected bedrooms while building works are ongoing, and residents will continue to be monitored during periods of warm weather. All bedrooms in Borlin now have a fan in place.
Dementia-friendly bedroom signage, including room identification, will be installed throughout the unit, designs currently been drawn up, subject to funding. We are awaiting quotes from Sign Studio design Company.
Progress will be monitored through environmental audits and Quality meetings to ensure all planned actions are completed within agreed timeframes to ensure compliance with regulation 17.

Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:
The Residents' Guide has been updated to include information on accessing HIQA inspection reports and details of independent advocacy services. The revised guide will

be issued to all current residents and provided to all new admissions, updated to ensure compliance with regulation 20.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
A plan has been put in place to update the Risk Management Policy to include measures for preventing, managing and controlling infectious diseases in line with current HSE and national Infection Prevention and Control (IPC) guidance.
Once the policy has been updated, all staff will be informed of the changes. Compliance with the policy will be monitored through regular infection prevention audits and management reviews to ensure it is being implemented effectively, updated to ensure compliance with regulation 26.
This is further discussed under regulation 27

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
An improvement plan is under discussion to address the infection prevention and control issues identified and to ensure compliance with Regulation 27 and the National Standards for Infection Prevention and Control. We have made contact with the community pharmacist and a meeting has been arranged to discuss antimicrobial stewardship in conjunction with the hospital pharmacist.
The antimicrobial stewardship programme will be reviewed and further developed, with input from the wider multidisciplinary team. Regular reviews and audits will be introduced to monitor antimicrobial use and identify areas for improvement with input from the community pharmacist
Housekeeping arrangements have been reviewed to ensure there is appropriate separation between cleaning areas, storage areas and sluice facilities to reduce the risk of cross contamination. Cleaning bottles have been removed to a chemical storage press in a clean sluice. Storage boxes have been ordered to store other cleaning supplies such as mop heads, away from the sluice, awaiting delivery of same.
The sluice rooms have been reviewed and any required improvements will be completed to ensure they support effective cleaning practices and good hand hygiene, sink to be replaced to a hand washing sink and pipes to be concealed.
The equipment cleaning and tagging system has been reinforced to all staff to ensure all

shared equipment is cleaned and labelled correctly and consistently. Regular checks will be completed to monitor compliance.
Additional environmental and equipment checks will be carried out to ensure resident equipment, including wheelchairs, fans and cleaning equipment, is maintained to an appropriate standard.
Sharps management practices have been reviewed, and staff are reminded of the correct use and disposal of sharps containers. Additional posters will be displayed for informational purposes.
Staff will receive reminders and refresher guidance on the appropriate use of PPE, including when gloves should and should not be worn.
Hand hygiene products and signage will be reviewed to ensure alcohol hand gel dispensers are clearly labelled and that products in use are in line with current guidance, the wording of Chemical Scrub' has been removed.
Progress will be monitored through QCM, infection prevention and control audits, environmental checks and regular management reviews to ensure improvements are maintained to ensure compliance with regulation 27.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
An audit of all resident care plans has been completed. Care plans for residents with multidrug-resistant organism (MDRO) colonisation are in the process of been updated to include appropriate infection prevention and control guidance. A monitoring system has been introduced to ensure care plans are reviewed at intervals not exceeding four months and following any significant clinical change or review by allied health professionals. Compliance will be monitored through monthly care plan audits, to ensure compliance with regulation 5.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The activities programme has been reviewed to increase opportunities for meaningful engagement at weekends through nursing staff, volunteers and community involvement where available.
Morning care routines have also been reviewed. Residents' preferred waking times to be

documented within individual care plans and staff have been reminded that personal choice should guide morning routines wherever practicable.
An updated activities programme is being developed to include weekend activities. The programme will be displayed for residents to view and will incorporate a range of meaningful activities, including trips to the garden, sports viewing on television, and access to online religious services.
Compliance will be monitored through resident feedback, observations, residents' meetings and regular audits, to ensure compliance with regulation 9.

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	31/12/2026
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	24/07/2026
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include how to access any inspection reports on the centre.	Substantially Compliant	Yellow	21/08/2026
Regulation 20(2)(f)	A guide prepared under paragraph (a) shall include information regarding independent advocacy services.	Substantially Compliant	Yellow	21/08/2026
Regulation 26(1)(c)(vi)	The registered provider shall	Substantially Compliant	Yellow	31/12/2026

	ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control infectious diseases.			
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	31/12/2026
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Substantially Compliant	Yellow	24/07/2026
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them	Substantially Compliant	Yellow	31/12/2026

	in accordance with best practice.			
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	24/07/2026
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	24/07/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	24/07/2026