



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Falcarragh Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Ballyconnell, Falcarragh, Donegal
Type of inspection:	Unannounced
Date of inspection:	09 June 2026
Centre ID:	OSV-0000619
Fieldwork ID:	MON-0050698

About the designated centre

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

Falcarragh Community Hospital is located in the town of Falcarragh and is a short walk from the shops and business premises. It is registered to provide care to 27 male and female residents over the age of 18 and accommodates residents from the local area, including Tory Island. The centre is located in a Gaeltacht area and staff and residents converse in Irish. Residents are accommodated in a number of single and multi-occupancy rooms. The centre is a purpose-built single-storey building. The philosophy of care, as described in the Statement of Purpose, is to "embrace positive ageing and place the older person at the centre of all decisions in relation to the provision of the service".

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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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 9 June 2026	09:00hrs to 16:30hrs	Catherine Connolly-Gargan	Lead
Tuesday 9 June 2026	09:00hrs to 16:30hrs	Gordon Ellis	Support

What residents told us and what inspectors observed

This unannounced inspection was completed over one day by two inspectors of social services. Overall, the inspectors found that residents were satisfied with living in the centre, and with the standards of care and the supports they received to meet their needs. Residents said that they felt safe and were comfortable living in the centre, and that they were well supported to live fulfilling and meaningful lives. Staff responded to residents' needs without delay and their interactions with residents throughout the day were observed to be kind, caring and person-centred.

On arrival, the inspectors were met by the person in charge, and after a short introductory meeting, the inspectors completed a walk around all areas of the centre premises, including additional areas in the premises that the provider intended to register as part of the designated centre. This initial walk around the designated centre gave the inspectors an opportunity to meet with residents and staff, observe staff practices and their interactions with the residents, and to get an insight into the residents' experiences of living in the designated centre. The inspectors observed that a number of the residents were up and eating their breakfast in the dining room or in their bedrooms, as they wished. Other residents were still sleeping, while other residents were preparing for the day with the assistance of staff.

Falcarragh Community Hospital is located on the perimeter of Falcarragh town in north-west Donegal. The designated centre is within walking distance to a local shop, the church and other amenities. The centre is a single-storey building. Works in the areas of the premises that the provider was intending to register as part of the designated centre were at an advanced stage, and temporary access to the designated centre was in place through this area of the premises.

The provider had a number of measures in place to ensure that residents living in the designated centre were not negatively impacted by the works taking place in the other areas of the building. Residents told the inspectors that they were very satisfied with the refurbishment works done in the designated centre, and that they felt safe, secure and comfortable in their lived environment.

Accommodation provided for the residents in the designated centre, including their bedrooms and communal areas, was maintained to a high standard, visibly clean, spacious, bright, homely, and comfortable. The inspectors observed that the layout of the residents' bedrooms ensured they could move around their bedrooms safely, and as they wished. Many of the residents had personalised their bedrooms with photographs and other personal items. Additionally, within the designated centre, each resident had adequate storage space for their clothing, and they could access their wardrobes, as they wished. Residents' lockers were located within close proximity to their beds to support them to easily access their possessions when they

were resting in bed. Each resident had a comfortable chair to rest in by their bedside, as they wished.

However, the inspectors observed that the single-occupancy bedroom G4, which the provider was proposing to use as a single-occupancy bedroom, was not adequate to meet residents' needs and rights, due to the layout of, and the circulation space available, in this bedroom. Furthermore, residents could not safely access the wardrobe in this bedroom due to its location, and there was not enough space by the bed and the door into the en-suite for a bedside locker. These findings were discussed with the person in charge on the day of the inspection. The inspectors observed that while works were at an advanced stage in the other areas of the premises the provider wished to register, further works were necessary to ensure completion to the required standards.

To facilitate the refurbishment project, the residents' sitting room was repurposed as a kitchen area, and was in use by the catering staff to receive residents' meals from an external catering provider. The centre's catering staff received and prepared the residents' meals to meet their individual preferences and their nutritional needs. The inspectors observed the residents' lunchtime meal again on this inspection, and residents said they were generally satisfied with the food they received. There was enough staff available to assist residents as needed with eating their meals.

Residents were observed by the inspectors participating in the varied social activities facilitated by the activity coordinator in the communal room, which was temporarily in use as the residents' sitting/dining room, pending completion of a dining room in an area of the premises currently outside the designated centre. The atmosphere was lively as the residents chatted together as they participated in the activities taking place. The residents had a routine where they all joined together for the rosary and took turns leading the prayers. A small number of residents spent time in their bedrooms, and the activity coordinator ensured they had opportunities to participate in social activities that were meaningful for them. One resident's quality of life was positively impacted with personal assistant hours. The outdoor courtyard had comfortable outdoor seating for residents' use, as they wished. Some of the residents were interested in gardening and were using the green house and raised planting beds to grow flowers and vegetables.

The next two sections of the report presents 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. Areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this unannounced inspection found that this designated centre was generally well-managed, and that the management and staff were committed to providing a good service to meet residents' needs, and to support them to live their best lives. This inspection was completed to assess the provider's application to the office of the Chief Inspector of Social Services to increase the designated centre's footprint and maximum occupancy from 27 to 34 residents. The inspectors also assessed the provider's compliance with the regulations, and reviewed notifications and other information received since the last inspection in February 2026.

The registered provider of Falcarragh Community Hospital is the Health Service Executive (HSE), and a service manager was assigned by the provider to represent them. As a national provider involved in operating residential services for older people, Falcarragh Community Hospital benefits from access to and support from a number of centralised departments to support them. The centre's local management team consisted of the person in charge supported by two clinical nurse managers. They oversee the work of a team of staff nurses, health care assistants, activity staff, catering and cleaning staff.

Although the management team were proactive in responding to deficits identified in service quality and safety monitoring, and the quality assurance processes were mostly informing improvements in the service, these processes were not effectively identifying deficits found on this inspection, including failure to provide sufficient resources to complete the refurbishment and fire safety works project by specified timelines. Furthermore, failure to recruit staff to fill staff vacancies without delay did not ensure that the staffing model used was effective, and that the service provided was in line with the centre's statement of purpose. The inspectors' findings are discussed further under Regulation 23: Governance and Management.

While the provider ensured that there was adequate staff with appropriate skills available to meet residents' needs, the staffing model in place depended on the availability of agency staff to replace staff vacancies, and planned leave was not sustainable or in line with the designated centre's statement of purpose. Staff were appropriately supervised, and they had access to, and opportunities to attend a range of training and development programmes to support them in their respective roles.

The provider ensured that each resident had a contract of care and service which was signed and dated in consultation with the resident concerned or on by their representative on their behalf. However, the contracts agreed with residents admitted for 'short stay' care did not adequately describe the terms and conditions of each resident's residency, and the fees to be paid by them, including when their residency extended beyond the funded 30-day period.

Records were maintained in the centre as required by Regulation 21: Records, and actions were completed since the last inspection to ensure all required information regarding each member of staff was maintained in the centre. All staff had completed appropriate An Garda Síochána vetting procedures.

The provider ensured all accidents and incidents involving residents were appropriately managed in the centre, and that notifications regarding specified incidents involving residents were completed and submitted to the office of the Chief Inspector, as required by the regulations.

Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet each resident's needs, taking into account the size and layout of the designated centre. Staff responded to residents' needs for assistance and support without delay. The person in charge assessed and closely monitored the staffing numbers and staff skills needed each day to ensure each resident's needs were met.

Arrangements were in place to ensure that additional staffing resources were available as needed, and that any unplanned and planned leave by staff was replaced.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge maintained a staff training record to monitor staff training. Staff were facilitated to attend mandatory and professional development training. Although a small number of staff did not have up-to-date training on safe moving and handling procedures on the day of the inspection, this training was scheduled. Staff had completed a variety of professional development training appropriate to their roles to ensure they had up-to-date knowledge and skills to meet residents' needs.

Each member of staff was appropriately supervised and was supported to perform their individual roles to the necessary standards.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 were held securely in the centre and were made available to the inspector for inspection. The inspectors reviewed a sample of four staff files and found that they contained all information as required

by the regulations. A record of up-to-date registration with the Nursing and Midwifery Board of Ireland (NMBI) for all nurses working in the centre was available.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not ensure that staffing resources in the centre were effectively planned and managed in accordance with the designated centre's statement of purpose. The provider replaced planned and unplanned staff vacancies with agency staff, and an arrangement in place where agency staff needed to be working in the service for greater than twelve months before they became eligible for employment by the provider was not a sustainable staffing model, or in line with the centre's statement of purpose.

The quality assurance systems in place for monitoring the quality and safety of the service were not effective and had not identified many of the inspectors' findings on this inspection. For example, although not available, environmental audits referenced that there was a hand-washing sink available in the cleaner's room.

The oversight of fire safety in the centre was not robust, as it did not adequately support effective fire safety arrangements and keep residents safe. For example;

- Fire safety checks in regards to appropriate storage arrangements did not identify storage issues which impacted on fire safety and resulted in an immediate action being issued to the provider.
- The provider's in-house fire management systems, such as audits and the fire register had not identified fire risks in the centre and did not fully support the oversight of fire in the centre. These were in regards to storage arrangements, fire precautions, fire containment, means of escape and fire drills. These are outlined in detail under regulation 28: Fire Precautions.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifications and quarterly reports were submitted as required and within the time frames, as specified by the regulations. A record of all accidents and incidents involving residents in the centre was maintained. Systems were in place to ensure all incidents and accidents involving residents were notified as required.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The short-stay contracts of care in place for twelve residents did not adequately describe the terms of their residency, the services to be provided to them, and the fees to be paid by each resident. Five of these residents were living in the centre for greater than 30 days, and their contracts of care had not been updated accordingly.

Judgment: Not compliant

Quality and safety

Overall, this inspection found that the service provided to residents was person-centred, organised around residents' individual preferences and choices, promoted their independence, and respected their rights. Residents were provided with good standards of nursing and health care, and they had sufficient opportunities to participate in meaningful social activities that were tailored to meet their interests and individual capacities.

Residents' nursing care and support needs were comprehensively assessed, and their care plans guided staff on providing high standards of person-centred interventions to meet their needs. Residents' care was delivered by staff in accordance with their needs, preferences and in line with their care plans.

Residents had timely access their general practitioners (GPs), other medical, and health and social care professional expertise, as they needed.

Residents were facilitated and supported to participate in varied and meaningful social activities that enabled them to continue to enjoy their recreational interests while living in the centre. Residents who preferred to spend time in their bedrooms had equal access to social activities that interested them, and in line with their individual capacities.

The designated centre premises had recently been refurbished to a high standard, and this provided the residents with a spacious, well maintained, and comfortable living environment.

Refurbishment and fire safety works in an area of the building adjacent to the designated centre were at an advanced stage. The inspectors completed an assessment of this area of the premises on this inspection, further to the provider's application to the chief inspector of social services to increase the footprint of, and the number of residents that can be accommodated, in the designated centre. The inspectors found that a number of works were necessary to ensure fire safety

requirements were completed, and that the layout of one single bedroom would meet residents' needs. The inspector's findings were discussed with the representatives of the provider on the day of the inspection.

This inspection found that the management of fire safety did not fully ensure the safety of residents, staff and visitors. The inspectors found non-compliance with fire-containment, visual deficiencies in the building fabric and fire doors, inappropriate location of combustible and flammable material and fire drills.

For example, items were identified to be stored under an electrical panel, which created a fire risk. Furthermore, flammable and combustible items were found in a boiler room and an ESB (Electricity Supply Board) room. This created a fire risk, and the storage of flammable items created a potential fire source should a fire occur. These and other examples of fire risks are outlined in detail under Regulation 28: Fire precautions.

The inspectors reviewed the fire safety register and noted that parts of it were well organised. In-house periodic fire safety checks were being completed and logged in the register as required. However, deficiencies identified, such as inappropriate storage, deficiencies to the building fabric, to fire doors and means of escape, had not been identified in the in-house routine checks.

There was a fire safety management plan and emergency fire action plan in place. The inspectors spoke with members of staff who had good knowledge of the procedures required for evacuating residents, and the procedures to be followed in a fire emergency. However, fire drill records based on the largest compartments, with the least amount of staff rostered during night-time hours, were not available on the day. As a result, an effective evacuation could not take place with the least number of staff available. This and additional fire risks are outlined under Regulation 28: Fire precautions.

Residents were adequately supported to practice their religion, and clergy from the different faiths were available as residents wished. The provider ensured residents were supported to speak freely and provide feedback on the service they received.

Effective measures were in place to safeguard residents from abuse; however, not all staff had completed up-to-date training in prevention, detection and response to abuse. Staff who spoke with the inspectors were knowledgeable regarding the reporting arrangements in the centre and their responsibility to report any concerns they may have regarding residents' safety.

The service was committed to a restraint-free environment, and where in place, restrictions were appropriately risk assessed and informed by the national policy guidelines in place.

Regulation 17: Premises

While the provider ensured that the designated centre premises were appropriate to the number and needs of the residents living in the centre, the following findings were not in accordance with Schedule 6 of the regulations, and were not in line with the centre's stated purpose;

- There were some areas where wall and ceiling surfaces required sealing and redecoration to address gaps in these surfaces.
- Bedroom G4, which the provider was proposing to use as a single-occupancy bedroom, was not adequate to meet residents' needs and rights, due to the layout of, and the circulation space available, in this bedroom. Furthermore, residents could not safely access the wardrobe in this bedroom due to its location, and there was not enough space by the bed and the door into the en-suite for a bedside locker.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Treatment recommendations received by telephone and in place for a resident further to a podiatry specialist review in hospital, were not available in a documented format for reference in the centre and to guide one resident's care.

Judgment: Substantially compliant

Regulation 27: Infection control

Actions by the provider were necessary to ensure that the centre complied with procedures consistent with the National Standards for Infection Prevention and Control in Community Services (2018) and that residents were protected from risk of infection, as follows:

- Appropriate hand-washing facilities were not available in the cleaner's room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Refurbishment and fire safety works in the Gola Wing, an area of the building adjacent to the designated centre, were at an advanced stage. The inspectors found that additional works were necessary to ensure fire safety requirements were

completed. These findings were discussed with the representatives of the provider on the day of the inspection.

The provider had completed commitments identified on a previous inspection. Notwithstanding this, the provider was non-compliant with the regulations and improvements were required in the following areas:

- Day-to-day arrangements in place in the centre required improvement to provide adequate precautions against the risk of fire, and some fire risks identified required immediate action by the provider. This was evidenced by the following fire risks:
- Inappropriate storage practices created a fire risk in relation to flammable and combustible items found in a boiler room and an ESB room. Garden machinery, cardboard and wood were found in the boiler room. A container of oil and grease, along with discarded waste and cardboard boxes, were found in the ESB room. This was highlighted to the person in charge in the form of an immediate action and was addressed on the day of the inspection.
- In a store room, items were identified to be stored under an electrical panel, which created a fire risk. This was highlighted to the person in charge in the form of an immediate action and was addressed on the day of the inspection.
- Residents' external smoking area did not contain a call-bell or a fire extinguisher. This required a review.
In a kitchen, signage was missing from isolator switches to inform staff of their function in the event of an emergency.
- An external assemble fire point was partly taken up by parked cars. This reduced the area required for residents to assembly in the event of an external evacuation.

The provider did not provide adequate arrangements for maintaining the means of escape and the building fabric. For example:

- An enclosed courtyard was found not to be provided with adequate means of escape from within the courtyard. The fire exit door back into the building was fitted with a magnetic locking mechanism. However, the door was missing a manual override (green break glass unit) from the courtyard side. Furthermore, the courtyard was not provided with a gate. This created a risk of residents becoming trapped in the courtyard in the event of a fire.
- While most fire doors were in good condition, some had fire door deficiencies. For example; missing fire seals (intumescent strips/smoke seals) were identified on a laundry door, a store room door, and a set of cross-corridor doors. A set of cross-corridor doors had gaps that exceeded permissible allowable tolerances, which will allow smoke and fire spread between zones. Some doors failed to close fully beyond the latch. Specifically, a bedroom door was disconnected from its closer and a store room door lacked a self-closing device. A laundry room door had leaking hinges and missing screws, compromising its fire-rating stability. Furthermore, fire doors were missing identification tags to indicate the fire rating of each door.

Arrangements for containment of fire and detection in the event of a fire emergency in the centre were not adequate. For example:

- The containment measures of a fire door in a kitchen pantry were compromised. An air vent was found to be fitted above the fire door. This would allow smoke and fire to bypass the fire door.
- In an external building that consisted of an ESB room, a boiler room and a store room, significant containment breaches were identified and there was a lack of fire separation between these high-risk rooms. Large openings and penetrations through ceilings and walls were noted. The fire resistance deficiencies and linings of the enclosure to these rooms required a review. Furthermore, the area outside these rooms are used as an external evacuation route.
- In the Gola Wing, a bedroom door on a fire floor plan was indicated to be a 60-minute fire resistance door and compartment boundary. However, a 30-minute fire resistance door was noted to be fitted. The same issue was identified in a set of cross-corridor doors adjacent to this bedroom. This required a review.
- A service room was found with penetrations through a fire rated ceiling. A previous fire stopping detail had been opened up around a large cable. Furthermore, a hole in the ceiling and gaps were noted around a steel conduit.
- Fire detection was missing from an electrical cupboard along a corridor and in a kitchen cupboard.

The registered provider did not ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre, and so far as is reasonably practicable, residents, were aware of the procedure to be followed in the case of a fire. For example:

- While fire evacuation drills were taking place, a simulated fire evacuation drill based on the largest compartments, an eight-bedded compartment in the existing centre and a seven-bedded compartment in the Gola wing with the least amount of staff rostered during night time hours was not available on the day. The inspectors were not assured an effective evacuation could take place with the least amount of staff available. These were subsequently submitted by the provider for review and were satisfactory.

The displayed procedures to be followed in the event of a fire did not accurately reflect the layout of the centre. For example:

- Evacuation floor plans were not on display along all corridors or at fire alarm repeater panels and required a review to ensure the accuracy now that fire safety works had been completed.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed on admission, and regularly thereafter. The information in the care plans developed to meet residents' assessed needs clearly detailed the care and supports to meet their needs in accordance with their individual preferences and usual routines. Residents' care plans were reviewed and updated in consultation with them and/or their representatives, as appropriate.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with timely access to their general practitioner (GP) and other medical services including psychiatry of older age services. Residents were appropriately referred and had timely access to health and social care professionals, as needed. Treatment recommendations made by healthcare professionals were incorporated into residents' care plans and were implemented. Residents were supported to attend out-patient appointments as scheduled.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were no residents in the centre at the time of this inspection who experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff were facilitated to attend training to ensure they had appropriate knowledge and skills to effectively support and protect residents with dementia and responsive behaviours as necessary.

The centre's management and staff were committed to reducing the use of full-length restrictive bed-rails with trials of less restrictive alternatives and further to ongoing regular review.

Judgment: Compliant

Regulation 8: Protection

Although staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre, four staff had not attended up-to-date safeguarding residents from abuse training.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were respected, and they were encouraged to make individual choices about their day-to-day lives in the centre. Residents' privacy and dignity were respected in their lived environment, and by staff caring for them in the centre. Staff ensured that residents had the necessary information to support them with making informed personal choices, decisions, and regarding their positive risk taking.

Residents were provided with a variety of opportunities to participate in meaningful social activities that suited their individual capacities and in accordance with their preferences.

Residents were supported to practice their religions, and clergy from the different faiths were available to meet with residents. Residents had access to televisions, telephones and newspapers and were informed about and supported to avail of advocacy services, in consultation with them and as they wished.

Residents were provided with opportunities to be involved in the running of the centre, and their views and suggestions were sought, with the support of their representatives, as appropriate. This feedback was valued and utilised by the service to enhance residents' experiences and improve their lived environment.

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	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 24: Contract for the provision of services	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not 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	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Falcarragh Community Hospital OSV-0000619

Inspection ID: MON-0050698

Date of inspection: 09/06/2026

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Registered Provider Representative actively engages with HR / Recruitment to ensure all vacant posts are progressed and filled in a timely manner. Two Agency staff who were eligible for agency conversion posts are being progressed currently. There are a number of vacant posts which are currently at various stages of the recruitment process for this centre. In the interim agency staff are in place to ensure adequate staffing arrangements to the roster .</p> <p>The HSE IPC team completed an audit of the cleaner's room and the storage facilities in the centre on 17/08/26 and confirmed the presence of a Janitor's hand wash sink available in T27 and a separate identified store for clean bed linen and incontinence wear in T28.</p> <p>The provision of a janitor's hand wash sink, hand soap and alcohol hand gels via wall dispenser in the cleaner's store ensures that arrangements are in place to support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection. Furthermore all staff are provided with personal alcohol hand gels and the centre has 100% compliance with Hand Hygiene training enabling safe effective cleaning and compliance with HIQA National Standards for Infection Prevention and Control in Community Services 2018.</p> <p>All clean bedlinen and residents incontinence wear are stored in (T28) an identified storeroom designated specifically for this purpose following the last inspection on 17/02/26.</p> <p>An additional 18.5sqm of storage space will be available upon the registration of Gola wing and this will address the inappropriate storage identified by the inspectors and affirm regulatory compliance.</p>	

The inappropriate storage identified by the inspectors in rooms T22 services room and T34 Comms room has been removed and the PIC has a system in place to inspect these rooms on a regular basis throughout the day and night. This inspection process is recorded on the daily quality and safety management report and overseen by PIC and CNMs.

An additional Fire extinguisher has been installed next to the door leading out to the identified residents' smoking area (landscaped courtyard east). The fire extinguisher is clearly signed, unobstructed and easily accessible from both sides of the doorway. Smoking protection aprons are available for use and are located next to the door leading out to the identified residents' smoking area. A mobile resident alarm/call bell is now available for use by residents who wish to use the identified smoking area so they may summon assistance from staff if required. A hardwired call-bell is being installed in the smoking area that will be easily accessible for all residents, to be completed by 23/10/26.

A gate has been installed in the identified courtyard which provides an adequate means of escape in the event of a fire and green break glass units have been fitted to override the magnetic locking mechanisms.

The Fire safety deficits identified by the inspectors were escalated to HSE Estates and the contracted Fire safety Engineering Consultants who completed the required remedial fire safety and access works in compliance with Part B Fire Safety of the Building Regulations.

Completion of these remedial works ensures robust governance and management of fire safety in the centre, providing safe and effective fire safety arrangements ensuring residents' safety is a priority at all times.

The Registered Provider Representative is aware of all risks identified in this centre and has clear oversight of any such risks, they also liaise with the PIC regarding effective management of such risks and actions taken to address these risks. All actions taken to reduce risk in this centre is completed by the RPR and PIC.

Regulation 24: Contract for the provision of services	Not Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

The Registered Provider Representative has reviewed and amended the centre's short stay contract of care to ensure it clearly describes the terms and conditions of short stay residency, the services being provided and the fees to be to be paid.

This will assure regulatory compliance and safeguard residents' needs and rights.

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: An additional 18.5sqm of storage space will be available upon the registration of Gola wing and this will address the inappropriate storage identified by the inspectors and affirm regulatory compliance in accordance of Schedule 6 of the regulations.</p> <p>Work has been completed to seal and redecorate the gaps in walls and ceilings identified by the inspectors.</p> <p>Following the inspection, the Provider and PIC met with HSE Estates department and IPC team to review the constrained layout of proposed bedroom G4, available circulation space of this room and the concerns raised by the inspectors at the provider's proposal to use this room as single occupancy overnight accommodation. This room is now proposed as a store room.</p> <p>The PIC subsequently submitted a revised SOP (V16) and a revised floor plan DL015/01/150 S showing the changed proposal to the inspector. The number of the room has been revised to G22.</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>The PIC and CNMs reviewed the clinical communication pathway with MDT and a robust system is now in place so that all MDT recommendations are now received in a documented format. This will provide clear documented evidence to inform residents' care and ensure regulatory compliance.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>An identified storeroom (T28) for clean bedlinen and incontinence wear was actioned following the last inspection on 17/02/26. This subsequently ensured no risk of cross-contamination to residents.</p> <p>An additional 18.5sqm of storage space will be available upon the registration of Gola</p>	

wing and this will address the inappropriate storage identified by the inspectors and affirm regulatory compliance with National Standards for Infection Prevention & Control in Community Services (2018) by using the available resources to meet the center's IPC needs.

The HSE IPC team completed an audit of the cleaner's room and the storage facilities in the centre on 17/08/26 and confirmed the presence of a Janitor's hand wash sink available in T27 and a separate identified store for clean bed linen and incontinence wear in T28.

The provision of a janitor's hand wash sink, hand soap and alcohol hand gels via wall dispenser in the cleaner's store ensures that arrangements are in place to support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection. Furthermore all staff are provided with personal alcohol hand gels and the centre has 100% compliance with Hand Hygiene training enabling safe effective cleaning and compliance with HIQA National Standards for Infection Prevention and Control in Community Services 2018.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PIC, HSE Estates and HSE contracted Fire Safety Engineering Consultants have reviewed the day to day Fire safety precautions and arrangements and in the centre. The following risk management plan is in place to mitigate the risks identified by the inspectors:

HSE Estates and HSE contracted Fire Safety Engineering Consultants have reviewed the external building that consists of an ESB room, a boiler room and a store room and the PIC is awaiting a report on the assessment of same. The report will be submitted to the inspectors once received.

The Absence of Fire detection from an electrical cupboard along a corridor and in a kitchen cupboard has been addressed and is now fully compliant.

The inappropriate storage identified by the inspectors in rooms T22 services room and T34 Comms room has been removed and the PIC has a system in place to inspect these rooms on a regular basis throughout the day and night. This inspection process is recorded on the daily quality and safety management report and overseen by PIC and CNMs.

HSE Maintenance will provide a small steel shed for the safe and appropriate storage of garden equipment – to be completed by 23/10/26.

An additional Fire extinguisher has been installed next to the door leading out to the identified residents' smoking area. The fire extinguisher is clearly signed, unobstructed and easily accessible from both sides of the doorway. Smoking protection aprons are available for use and are located next to the door leading out to the identified residents' smoking area. A mobile resident alarm/call bell is now available for use by residents who wish to use the identified smoking area so they may summon assistance from staff if required. In addition to this a hardwired call-bell is being installed in the smoking area that will be easily accessible for all residents, to be completed by 23/10/26.

The missing signage required for the isolator switches in the main kitchen has been installed so that staff are fully informed of their functions in the event of an emergency.

A new Fire Assembly Point will be located to the east side (main entrance side) of the new car parking area. This location is in proximity to the main entrance, and also ideally located should residents need to be transferred to another facility for further care in the event of a major fire or emergency incident at the centre.

The PIC, HSE Estates and HSE Fire Officer have reviewed the arrangements for maintaining the means of escape and the building fabric and the following actions have been completed:

A gate has been installed in the identified courtyard which provides an adequate means of escape in the event of a fire and green break glass units have been fitted to override the magnetic locking mechanisms.

A green break glass unit has been fitted to the courtyard side of the fire exit door into the building.

The Fire Safety deficits identified by the inspectors in relation to the fire doors and the visual deficiencies in the building fabric have been addressed by HSE estates and the contracted Fire Engineering Consultants. The remedial works have been completed in compliance with Part B Fire Safety of the Building Regulations.

Fire Evacuation floor plans have been reviewed and updated by HSE estates and the contracted Fire Engineering Consultants to ensure they now accurately reflect the floorplan of the centre following the completion of fire safety works. The plans are displayed along all corridors and at fire alarm repeater panels.

The aforementioned actions ensure fire safety arrangements, means of escape and the building fabric fully comply with Regulation 28 and protect all residents from harm.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
The PIC has completed a review of the training records and confirmed that the four staff identified as not having completed Safeguarding Residents from Abuse training will complete the training. Additionally the PIC can confirm that face to face safeguarding training for all staff is scheduled to take place during 8th & 22nd of October 2026.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/10/2026
Regulation 23(1)(d)	The registered provider shall ensure that management	Not Compliant	Orange	31/10/2026

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Not Compliant	Orange	30/06/2026
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Not Compliant	Orange	30/06/2026
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall	Not Compliant	Orange	30/06/2026

	relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.			
Regulation 25(2)	When a resident returns from another designated centre, hospital or place, the person in charge of the designated centre from which the resident was temporarily absent shall take all reasonable steps to ensure that all relevant information about the resident is obtained from the other designated centre, hospital or place.	Substantially Compliant	Yellow	30/06/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/10/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable	Not Compliant	Orange	14/08/2026

	fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	14/08/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	14/08/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	14/08/2026
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in	Substantially Compliant	Yellow	14/08/2026

	the designated centre.			
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	31/10/2026