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:	Carndonagh Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Convent Road, Carndonagh, Donegal
Type of inspection:	Unannounced
Date of inspection:	26 March 2026
Centre ID:	OSV-0000616
Fieldwork ID:	MON-0048754

About the designated centre

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

Carndonagh Community Hospital is a designated centre registered to provide health and social care to 46 male and female residents primarily over the age of 65 who live in the Inishowen area.
It is a single-storey building, located a short drive from the shops and business premises in the town. There are three units Oak and Elm providing general and respite care and Ard Aoibhinn a dementia specific unit. The Oak and Elm units are part of the original building that dates from 1956. Accommodation for residents is provided in single, twin and four bedded multi-occupancy bedrooms. Ard Aoibhinn is a more recent addition that was opened in 2007 and where care is provided for people with dementia, in single and twin bedrooms. There are several communal seating and dining areas where residents can spend time during the day around a central courtyard. A day care service that is separate from the residential area is provided on-site.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42

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 26 March 2026	09:00hrs to 16:15hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector found that residents living in this centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were complimentary about staff and the care they provided. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a respectful and calm manner. This unannounced inspection took place over one day. There were 42 residents in the centre and four vacancies on the day of the inspection.

The inspector arrived in the centre mid-morning. A number of residents were relaxing in communal areas, while other residents were being assisted and supported by staff with their personal care needs. Following an opening meeting with a clinical nurse manager, the inspector completed a walk around the centre observing the care provided to residents, talking with residents and staff, and reviewing the residents' living environment.

Carndonagh Community Hospital is located on the Inishowen peninsula, on the outskirts of Carndonagh, County Donegal. The centre is a single-storey facility which is registered to provide accommodation for 46 residents. The centre comprises of three units, Oak ward, Elm ward and Ard Aiobhinn unit. Ard Aobhinn unit was designed and decorated to provide an environment to meet the specific needs of residents with symptoms of dementia. There were a number of communal areas available to residents throughout the centre for rest and recreation, including sitting rooms, dining rooms and activity rooms. There was sufficient space available for residents to meet with friends and relatives in private, should they wish to. There was also a chapel available which provided residents with a quiet space. Bedroom accommodation comprised of single and multi-occupancy bedrooms, a number of which were ensuite. Residents' bedrooms were bright and spacious, and provided residents with sufficient space to live comfortably, and with adequate space to store personal belongings. Residents were supported to decorate their bedrooms with personal items, such as ornaments and photographs, to help them feel comfortable and at ease in the home. All areas of the centre were designed and furnished to create a comfortable and accessible living environment for residents.

There was safe, unrestricted access to outdoor areas for residents to use providing residents with direct access to nature and fresh air. There was a variety of appropriate garden furnishings and seating available. Seasonal flowerbeds and vegetable planters provided residents with gardening opportunities throughout the year.

The centre was laid out to meet the needs of residents. Corridors were wide with appropriately placed hand rails to support residents to walk independently. There were ample storage facilities for residents' equipment, and corridors were maintained clear of items to allow residents with walking aids to mobilise safely

around the centre. Call-bells were available in all areas of the centre and were answered in a timely manner. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was very bright, warm and well-ventilated throughout.

The inspector spent time observing staff and residents' interactions in the various areas of the centre. Throughout the day, residents were seen to be content as they went about their daily lives. The majority of residents sat together in the communal areas. Some residents were watching television, listening to music, reading and chatting with each other and staff. Other residents were observed sitting quietly, watching the comings and goings in the centre. A small number of residents were in their bedrooms, preferring to spend time on their own, reading or listening to the radio. Residents were relaxed and familiar with one another and their environment. It was evident that residents were facilitated and supported to exercise choice in their daily routines.

Residents told the inspector that they were happy with life in the centre and that were well-looked after by staff. One resident said 'the staff are very good and kind, they would do anything for you'. Another resident said 'I love it here, everyone is so good'. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

Residents told the inspector that they had a choice in how they spent their day and that there were opportunities to take part in recreational activities should they wish to. There was an activities schedule in place, seven days a week, which provided residents with opportunities to participate in a choice of activities throughout the day. The inspector observed residents enjoying a variety of activities on the day of the inspection. There was a lively music session held in the afternoon where a number of residents and staff sang songs. Staff were available to support residents and to facilitate residents to be as actively involved in activities as they wished.

Staff who spoke with the inspector were knowledgeable about residents and their needs. While staff were busy assisting residents with their needs throughout the day, care delivery was observed to be unhurried and respectful. Communal areas were appropriately supervised and those residents who chose to remain in their rooms were supported by staff. The inspector observed that personal care was attended to in line with residents' wishes and preferences.

Friends and families were facilitated to visit residents. A number of visitors told the inspector that they were very satisfied with the care received by their loved ones and that they could speak with management if they had any concerns.

In summary, residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how

these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced monitoring inspection, carried out by an inspector of social services, to monitor compliance with the Heath Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The findings of this inspection reflected a commitment from the provider to on-going quality improvement that enhanced the daily lives of residents. This was evidenced through compliance with the regulations reviewed.

The registered provider of this designated centre is the Health Service Executive (HSE). The governance arrangements were well organised to ensure that residents were facilitated to have a good quality of life. There were sufficient resources in place in the centre to ensure that the rights, health and wellbeing of residents were supported. There was an established and clear management structure in place, with identified lines of responsibility and accountability at individual, team and organisational levels. There was a person in charge in post, supported by three clinical nurse managers and a full complement of staff, including nursing and care staff, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. Management support was also provided by the Service Manager for Older Persons Services. On the day of the inspection, the person in charge was not available, and the clinical nurse manager (CNM) who was deputising in their absence facilitated the inspection.

A review of the staffing rosters found that there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. The centre had a stable team, which ensured that residents benefited from the continuity of care provided by staff who knew their individual needs. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of registered nurses and a team of multi-task attendants. Staff demonstrated an understanding of their roles and responsibilities, and were observed to be interacting in a positive and considerate way with residents. Staff were observed working together as a team to ensure residents' needs were addressed. There were appropriate levels of supervision of care delivery in place on the day of the inspection.

Staff were facilitated to attend training that was up-to-date and appropriate to the service. A review of staff training records evidenced that all staff had completed relevant training to support the provision of safe care to residents. There were arrangements in place to provide supervision and support to staff.

Policies and procedures, required by Schedule 5 of the regulations, to guide and support staff in the safe delivery of care, were available to all staff.

The provider had management systems in place to monitor the quality and safety of the service. Clinical and environmental audits were completed which included reviews of infection control, care delivery, wound management, falls, responsive behaviour and care planning. Action plans were developed and completed, where areas for improvement were identified. An annual review of the quality and safety of the services had been completed for 2025, and included a quality improvement plan for 2026.

There were systems and processes in place to ensure effective communication between management and staff in the centre. Minutes of meetings reviewed by the inspector showed that a range of issues were discussed, including quality and safety, infection control, training, risk management and other relevant topics.

The provider had systems in place to ensure that records, set out in the regulations, were available, safe and accessible, and maintained in line with the requirements of the regulations.

The provider had contracts for the provision of services in place for residents, which detailed the terms on which they resided in the centre.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The centre had a risk register in place which identified clinical and environmental risks in the centre, and the risk control measures in place to mitigate those risks. Arrangements for the identification and recording of incidents were in place. There were systems in place to identify, document and learn from incidents involving residents.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Regulation 15: Staffing

The number and skill-mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role, and staff demonstrated an appropriate awareness of their training with regard to fire safety procedures and their role and responsibility in recognising and responding to allegations of abuse. Arrangements were in place to ensure staff were appropriately supervised to carry out their duties.

Judgment: Compliant

Regulation 21: Records

The inspector found that the records set out in Schedules 2, 3 and 4 were kept in the centre, and that they were available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance arrangements in place in the centre. There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach. There were sufficient resources available to ensure the effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place, which met the requirements of Regulation 34.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that the standard of care which was provided to residents living in this centre was of a good quality. Residents spoke positively about the care and support they received from staff. The inspector observed that residents' rights and choices were upheld, and their independence was promoted. Staff were respectful and courteous with residents.

Nursing and care staff were knowledgeable regarding the care needs of the residents, and this was reflected in the nursing documentation. The inspector reviewed a sample of residents' care records. A range of clinical assessments was carried out for each resident on admission to the centre to identify care and support needs using validated nursing assessment tools. The outcomes of assessments were used to develop an individual holistic care plan for each resident, which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. The care plans reviewed were person-centred and contained the necessary information to guide care delivery. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents had access to appropriate medical and healthcare services. Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise.

There were systems in place to provide effective end-of-life care to residents that was compassionate, and in line with their assessed needs and wishes. The centre had access to specialist palliative care services for additional support and specialist advice, if needed.

The provider promoted a restraint-free environment in the centre, in line with local and national policy.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse.

The inspector observed that management and staff ensured that residents' rights were respected and upheld. Residents were free to exercise choice about how they spent their day. Residents could retire to bed and get up when they chose. There was a schedule of recreational activities in place seven days a week and there were sufficient staff available to support residents in their recreation of choice and ability. Residents were provided with regular opportunities to consult with management and staff on how the centre was organised. This was evidenced in the minutes of resident meetings and satisfaction survey responses. Residents had access to an independent advocacy service.

The design and layout of the premises were suitable for their stated purpose and met the residents' individual and collective needs. Housekeeping staff were very knowledgeable about cleaning practices, and all areas of the centre were observed to be very clean, tidy and well maintained. Equipment used by residents was observed to be visibly clean.

Residents had a choice of meals from a menu that was updated daily. Snacks and refreshments were available throughout the day. Residents were complimentary about the quality of the food provided. One resident told the inspector that ' the meals are out of this world'. There were adequate numbers of staff available to residents who required assistance, and they were supported with their meals in a respectful and dignified manner. Residents who may be at risk of malnutrition were appropriately monitored. Appropriate referral pathways were established to ensure residents identified as at risk of malnutrition were referred for further assessment by an appropriate health and social care professional.

The person in charge ensured that there was effective communication in place between services when a resident required transfer to and from hospital or another facility. There was evidence of multidisciplinary meetings and discussions about discharge planning for short-term residents.

Fire procedures and evacuation plans were prominently displayed throughout the centre. There were adequate means of escape, and all escape routes were unobstructed, and emergency lighting was in place. Fire-fighting equipment was available and serviced as required. Staff were knowledgeable about what to do in the event of a fire.

Regulation 11: Visits

The inspector observed that visiting was being facilitated in the centre on the day of the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 13: End of life

Arrangements were in place to provide residents with appropriate care and comfort during their end of life, in line with their preferences and choices.

Judgment: Compliant

Regulation 17: Premises

The designated centre provided appropriate facilities for the number of residents and their assessed needs, in accordance with the statement of purpose.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily, providing a range of choices to all residents, including those on a modified diet. Residents were monitored for weight loss, and were provided with access to dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Where a hospital admission was required for any resident, the person in charge ensured that all relevant information about the resident was provided to the receiving hospital and that all relevant information was obtained on the resident's return to the centre. Arrangements were in place to ensure safe discharge planning for short-term residents.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy in place, which included all of the required elements, as set out in Regulation 26.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had person-centred care plans in place, which reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and health and social care professionals to meet their assessed needs.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives. Residents told the inspector that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant