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 Gabriel's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Colla Road, Schull, Cork
Type of inspection:	Unannounced
Date of inspection:	04 June 2026
Centre ID:	OSV-0000600
Fieldwork ID:	MON-0050222

About the designated centre

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

St. Gabriel's Community Hospital is a 21 bedded residential care facility located on the outskirts of Schull village on well- maintained grounds with beautiful views over Schull harbour. Bedroom accommodation within the centre comprises of 17 single en suite bedrooms and two twin bedrooms. Communal accommodation includes a large sitting or recreational room with an adjacent lounge which overlooks the garden and sea. There is a decked balcony outside the lounge area with seating and a bird table. Further communal areas include a dining room with a built in kitchen area. An enclosed garden area opened off the dining room with plenty of tables, chairs, benches and plants for residents to enjoy. The service provides continuing care, respite care, palliative care, community support and long term care. It is a mixed gender facility catering for all dependency levels. Care is provided by a team of nursing, care staff, chefs, household staff, medical officers and a wider multidisciplinary team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20

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
Thursday 4 June 2026	10:20hrs to 17:00hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

This was an unannounced inspection that took place over one day. Feedback from residents was that St. Gabriel's Community Hospital was a good place to live, and that they were well cared for by staff, who were attentive to their needs. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a kind and respectful manner. There was a warm, relaxed atmosphere throughout the centre. The inspector met with all of the residents and spoke with nine residents in more detail, to hear about their experiences of living in the centre.

St. Gabriel's Community Hospital is a two-storey designated centre, in the coastal village of Schull, in West Cork. The centre overlooks Schull Harbour and has stunning sea views from some residents' bedrooms and communal rooms. Residents' accommodation is all based on the ground floor, with staff facilities and offices on the first floor. The centre can accommodate 21 residents, in 17 single and two twin bedrooms, all with en suite facilities.

On the day of the inspection, there were 20 residents living in the centre. The inspector saw that residents' bedrooms were personalised with items of importance to them, such as family pictures and in some rooms, furniture from their previous homes. There were adequate facilities available for residents to store their personal belongings, and residents had access to facilities for the safekeeping of their valuables. One resident had a fridge in their room, as they loved cold drinks.

The centre was found to be laid out to meet the needs of residents, and to encourage and aid independence. The centre was warm and well-ventilated throughout. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. The inspector saw that the corridors were decorated with lovely artwork and pictures, alongside artwork created by residents, to give the centre a homely feel. The inspector saw that there was ongoing painting and maintenance to some of the ancillary areas, such as the physiotherapy room. The family room, which could be used for visitors, was recently painted and decorated.

There was a sufficient choice of suitable communal rooms available for residents to use, which provided comfortable, spacious areas for rest and recreation. Communal space within the centre comprised a large day room, which opened onto a bright conservatory, overlooking the sea; a dining room with a kitchenette and a family room. The sun room had seedling plants growing on the window sills to get them ready to be planted later in the summer in the raised beds. All communal areas of the centre were clean, bright, spacious and had comfortable and colourful furnishings.

Residents could freely access the outdoor secure spaces in the centre from the communal rooms. The courtyard was well maintained and had outdoor seating,

tables and had plenty of plants to make the space a welcoming and restful area. The garden accessed from the main day room had fruit plants and trees such as raspberries, strawberries and apples and vegetables growing. One of the residents loved to maintain this area with the help of staff.

Mid- morning, the inspector saw that residents were offered a choice of soup, coffee, tea, cold drinks, biscuits and fruit. For lunchtime, the inspector saw that the dining experience was a relaxed occasion, and the inspector saw that the food was well presented and appetising. Residents had a choice of meals from a menu that was updated daily. Staff provided assistance to residents, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently. Many of the residents chatted together or with staff during their meal and tables were nicely decorated with menus and condiments available for residents. Residents who spoke with the inspector were very complimentary regarding the quality and choice of food available to them.

Residents had access to television, radio, newspapers and books. There was an activities schedule in place, which provided residents with opportunities to participate in a choice of recreational activities, including music, games, movies, and arts and crafts. There were various items of residents' artwork on display in the centre. Staff were observed encouraging a resident who loved to knit during the day.

Many of the residents living in the centre, spent their day in the day room and sun room in the centre. A member of the team was assigned to activities, and the inspector saw that residents engaged in small group and one-one activities throughout the day. Residents appeared to enjoy large board games from an enable table, while others played drafts, and card games during the day. A reminiscence session was also facilitated, and residents chatted together about their experiences of their younger lives. Another resident loved to read the newspapers from "cover to cover." During the day, staff sat and chatted with residents in their bedrooms, or in the day room and it was evident that they knew residents likes and preferences well. There was a pleasant atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff. A resident told the inspector that staff were '' all wonderful here. ''

The inspector chatted and interacted with residents during the inspection. Those residents who were unable to communicate verbally were observed by the inspector to be comfortable and content. One resident told the inspector how their health had improved so much since coming to live in the centre and that with the help of the physiotherapist, their mobility had greatly improved. Another resident told the inspector that staff were " great altogether." Residents told the inspector that they could get up and go to bed at their preferred time and staff were respectful of their wishes. Residents were supported to go on outings from the centre, either on the centre's bus or in specialised taxis to maintain their links with the community. Residents views on the running of the centre were sought through residents meetings and from a review of minutes of these meetings, it was evident that residents views were respected and actioned by the management team.

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

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013, and to follow up on the findings of the previous inspection. The last inspection of this centre was in July 2025. It was evident that the management team had ensured that notifications were submitted as required in the regulations since that inspection. It was evident that staff and management ensured that residents were provided with a good quality service and that focused on promoting their well being and promoting their rights.

The registered provider for St. Gabriel's Community Hospital is the Health Service Executive (HSE). There was a clearly defined management structure in place. The person in charge reports to a head of service & integrated health care area lead in the HSE, who was available for consultation and support on a daily basis. This person had been notified as a person participating in management for the centre. The service is also supported by centralised departments, such as human resources, fire and estates and practice development.

There was a defined management structure in place. The person in charge was full time in position and was supported by a full time clinical nurse manager, who was supernumerary to the nursing roster in the centre. From speaking with residents and staff, and from a review of rosters, the number and skill mix of nursing and care staff was appropriate to meet the assessed needs of the 20 residents living in the centre. However, as identified on the previous inspection, the number and availability of housekeeping staff was not sufficient. From a review of rosters and speaking with staff, gaps remained in the housekeeping staff roster to ensure residents bedrooms were cleaned every day as outlined under Regulation 15 staffing.

The provider ensured staff were provided with training appropriate to their role and uptake of training was monitored by the management team. A staff nurse had recently completed a facilitator training programme with regard to detection of deteriorating of residents and there was a plan in place to roll this training programme out for staff in the coming weeks. The inspector reviewed the training matrix and saw that staff were up-to-date with mandatory training.

The inspector reviewed a sample of staff files and saw that records included the information required in Schedule 2 of the regulations. Garda Vetting Disclosure was sought prior to staff commencing employment.

The management team had a system in place, to monitor the quality and safety of care provided to residents, through a schedule of audit and oversight of key risks to residents. From a review of audits on the day of inspection, good levels of compliance were reflective of the findings of the inspection. There were effective communication systems in place, to ensure staff were kept up-to-date with changes, regarding residents and the service, through daily safety pause meetings and staff meetings.

The complaints procedure was displayed in the centre and records of complaints were maintained as required. The inspector reviewed the complaints records and saw that there was a very low level of complaints evident. These were seen to be actioned by the director of nursing, who was the complaints officer.

From a review of records maintained in the centre, it was evident that required quarterly notifications and required two day notifications were submitted to the office of the Chief inspector as required.

An annual review of the quality and safety of care provided to residents was prepared in consultation with residents and was available for review.

Regulation 14: Persons in charge

The person in charge was full time in position and had the required nursing and management experience to meet the requirements of the regulation. The person in charge demonstrated a good knowledge of their regulatory responsibilities and residents' assessed needs.

Judgment: Compliant

Regulation 15: Staffing

As found on the previous inspection of the centre, while the nursing and care staff numbers and skill mix was appropriate to meet the assessed needs of residents, there was not enough household staff available, to ensure that residents bedrooms were cleaned every day in line with the provider's guidelines. Assurances were provided that recruitment was underway to increase housekeeping hours in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff who spoke with the inspector demonstrate good knowledge of their roles and residents' care needs. There was good supervision of staff in place from the person in charge and the clinical nurse manager. The inspector reviewed the training matrix and found that staff were supported to attend mandatory training appropriate to their role with regard to fire safety, safeguarding vulnerable adults and managing responsive behaviour.

Judgment: Compliant

Regulation 19: Directory of residents

From a review of the directory of residents, it was evident it contained the information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

All records outlined in Schedule 2, 3 and 4 of the regulations were found to be stored in a safe and accessible format on the day of the inspection. Staff personnel files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 23: Governance and management

The inspector saw that there was a clearly defined management structure whereby lines of responsibility and accountability were clearly defined. The management systems in place were effective to ensure that the service was safe, appropriate consistent and effectively monitored.

An annual review of the quality and safety of care delivered to residents was prepared in consultation with the residents and was available for review.

Judgment: Compliant

Regulation 31: Notification of incidents

Records of incidents and accidents occurring in the centre was maintained in paper format. The inspector reviewed these records and saw that required notifications were reported to the office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre and easily accessible for residents and their visitors. The person in charge was the nominated complaints officer for the provider. Complaints were recorded and actioned by the person in charge.

Judgment: Compliant

Quality and safety

The inspector found that residents living in St. Gabriel's Community Hospital were supported and encouraged to have a good quality of life. There was evidence that residents' needs were being met through good access to health care services and opportunities for social engagement.

Residents received a good standard of health care and services were provided in line with their assessed needs. Residents had timely access to general practitioners, who visited the centre five times a week. Residents had good access to allied health professionals such as physiotherapy, dietitian, speech and language therapy and occupational therapy. Validated risk assessments were available to assess various clinical risks. Overall, care plans were found to be person centred and sufficiently detailed to direct care.

From discussions with the clinical nurse manager and link nurse for infection prevention and control, there was good oversight of resident-related multi-drug resistant organisms (MDROs) and healthcare associated infections (HCAIs). The inspector saw that communal areas, ancillary areas and residents' bedrooms were clean on the day of inspection.

The design and layout of the centre was appropriate to the number and needs of residents and in accordance with the statement of purpose.

Residents had assessments completed with regard to malnutrition and there was evidence of referrals where required to dietitian services. Residents dietary needs were well met in the centre. Residents gave very positive feedback regarding the quality and choices of snacks and meals available to them.

The provider ensured staff were up-to-date with training regarding safeguarding vulnerable adults and staff who spoke with the inspector were aware of how to recognise and report any concerns regarding abuse. Residents who spoke with the inspector reported feeling safe living there.

Resident's rights were promoted in the centre. Residents were supported to engage in group and one-to-one activities based on residents individual needs, preferences and capacities. The inspector found that there were opportunities for residents to participate in meaningful social engagement and activities. Resident meetings were held and records reviewed showed good attendance from the residents. There was evidence that residents were consulted about the quality of the service, the menu, and the quality of activities.

Regulation 17: Premises

The premises was well maintained and homely to meet the assessed needs of residents. There was evidence of a rolling programme of maintenance in progress and ancillary areas were being refurbished at the time of inspection. The design and layout of the centre met the needs of residents and promoted their independence.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents told the inspector that they found the quality and variety of food to be of a very good standard, whereby they were offered plenty drinks and snacks between meals. The inspector saw that most residents choose to eat in the dining room for the lunch time and evening meal. The dining experience for residents was social and friendly, where residents were seen to enjoy each others company, chat about local news and events. Meals were served appropriately and residents were offered choice. Residents who required assistance were offered it in a respectful and unhurried manner.

Judgment: Compliant

Regulation 27: Infection control

The person in charge was nominated as the lead for infection control and was supported in this role by a nurse who had completed link nurse training. On the day of inspection, the inspector saw that residents' bedrooms and communal areas were visibly clean. There was good oversight and monitoring of residents with infections and antimicrobial usage in the centre. While on the day of inspection, housekeeping resources were allocated, to ensure residents' bedrooms were clean, this was not in place seven days of the week as outlined under Regulation 15; Staffing.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' records and saw that residents' care plans were developed within 48 hours of admission to the centre. Validated assessment tools were used to assess clinical risks to residents and used to inform care planning. Care plans reviewed were noted to be sufficiently detailed to direct care and were person centred.

Judgment: Compliant

Regulation 6: Health care

Residents living in the centre had good access to medical services from local GP practices. Residents who required assessment and treatments from allied health and social health care professionals such as physiotherapists, dietitian, speech and language therapist and occupational therapist were referred and reviewed as required. The residents were also supported by the community palliative care, psychiatry, and community mental health nurses if required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector saw that the person in charge was working to reduce the number of restrictive practices such as bedrails in the centre and this had reduced from over 40 % to 30% since the previous inspection. A number of low beds had been purchased

to facilitate with this. Staff were up-to-date with training on managing responsive behaviour. Where residents presented with responsive behaviours, care plans reviewed showed evidence that distraction techniques and recognition of antecedents were implemented by staff.

Judgment: Compliant

Regulation 8: Protection

Residents told the inspector they felt safe living in the centre. The provider had a policy in place to safeguard vulnerable adults from abuse. Any allegations or incidents of abuse were investigated by the person in charge. There were robust systems in place for the management of any charges for extras such as hairdressing in the centre. The provider was not a pension agent for any residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities to participate in meaningful coordinated social activities that supported their interests and capabilities. Residents had access to independent advocacy as required. Residents who spoke with the inspector confirmed that they could choose the time they got up and when they went to bed. Residents views on the running of the centre were sought through residents meetings that were held in the centre every month. Residents had access to newspapers, television and internet access.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Gabriel's Community Hospital OSV-0000600

Inspection ID: MON-0050222

Date of inspection: 04/06/2026

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Multitask Assistant (MTA) staff vacancies have been advertised and shortlisting has been undertaken with interviews scheduled for the 23rd July 2026. In addition, a further recruitment campaign for Healthcare Assistants (HCAs) and MTA covering all long terms care facilities in the Cork South and West IHA has been advertised with a closing date for applications of the 3rd August 2026. Pending the filling of the vacant post, I can confirm that 0.6 WTE MTA has been assigned to cleaning in the unit.	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	07/09/2026