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:	Killybegs Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Donegal Road, Killybegs, Donegal
Type of inspection:	Unannounced
Date of inspection:	23 July 2026
Centre ID:	OSV-0000620
Fieldwork ID:	MON-0048757

About the designated centre

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

Killybegs Community Hospital is a purpose-built two-storey centre for 33 residents which opened in 2001 in the town of Killybegs in County Donegal. It provides long-stay accommodation for 13 residents and there are five respite, four convalescent, four rehabilitation, six assessment and two palliative care beds available to people from the catchment area of South West Donegal and there are approximately 300 admissions and discharges to the centre each year. Accommodation is provided on the first floor and a shaft lift and stairs allows residents and visitors to move between floors. There are six-single bedrooms, four of which have accessible en-suite bathroom facilities. The remaining two have a wash-hand basin in the room and are located in close proximity to an accessible toilet. There is also an additional single room used for palliative care which has en-suite bathroom facilities and a sitting room with overnight facilities and a kitchenette. Overhead tracking hoists have been installed in all bedrooms to assist residents. There is a spacious dining room and sitting room facing the front of the centre which have large floor-ceiling windows and provide a pleasant view of the sea. There is an enclosed garden provided for the residents. Car parking is available to the front and back. A range of additional Health Service Executive (HSE) community health services are based on the ground floor and these are also available to residents including physiotherapy, occupational therapy, X-ray facilities and blood-testing clinics.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22

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 23 July 2026	08:30hrs to 17:00hrs	Sandra Rowland	Lead

What residents told us and what inspectors observed

Overall, residents living in Killybegs Community Hospital were content with the service they were receiving. The inspector spoke with many residents during the day. They stated that 'It's good here and generally I am happy overall '; another resident said, 'I like it here very much, staff are nice to me'. Residents said that they 'liked to get out as much as possible' and 'enjoyed spending time in the garden'.

There was a relaxed atmosphere in the centre on the morning of the inspection which commenced at 8:30am. Staff were attending to residents and supporting them with their morning routines in a respectful manner. Kind and friendly interactions were observed throughout the day. It was evident that staff knew residents well and were familiar with their care requirements. The inspector observed staff seeking consent before supporting residents and knocking on their bedroom doors prior to entering.

The inspector observed the lunch time experience for residents in the centre. A small number of residents chose to have their lunch in their bedrooms. They were supported by staff as required. Some residents also had their lunch in a smaller seating area. Staff informed the inspector that they used this area for residents who required more assistance with their nutrition and hydration needs. Residents were offered a choice for their food and drinks. There was also a selection of condiments available. The food appeared wholesome and nutritious, while staff also checked with residents if they required an additional portion after finishing their meal.

Killybegs Community Hospital is situated a short distance from the harbour in the seaside village of Killybegs. It is a purpose-built, two-story building where residents are accommodated on the first floor. The residents use the ground floor facilities for the chapel and the laundry. The centre was outsourcing all laundry services at the time of the inspection. The inspector was informed that the laundry in the centre was used infrequently, when it was required. The remainder of the ground floor accommodates a day service for the local community, an office space where external health and social care professionals hold clinics and X-ray facilities. The centre is spacious, bright and well laid out. Residents' bedrooms are personalised with family pictures and other ornaments to create a homely environment.

The centre is registered to accommodate 33 residents. The inspector was informed that the centre currently accommodates up to 22 residents due to the ongoing recruitment of staff. There were 21 residents residing in the centre on the day of the inspection. Residents were accommodated in a mix of single and multi-occupancy bedrooms which varied between two and three beds.

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 unannounced inspection was carried out to monitor the provider's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended).

The Health Service Executive (HSE) is the registered provider of the Killybegs Community Hospital. The centre benefits from the additional oversight and governance provided by the Health Service Executive (HSE). The person in charge is supported by two clinical nurse managers, a team of registered nurses, healthcare assistants, multitask assistants, housekeeping staff, activities staff, clerical staff, maintenance and the catering team. The most senior clinical nurse manager deputises in the absence of the person in charge.

Current Nursing and Midwifery Board of Ireland (NMBI) registration for all nurses employed in the centre was made available to the inspector on the day of the inspection.

The inspector reviewed the complaints log, which was maintained in the centre. There had been no complaints logged since March 2025. Residents informed the inspector what they would do in the event they wished to make a complaint and were satisfied that they would have their complaint acknowledged and managed appropriately. Additional information on the services available to residents, such as the Patient Advocacy Services (PAS) to help residents make a complaint, was displayed in an accessible format.

This inspection found that the skill-mix and number of staff available were appropriate for the size and layout of the centre, and they met the needs of the residents currently residing there. The management team spoke about the ongoing recruitment to fill vacancies in the centre. Agency staff were used when required; however, at present, the centre did not frequently use agency staff. When they did, familiar agency staff were available.

There were robust systems in place to ensure that the centre was effectively monitored. The inspector reviewed minutes from governance meetings and staff meetings held in the centre. In addition, there was a comprehensive audit programme, with action plans that were timely and specific. Monitoring systems in the centre had not ensured that all staff currently employed in the centre were up-to-date with their mandatory training requirements. This is discussed under Regulation 16: Training and staff development.

Mandatory training on manual handling, infection prevention and control, hand washing and fire had expired for a significant number of staff employed in the centre. Although the inspector did not observe any impacts directly linked to this during the inspection, the shortfalls posed a significant risk to residents' care and welfare.

Regulation 15: Staffing

The number and skill-mix of staff was appropriate for the size and layout of the centre and to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The compliance with mandatory training in the centre required review to ensure compliance with the regulations. This was evidenced by the following:

- Fire training had expired for 10 staff members. This was scheduled for the week after the inspection.
- Infection prevention and control training had expired for 10 staff members.
- Manual handling training had expired for seven staff members.
- Training on hand hygiene had expired for six staff members.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was maintained in the centre and met all the requirements as set out under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were robust systems in place for the monitoring and review of the centre. However, the management and oversight systems in place had not ensured that the centre was in compliance with the regulations. This was evidenced by:

- A significant number of staff did not have up-to-date mandatory training on fire, infection prevention and control, manual handling and hand hygiene, as discussed under Regulation 16: Training and staff development.
- Storage arrangements and cleaning of the centre were not adequate, as discussed under Regulation 27: Infection control.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There were no complaints logged in the centre since March 2025. Staff were knowledgeable on the complaints procedure and their role in supporting residents who may wish to make a complaint. The complaints procedure was set out and displayed for residents.

Judgment: Compliant

Quality and safety

This inspection found that residents living in Killybegs Community Hospital were supported to live well, make decisions relating to their care and had their rights promoted. Residents were observed making choices on how they spent their day.

The inspector reviewed the use of restrictive practices in the centre. The centre was operating under the current national guidelines on restrictive practice and aiming to reduce the number of restraints used. There was documented evidence that alternative options were explored with residents, with an aim to use the least restrictive option. Where a restrictive practice was used, there were up-to-date risk assessments available. All the appropriate safety and monitoring measures were recorded in the residents' care plans to guide staff on the correct protocols.

There was evidence that the centre was safeguarding residents' rights, including residents who may display responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). However, there was no safeguarding care plan in place for residents who may display responsive

behaviours, such as entering other residents' rooms unintentionally, that reflected the information on the interventions that staff were implementing.

The inspector reviewed a large selection of care plans and found that they were personalised and comprehensive. They were reviewed in the required time frame and updated in the event of any changes to the residents' needs. Staff were knowledgeable about the contents of the care plans and their role in maintaining person-centred documentation.

Residents' health and social care needs were met in a timely manner by a range of health and social care professionals. Staff were responsive to any changes for residents relating to their health and welfare. Residents had access to general practitioner (GP) services as required. Additional specialities available included a physiotherapist, speech and language therapist, occupational therapist, dietician, tissue viability nurse specialist, palliative care services and psychiatry of later life.

This inspection found that storage arrangements in the centre required review to ensure compliance with the regulations. Current storage arrangements meant that clean linen and incontinence wear were stored alongside other equipment such as hoists, the weighing chair, a ladder and other household supplies. This posed a cross-contamination risk for residents.

Regulation 27: Infection control

The provider generally met the requirements of the regulation and the National Standards for infection prevention and control in community services (2018); however, repeat findings were evidenced on this inspection, which were not in line with best-practice, including:

- Residents' incontinence wear was out of packaging and stacked on the windowsill of an open window.
- There was staining on the floor in the sluice room and laundry room.
- Clean linen and incontinence wear were stored with other equipment such as hoists, a weighing chair, a ladder, and other household supplies.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans reviewed were person-centred and provided up-to-date comprehensive information on the care and supports required by residents.

Judgment: Compliant

Regulation 6: Health care

Residents had access to health and social care professionals in a timely manner. This includes general practitioners (GPs) and additional services such as physiotherapy, speech and language therapy, occupational therapy, dietetics, palliative care and psychiatry of later life.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restrictive practices used in the centre were managed as per the national guidelines on restrictive practices. Risk assessments were available and up-to-date for all residents who were using a restraint. There was evidence that alternative options were explored.

Judgment: Compliant

Regulation 8: Protection

Residents with a diagnosis of dementia who may wander into other residents' bedrooms unintentionally and display episodes of responsive behaviour did not have a safeguarding care plan in place.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were protected, and they were encouraged to make choices about their lives and how they spent their days.

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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 27: Infection control	Substantially 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 Killybegs Community Hospital OSV-0000620

Inspection ID: MON-0048757

Date of inspection: 23/07/2026

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 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Following the inspection, the mandatory training records were reviewed to identify any outstanding training records.

Fire training that had expired for 10 staff members was scheduled for the week after the inspection and has been completed. All staff are now compliant with fire training.

The infection prevention and control training that had expired for staff members has been completed.

Manual Handling training has been completed since the inspection and all staff are now compliant.

Hand Hygiene that had expired for 6 staff members has been completed.

All staff training compliances will be reviewed by the Person in Charge/Director of Nursing monthly. Training Compliance will also be reinforced at monthly staff meetings, with staff reminded of their responsibility to ensure that all mandatory training remains current and completed within the required timeframe. Going forward, where a staff member's mandatory training certificate has expired, the staff member will be formally notified in writing and instructed to complete the outstanding training within a specified timeframe.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The specific actions taken in relation to mandatory training and infection prevention and control are detailed under Regulation 16 and Regulation 27.

Compliance will continue to be monitored through the centre's governance, audit and review processes to ensure actions are sustained and any issues are identified and addressed promptly.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

All excess incontinence products have been removed from the windowsill in the linen room and are now stored appropriately in unopened packaging. Staff have been reminded that continence products must not be stored in open packaging in the linen room. Individual resident continence products are stored in bedside lockers.

Sluice room & laundry room floors have been thoroughly cleaned and a cleaning schedule has been implemented to ensure ongoing maintenance of these areas.

Storage arrangements throughout KCH have been reviewed. Clean linen and incontinence products are now stored separately from equipment in closed, lockable cupboards in the hospice-end storeroom. These arrangements have been reviewed and approved by the IPC Team.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Following the inspection, the care plans of residents with dementia who may wander into other residents' rooms unintentionally were reviewed. Individual safeguarding care plans have commenced and clearly identify the resident's needs, potential risks & known

triggers. These care plans provide staff with guidance on appropriate interventions to support residents and safeguard both the resident concerned and other residents.

These care plans are reviewed and evaluated by the nursing staff as required and are overseen by the Clinical Nurse Managers.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	08/10/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	08/10/2026
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	30/07/2026

Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	24/07/2026