



**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:	Dunmanway Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Dunmanway, Cork
Type of inspection:	Unannounced
Date of inspection:	27 May 2025
Centre ID:	OSV-0000599
Fieldwork ID:	MON-0044250

About the designated centre

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

Dunmanway Community Hospital is a designated centre registered to accommodate 23 residents. It is a 2 storey facility, with all residents accommodation located on the ground floor. Bedroom accommodation comprises 3 four bedded wards, 3 two bedded wards, 4 single bedded rooms and a palliative care room. Wheelchair accessible, en-suite toilet and shower facility are attached to each room/ward. A separate maximum dependency bath is available to residents. The communal spaces comprises a dining room, 2 sitting rooms, a recreation room, resident/visitor meeting room and an oratory. 24 hour nursing care is provided for both male and female residents receiving long term care, respite care, palliative care, rehabilitation/convalescence/community support

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 27 May 2025	09:00hrs to 17:15hrs	Breeda Desmond	Lead
Tuesday 27 May 2025	09:00hrs to 17:15hrs	Erica Mulvihill	Support

What residents told us and what inspectors observed

Inspectors met with most residents on the day of inspection and spoke with eight in more detail, and two visitors. Residents spoken with gave complimentary and positive feedback about the staff and service provided; residents reported that 'you wouldn't get better anywhere' and how 'attentive' staff were, 'day or night'. Another resident said that they provided 'the best care' and said they were 'so lucky' to have a bed there. Visitors spoken with also gave very positive feedback about care, including end of life care for their relative. It was evident that management and staff knew residents well and interacted with residents in a respectful manner.

On arrival for this unannounced inspection, inspectors completed the sign-in process and hand hygiene. An introductory meeting was held with the person in charge and clinical nurse manager (CNM) to outline the purpose of the inspection.

Dunmanway Community Hospital is situated on a large site which also accommodates the community day centre, community dental clinical and ambulance service. It is a two-storey building with residential care on the ground floor, and community physiotherapy, staff facilities and storage space on the first floor. There were 23 residents residing in Dunmanway Community Hospital at the time of inspection.

Residents' accommodation is set out on one main corridor extending from the main entrance; there was a corridor to the right of the main entrance running parallel to the main corridor where nursing and administration offices, the chapel, parlour sitting room, main kitchen and storage facilities were located. The day centre adjoins the building via a link corridor; some residents continue to use the day services and maintain contact with their friends in the community.

There was a hand-wash hub at the entrance with advisory signage regarding handwashing technique. The HIQA registration certificate was on display, along with the compliments and complaints procedure and information on advocacy services. Residents' art and craft work was displayed on corridor walls as well as beautiful murals painted by a resident's relative.

Overall, the premises was bright and clean and communal areas were pleasantly decorated. Residents accommodation comprised three four-bedded rooms, three twin rooms and five single bedrooms, all with en suite shower toilet and wash-hand basin facilities. There were additional toilets in close proximity to communal spaces and a bathroom with a specialist bath. Specialist equipment available included profiling beds, specialist mattresses and cushions for residents' comfort; overhead hoists were available to maximise residents' comfort and ease of transfer in and out of bed. Most residents had accessible bedside lockers, bedside chairs and double wardrobes. In the multi-occupancy four bedded rooms there were boxed-style shelving over residents' beds for residents to display photographs and mementos. One of the single rooms was designated as the palliative care room; this was a large

room with an adjoining family room with comfortable seating, kitchenette and en suite facilities.

While twin and multi-occupancy bedrooms had privacy screens, some were not long enough to surround the bedspace to provide complete privacy for residents. In addition, they were heavy, cumbersome and had several foot brakes to be released so they could not be used independently by residents. Inspectors observed that staff routinely pulled the privacy screen across the doorway of the multi-occupancy bedroom while personal care was being delivered.

There were communal seating areas throughout the centre which were well decorated. The shop-front called Mrs Dan's was a local drapery shop of bygone days with craft work as well as prizes won at the local market fair displayed. The oratory was a lovely quiet reflective room where residents could visit; mass was prayed there on a weekly basis. There was no call bell here to enable people to call for assistance should they require help.

The dining room was lovely and bright with views of the beautiful mature gardens, seating areas, the ivy-clad stone house and the enclosed walled garden of the original famine work-house building. A new memorial stone was erected in conjunction with the local historical society with the official opening ceremony held just before the inspection. The enclosed courtyard was located midway along the main corridor and the person in charge explained that refurbishment of this space was planned to enable the space to be usable throughout the year.

The dining room had three tables that could seat four residents each (12 people in total). During the morning walk-around, inspectors saw that dining tables were set for dinner even though it was early in the morning. Inspectors saw that residents had their breakfast either in bed or by their bedside, and residents said 'that's the way it's done here'. During the morning inspectors observed one resident in the day-room and another watched mass being live-streamed on the computer that was set up for him by the nurses' station, but the remainder of residents stayed by their bedside until staff called to them at 11:45am to invite them to the day room. Morning teas, coffees and snacks were seen to be offered to residents in their bedrooms. Inspectors noted there were long periods throughout the day when the day-room was un-supervised.

The menus for the day were printed and displayed in large folders for residents to browse on the table. Two dining sittings took place to facilitate the residents being served their meals together. The meal times in the dining room were uninterrupted and residents that required assistance were given this. Most of the staff interaction with residents during the meal times and throughout the day was respectful and kind. One staff member providing assistance to a resident with their meal sat facing the same direction as the resident, rather than facing them to enable active engagement while providing assistance.

There were no activities facilitated in the morning. In the afternoon an aromatherapist provided one-to-one massage in the day room and then in residents' bedrooms. One resident spoken with said it was 'heavenly' and the smell of essential

oils was gorgeous. When the aromatherapist provided one-to-one treatments in residents' bedrooms, inspectors observed there were long periods when the day room was unsupervised. When the staff member came on duty (3:30pm - 10pm shift) she did a story and poetry reading for residents; this activity was not included in any of the activity posters displayed in the centre as information for residents.

A large domestic waste bin, household trolley and signage displayed on the wall requesting staff to take trays or other delft to the kitchen when they were passing. All this was on the link corridor which is a fire evacuation route; the trolley partially obstructed the evacuation route and one fire door. One of the fire door's leading to the kitchen corridor was not secured appropriately to ensure it would be effective in the event of a fire.

The housekeeping room was swipe-card access with a secure chemical press. There was a low sink for disposal of waste water and a high sink for filling containers; a separate complaint handwash sink was available here. Sluice rooms (a room used for the safe disposal of human waste and disinfection of associated equipment) were secured to prevent unauthorised access. The laundry room was key-code access and was used for storage of clean laundry.

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

Capacity and capability

This was an unannounced inspection conducted by inspectors of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations. Notwithstanding the positive feedback residents and relatives gave, the findings of this inspection showed that management systems required action to ensure effective monitoring of the service to ensure the quality and safety of the service provided. Shortfalls were identified in areas such as safeguarding, wound care, infection prevention and control, and fire safety precautions.

Dunmanway Community Hospital is a residential care setting operated by the Health Services Executive (HSE) and is registered to accommodate 23 residents. While there was a clearly defined management structure on site with identified lines of accountability and responsibility for the service, the governance structure at general manager level was changing the week following the inspection.

The provider had been granted a certificate of renewal of registration of the centre effective from June 2024. As part of this process, the Chief Inspector assesses the governance and management arrangements of the registered provider. Although it was evident that there was a defined management structure in place and the lines of authority and accountability were outlined in the centre's statement of purpose,

the senior managers with responsibility for the centre were not named as persons participating in management on the centre's registration. The provider was required to review these arrangements and was afforded until October 31st 2024 to do so. However, at the time of this inspection, these senior managers had yet to be named and the restrictive condition remained on the centre's registration. This finding is actioned under Regulation 23: Governance and Management.

The person in charge was supported on-site by the clinical nurse manager (CNM), senior nurses, care staff, catering, household and administration. While staffing levels were appropriate to the size and layout of the centre, oversight of staff allocation and supervision regarding implementation of safeguarding plans and activities for residents was inadequate and did not meet the rights and needs of residents. This is further discussed under Regulation 23: Governance and Management, and Regulation 8: Protection.

The register of restraint was updated on inspection to ensure it reflected the restraint in use in the centre, for example, to include mat alarms, doors and chemical restraint when relevant. The duty roster was updated on inspection to reflect the roles of staff.

The training schedule in place was reviewed and while most of the mandatory training was up to date for staff, action was required regarding responsive behaviour training to ensure staff knowledge remained current. This is further outlined under Regulation 16: Training and staff development.

The contracts of service viewed had the necessary information required by the regulations. The complaints log was reviewed and this required further attention to ensure records were maintained in line with regulatory requirements.

Regulation 14: Persons in charge

The person in charge was full-time in post and had the required management experience and qualifications, and was aware of their responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staff to meet the assessed needs of the residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Action was required to ensure all mandatory training was up to date for all staff as evidenced by:

- training in responsive behaviours was not up to date for 50% of staff.

Judgment: Substantially compliant

Regulation 21: Records

Action was required to ensure records were maintained in accordance with Schedule 3, as:

- several gaps were seen in the daily flow sheets [which indicate care and welfare of residents on a daily basis], so it could not be assured that residents received the appropriate care on a given day.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had not complied with the restrictive condition placed on the centre's registration. This condition states that: "The registered provider shall, by 31 October 2024, submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 as amended, in relation to any person who participates or will participate in the management of the designated centre".

Management systems in place were not sufficiently robust and required action to ensure the service is safe, appropriate, consistent and effectively monitored:

- there was a lack of oversight to ensure residents rights were upheld as further discussed under Regulation 9: Residents' Rights, and that residents were protected, as safeguarding plans to ensure the safety of residents were not implemented into practice as the dayroom was left unsupervised for long periods throughout the day, as further outlined under Regulation 8: Protection

- while there was a daily safety pause in place, it did not highlight possible risk such as the assessed risks associated with residents at risk of absconsion, safeguarding concerns or someone prescribed an antibiotic for example, as prescribed on the safety pause template,
- there was a lack of oversight of mandated infection prevention and control national standards as detailed under Regulation 27: Infection control.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of residents contracts of care were viewed. Additional information was added to them during the inspection to reflect the interactions and meetings between the service and family members regarding delays in contracts being signed, for example, some relatives were overseas and had to wait until they came home to sign the contract.

Judgment: Compliant

Regulation 34: Complaints procedure

Action was required to ensure complaints were recorded and managed in accordance with specified regulatory requirements, as follows:

- the template in use was not updated to reflect the updated regulatory requirements so it was not clear if residents had access to a review officer as specified
- the satisfaction of the complainant was not recorded.

Judgment: Substantially compliant

Quality and safety

In general, inspectors found that residents medical care needs were being met. Some action was required in relation to care records, wound care management, implementation of safeguarding plans, residents' rights regarding access to meaningful activities throughout the day and infection control to ensure the safety and welfare of residents in the centre.

The centre was well maintained and clean and homely decoration, with residents' art and craft work displayed throughout the building. Residents had access to gardens and there were plans in place to upgrade the internal courtyard to enable residents to use it throughout the year including during inclement weather.

A sample of care plan documentation was reviewed. Residents' care plans and assessments were generally comprehensively updated in accordance with the regulations; they were person-centred and contained lots of information to guide staff on individualised care, residents' wishes and care needs. Nonetheless, daily flow sheets which show the care delivered and general well-being of the resident had several gaps so it could not be assured that care was delivered, and the status and well-being of the resident was unknown at a given time.

Residents had good access to GP services; the GP was on site on a daily basis from Monday to Friday and out-of-hours GP cover was available. The GP was on site during the inspection and reviews included medications to ensure best outcomes for residents. Multi-disciplinary team inputs were evident in the care documentation reviewed. Residents had access to psychiatry of old age, community psychiatric nurse, geriatrician, dietitian, occupational health, speech and language, physiotherapy, general surgeon, and palliative care for example. The physiotherapist was on site during the inspection and provided one-to-one assessment and exercise plan for residents in accordance with referrals and their needs. The Integrated Care Programme for Older People (ICPOP) was a relatively new programme that the service had access to and management found this service invaluable to residents. The dentist was on site the week prior to the inspection to assess a resident and then scheduled an appointment in the dental surgery to provide care.

A sample of wound care documentation was reviewed and these did not reflect a high standard of evidence based nursing care; this is further discussed under Regulation 6: Health Care.

Medication management records were examined and these showed that best practice guidelines were implemented. Included with medication charts were records of blood glucose, pain management and residents' response to pain management to ensure it was effective; records included source of pain such as during wound dressing changes to enable pain relief to be administered in accordance with residents' needs. A review of medication administration times was being completed to determine whether a later medication round time in the morning would afford residents better quality of life; this initiative had just commenced.

Residents spoken with were very happy with the quality of food served. Nonetheless, residents, routinely, did not have choice where to have their breakfast or their morning coffee as this was served in bedrooms; depending on the needs of residents, some routinely had their main meal in the day-room or bedroom and not afforded the opportunity to change their surroundings and go to the dining room for a normal dining experience.

Residents meetings were facilitated every three months and minutes showed that issues were followed up from one meeting to another. For example, residents

requested a variety of locations for trips such as the beach and Gougane Barra; photograph albums viewed showed residents enjoying fish and chips and ice-creams by the sea. Another album had recent photos of residents cuddling and petting the animals from the 'Hairy Henry' zoo with sheep, guinea, pig, hens and a dog.

Regulation 11: Visits

Observation on inspection showed that there was open visiting to the centre with no restrictions at the time of inspection. Visitors spoken with gave positive feedback about the service. Inspectors saw that visitors were welcomed by staff who knew them by name and staff provided updates of their relative's condition when appropriate.

Judgment: Compliant

Regulation 12: Personal possessions

Personal storage had improved following previous inspection findings in that all residents now had access to a double wardrobe to store their clothing. Minutes of residents' meetings showed that laundry was a standing item on the minutes and residents were happy with laundry services.

Judgment: Compliant

Regulation 17: Premises

The premises was bright, clean and well decorated. There was adequate communal and quiet spaces for residents to meet with their relatives.

Judgment: Compliant

Regulation 18: Food and nutrition

While residents gave positive feedback about the food served, residents were not afforded choice where to have their breakfast or their morning coffee and snacks. These were all served in their bedrooms.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider did not meet the requirements of Regulation 27: Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018):

- a register of MDROs was not maintained to provide oversight and enable appropriate precautions to be put in place where relevant
- a urinary catheter bag was seen on the ground with no catheter holder in place to enable the bag to be maintained off the ground and minimise the risk of cross infection
- mops and brush handles were stored on the floor in the cleaner's room impeding effective cleaning
- the main store rooms had lots of boxes and items stored on the ground impeding effective cleaning
- the mirror in one communal bathroom was damaged so effective cleaning could not be assured.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure fire safety precautions as follows:

- the 'slave leaf' of a fire door was not appropriately secured following its activation to transfer a large container [while this was remedied on inspection, further training was required to ensure staff knew and understood fire safety precautions]
- a domestic waste bin and trolley partially obstructed a fire evacuation route on the link corridor.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was good oversight of medication management. A sample of medication charts were examined and were seen to be maintained in accordance with professional guidelines. Controlled drugs were maintained in accordance with professional guidelines, were checked twice a day at change of staff roster and two

staff routinely signed with the checking and administration of controlled drugs. A review of medication administration times was in progress to establish whether a change in times would benefit residents and this was being undertaken as part of a multi-disciplinary review.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

In general, residents' assessments and care plans were comprehensive, and provided personal information to inform individualised care. They were updated in accordance with the changing needs of residents. Consent was obtained from residents regarding photographs for medication management and wound care for example.

Judgment: Compliant

Regulation 6: Health care

Action was required to ensure a high standard of evidence based nursing care in accordance:

- while wound assessments were done on the initial review of the wound, these were not comprehensively completed as the size of the wounds were not recorded, in addition, these assessments were not updated when wounds were redressed to identify progress or deterioration of the wound
- wound photographs were not dated in accordance with the date of photograph taken as the date in the camera had not been set, so the date on the photograph was 2015 even though the resident was admitted in the previous few weeks
- the initial assessment detailed three wounds, however, the location of the wounds were not identified; subsequently, there were two additional wounds dressings, however, there was no associated assessment so the baseline status was not recorded to enable status progress
- one resident's skin assessment on admission reported that the resident had a grade 2 pressure ulcer, however, this did not form part of the wound care management documentation.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The restraint register was updated on inspection to reflect the restraint currently in use in the centre to include chair and mat alarms, doors and chemical restraint when relevant.

Judgment: Compliant

Regulation 8: Protection

Action was required to ensure all residents were protected from abuse, including institutional practices that were not recognised as such, as follows:

- the safeguarding plan in place for one residents was not sufficiently detailed or robust, as it only detailed actions in relation to the protection of that resident and did not include the welfare of other residents
- in addition, the safeguarding plan detailed the heightened supervision necessary regarding this resident when out of their room and in the day room, however, the dayroom was routinely left unsupervised so the safeguarding plan was ineffective and residents' safety was not assured.

Judgment: Not compliant

Regulation 9: Residents' rights

The registered provider had not ensured the rights of resident could be upheld, as:

- there were no activities scheduled for morning and evening times, and limited activities in the afternoons; some residents routinely spend their morning either in bed or by their bedside, alone, with nothing to do. While it was reported that the staff who came on duty from 3:30pm – 10pm would provided meaningful activities, this was not reflected in the activities programme displayed for residents,
- routinely, residents stayed in bed or by their bedside until 11:45am when staff completed comfort rounds and invited residents to go to the day room; morning snacks were offered to resident in their bedrooms, which would not be in keeping with a normal home routine or a social model of care
- the privacy screen in one twin bedroom was seen to be inadequate in that it extended only to the edge of the bed and not completely enclosed the bedspace to ensure total privacy for the resident to undertake personal activities in private; in addition, the privacy screens in multi-occupancy bedrooms were very difficult to use and could not be used independently where a resident had reduced mobility, as there were several brakes to be released; this mechanism was awkward and cumbersome and it was difficult

for residents to undertake personal activities in private without the support of the staff,

- in multi-occupancy bedrooms staff routinely pulled the privacy screen across the doorway of these four-bedded rooms so it could not be assured that residents were afforded individual privacy to ensure their dignity.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Dunmanway Community Hospital OSV-0000599

Inspection ID: MON-0044250

Date of inspection: 27/05/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none">• A training plan has been devised to address the outstanding responsive behaviour training. The Person In Charge will monitor delivery and attendance, to ensure that all staff outstanding have completed the training by 01/08/2025.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none">• Nursing Management have discussed with all the Team members the importance of completing all cells in the Daily Flow Sheets, to capture the fundamentals of care and ensure the welfare of residents daily.• The person in charge will monitor and supervise the Daily flow charts at ward level to assist in embedding the correct completion of the Daily flow sheets in practice.	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Registered Provider The Registered Provider makes Representations under section 50 Health Act 2007 (as amended) in relation to regulation 23-Governance and Management, that the person who will participate in management of the Designated center is the person in Charge, and their Qualifications have already been submitted to the Chief Inspector pursuant to section(i) b (ii).The person in charge is supported by the older Persons Services Cork Kerry Community Healthcare. • The Person in Charge has directed all relevant staff the importance of adhering to safeguarding interventions associated with Safeguarding Plans. The person in charge is monitoring and supervising the provision of supervision in the Dayroom to ensure that safeguarding interventions are implemented in accordance with safeguarding plans . • The person in charge has discussed with all staff the importance of using the Safety Pause at Handover and the need to ensure that assessed risks associated with Residents such as risk of absconsion, safeguarding concerns or someone prescribed an antibiotic are recorded on same. • The person in Charge will monitor the use of the safety pause at ward level to ensure assessed risks are identified and continuously updated, and the practice of maintaining the safety pause is embedded at ward level. • The person in charge has addressed oversight of mandated infection prevention and control national standards as detailed under Regulation :27 Infection control. <p>The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action taken will result in compliance with the regulation</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • The person in Charge has updated the Template in use to reflect the review officer in accordance with regulatory requirements. • The person in charge monitor practise in relation to complaints management to ensure the recording of the satisfaction of the complainant is embedded in practise. 	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> • The person in charge has commenced a review of work practices to ensure that residents are afforded choice of where to have their meals or morning coffee and snacks. Consultation is underway with all residents to ensure that each resident's individual preference is established and accordingly catered for within morning practices. All residents' care plans will be updated accordingly to reflect same and communicate to all team members. • The person in charge in association with the Catering team has commenced a review of all menu choices in collaboration and consultation with the residents. The person in charge will ensure that accurate minutes pertaining to the menu review are maintained with associated actions, outcomes and timelines. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The person in charge has implemented a register of MDROs that will be maintained at ward level to provide oversight and enable appropriate IPC precautions to be put in place where relevant. The person in Charge has ensured that a urinary catheter bag holder is now in place, and all team members are aware of the need to maintain same. • The person in charge has removed all mops and brush handles that were stored on the floor in the cleaner's room and identified and allocated a suitable storage place for same. All team members are aware of the new location and the importance of maintaining same. • The person in charge has overseen the removal and appropriate relocation of boxes and items stored on the floor in the main storeroom. • The person in charge has arranged for the replacement of the damaged mirror in the communal bathroom. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The person in charge has removed all items obstructing the evacuation route. • The person in charge has ensured that maintenance came on site 30/05/2025 and all fire doors were reviewed, and maintenance work was completed 9/06/2025. 	

Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • The person in charge has organized for onsite wound care education scheduled for Quarter three 2025. • The person in charge has created a ward wound care education folder as an additional support and resource for staff. • The person in charge has overseen a review of all wound care documentation to ensure that all photographs of wounds are dated in accordance with the date that the photograph was taken. The assigned camera has been recalibrated correct date going forward. • The person in charge has overseen a review of all wound care documentation to ensure the correct location of the wound is identified. • The person in charge has directed all nursing staff on the importance of undertaking a comprehensive wound assessment on identification, so that the baseline status can enable identification, improvement or deterioration in accordance with wound care Guidelines. • The person in charge has ensured that all wound care documentation is now in place for the grade two pressure ulcer. • The person in charge will oversee the completion of additional skin integrity clinical audits via weblinks to monitor wound care recording practices at ward level. 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • The person in charge has revised the safeguarding plans in place for one resident , ensuring detailed actions in relation to the welfare of other residents. The revised safeguarding plan has been discussed in detail with all relevant staff members for implementation. • The person in charge will monitor and supervise the implementation of the revised plan to ensure that same is embedded in practice. • The person in charge has directed all relevant staff on the importance of adhering to safeguarding interventions associated with safeguarding plans. • The person in charge is monitoring and supervising the provision of supervision in the Dayroom to ensure that safeguarding interventions are implemented in accordance with safeguarding plans. 	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The person in charge will commence a review of the activity schedule to facilitate greater opportunities for residents to participate both in group and individual activities. The review is being undertaken in collaboration and consultation with residents. An activities questionnaire has been devised and commenced to capture residents' feedback and activity preferences. A new activity schedule will be displayed clearly for residents to view and communicated to on a daily basis to ensure all residents' are aware of and are afforded the opportunity to engage in scheduled activities. • The new activities schedule will be guided by resident feedback obtained throughout the activities questionnaire. • The person in charge has commenced a review of morning work practices to ensure residents are encouraged and assisted to the dayroom in accordance with their individual preferences. All resident care plans will be updated to reflect their personal preference and communicated with all team members. • The person in charge has liaised with the HSE Estates Department in regard to the privacy screens in place to ensure total privacy for the residents to undertake personal activities in private and to also ensure that the screens promote an ability-focused ethos and allow residents every opportunity to undertake personal activities without support. • The person in charge has liaised with the HSE Estates Department to review the privacy screens in the multi occupancy bedrooms to ensure the practice requirement of utilizing a privacy screen across the door to afford individual privacy. • The person in charge has supervised the installation of a call bell in the Oratory for resident use as required. 	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/08/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2025
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	31/07/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/06/2025
Regulation 23(1)(d)	The registered provider shall ensure that management	Not Compliant	Orange	30/06/2025

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	01/07/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	09/06/2025
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques	Substantially Compliant	Yellow	30/06/2025

	and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	30/06/2025
Regulation 34(5)(a)(iii)	The registered provider shall offer or otherwise arrange for such practical assistance to a complainant, as is necessary, for the complainant to (iii) request a review in a case where he or she is dissatisfied with the decision made in relation to his or her complaint.	Substantially Compliant	Yellow	30/06/2025
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued	Not Compliant	Orange	01/08/2025

	by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	14/06/2025
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	30/06/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/07/2025