Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Fionnan's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Achill Sound, Mayo
Type of inspection:	Unannounced
Date of inspection:	04 June 2026
Centre ID:	OSV-0000650
Fieldwork ID:	MON-0050553

About the designated centre

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

St Fionnan's Community Nursing Unit is a purpose-built single-storey building which is registered to accommodate 30 male and female residents. The centre is located in Achill Sound and overlooks the coastline. It is close to the church and local amenities including hotels, shopping facilities and the library. Care is provided to persons aged 18 years and over who require long-term care or periods of respite care. Residents with dementia care needs and end-of-life care needs are accommodated. The environment is homely, comfortable and well maintained. A safe, well-cultivated courtyard garden is available for residents and this is accessible from several points of the building. Nursing and care staff are available 24 hours per day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 June 2026	09:00hrs to 16:30hrs	Celine Neary	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were well cared for in a supportive environment by a team of kind staff who knew them well. Residents reported feeling safe and comfortable in the care of staff and described them as attentive and caring. Staff were observed to deliver care and support to residents, which was kind and respectful and in line with their assessed needs. Staff knew residents' wishes and preferences very well.

This was an unannounced monitoring inspection conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse. This inspection found that the provider had put appropriate measures in place to ensure that residents were safeguarded against all forms of potential abuse.

There were 23 residents in the centre with seven vacancies on the day of the inspection. There was one communal area available to residents in this centre, along with a dining room, oratory and sensory room. Residents also had free access to a safe and enclosed courtyard garden area, which was well maintained and tastefully landscaped.

Some residents chose to remain in the privacy of their own bedrooms. Residents were observed to be content as they went about their daily lives, and were comfortable and familiar with one another and staff. Familiar, respectful conversations were overheard between residents and staff, and there was a relaxed, convivial atmosphere in the centre. As the day progressed, residents were observed watching television, reading, chatting to one another and staff or participating in activities. An art therapist was present on the day of inspection, and several residents took part in art therapy.

Following an opening meeting with the clinical nurse manager, the inspector did a walk around of the premises. The centre was well laid out to meet the needs of residents. The centre was exceptionally clean throughout. The centre was bright, warm and well-ventilated throughout. Corridors were wide, and there were appropriately placed hand rails to support residents to walk independently. There was a sufficient number of toilets and bathroom facilities available to residents. Call-bells were available in all areas.

The provider had replaced flooring in several areas, with the exception of some bedrooms awaiting new flooring. The inspector observed that several walls had damp patches along the corridor, adjacent to bedrooms 1 to 15. Furthermore, three walls in bedroom 5 were also in a poor state of repair, with extensive dampness visible throughout. The inspector observed that the paint on grab rails in residents' en-suite bathrooms was visibly worn and chipped.

The inspector was able to walk into the nurse's office without assistance from staff, as this room was left unlocked. This meant that medical files and medications stored in an internal room were not stored securely.

The inspector observed and heard staff interactions with residents, which were patient and kind. Staff were helpful and attentive to residents' requests for support and assistance. Staff were familiar with residents' care needs and facilitated these in a timely manner. There was sufficient staff on duty to support all residents.

The inspector spoke in detail with a total of seven residents. Those residents who spoke with the inspector said that they were satisfied with life in the centre. One resident said, 'it is a good home', 'I am happy enough here', while another resident told the inspector that 'everything is good'. Residents said that they were well cared for by staff. 'Staff are great', 'they are good here' and 'I like it here', were among some of the comments made by residents. There were a number of residents who were unable to speak with the inspector and were therefore not able to give their views of the centre. However, these residents were observed to be comfortable in their environment.

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 inspection carried out by an inspector of social services with a focus on safeguarding and to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). The inspector followed up on the actions taken by the provider to address areas of non-compliance found on the inspection in June 2025.

Residents were receiving a good standard of care where their individual social, religious and health care needs were met in a safe and secure environment. The statement of purpose described the current management structure of the designated centre. This structure ensured that arrangements were in place that contributed to residents experiencing a quality service, where they were safeguarded as far as possible from all incidents of abuse. However, the governance and management of the premises, and recruitment restrictive practices were found not compliant.

The registered provider of this centre is the Health Service Executive (HSE). There is a clearly defined and stable management structure in place that is accountable for the delivery of safe and effective health and social support to residents. The management team consists of a person in charge, a clinical nurse manager, a residential service manager and a general manager. The management structure has clearly defined lines of authority and accountability. The centre is managed by the person in charge, who demonstrated good levels of knowledge and experience in relation to the running of the designated centre and their regulatory responsibilities. The person in charge is known to residents and staff.

This inspection found that several positions remained vacant and had not been filled by the provider. These roles were being temporarily covered by agency staff.

Management systems provided assurance that residents were receiving a good standard of care and support. Effective oversight arrangements were in place to monitor service quality, safety, and regulatory compliance. Regular audits were undertaken, with action plans implemented to address identified areas for improvement, and findings were communicated clearly to staff. However, improvements were required in the governance and management of the centre.

Regulation 15: Staffing

From a review of the staff rosters and staffing observed on the day of inspection it was evident that there was sufficient nursing and care staff on duty with appropriate knowledge and skills to meet the needs of residents, taking into account the size and layout of the centre. There was at least one nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to regular training and refresher training to ensure their mandatory training was up to date. All staff were up-to-date with their fire safety, moving and handling, and safeguarding training. Records showed that staff had access to infection prevention and control updates, and training included the standards for the prevention and control of health care-associated infections published by the Authority.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of staff personnel files. These contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, two references of previous employment and employment histories for each staff member employed.

All nursing staff were registered with the Nursing and Midwifery Board of Ireland (NMBI), and their registration and Personal Identification Number (PIN) details were current and up to date.

Records of servicing of the fire safety equipment were also available in the centre for inspection.

Judgment: Compliant

Regulation 23: Governance and management

The provider did not ensure there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. For example;

- Two registered nursing positions remained vacant. This was further impacted by the long term leave of three full-time positions.
- Five healthcare assistants were also on long-term leave, and their positions remained unfilled.
- Five beds were voluntarily closed to admissions due to the lack of permanent staffing resources.

Furthermore, resources to improve the premises had not been provided. As a result, many walls in the corridors and one bedroom, were in a poor state of repair.

The inspector found that, although systems were in place to monitor and review the quality of the service, they were not being used effectively to ensure that care was provided in a safe, appropriate, and consistent manner. For example:

- Improvements were required in the identification and management of risks within the centre, including the safe and appropriate storage of medications.
- Oversight of equipment storage and the maintenance of the premises was not adequate.
- The monitoring and oversight of restrictive practices were not sufficiently robust. This is discussed further under Regulation 7: Managing Behaviour that is Challenging.

Judgment: Not compliant

Regulation 31: Notification of incidents

From a review of accident and incident records, notifications required to be submitted to the office of the Chief Inspector were submitted within the relevant time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a robust complaints policy and procedure in place. The person in charge was the nominated person to investigate and manage complaints. A review officer was also in place. This centre had a low level of complaints for 2025, and these complaints had been appropriately investigated and responded to. The complaints procedure was on display in the reception area for residents and relatives information.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had policies in place, as required under Schedule 5 of the regulations. They were easy-to-read and understand so that they could be readily adopted and implemented by staff. They were available in paper format for staff to readily locate and access when required.

Judgment: Compliant

Quality and safety

Overall, residents appeared happy living in the centre, and many said that they were happy with the care they received. This inspection found that there were robust systems in place to recognise and respond to safeguarding concerns in the centre and to ensure all measures were taken to protect residents from harm. There was a safeguarding policy in place, which staff had a good knowledge of.

All staff had An Garda Síochána (police) vetting disclosures on file. Nursing staff were registered with the Nursing and Midwifery Board of Ireland. Staff had completed safeguarding training. Staff spoken with were clear about their role in protecting residents from abuse. There was a low incidence of allegations and notifications of abuse within this centre for many years.

The premises were not well maintained throughout, and as a result, corridor walls and the flooring in some bedrooms, including bedroom five, were in an inadequate state of repair. Following this inspection, the resident accommodated in this bedroom was offered an alternative bedroom until repair works were carried out. Storage was also not adequate, and as a result, both store rooms were cluttered with equipment, and clean and dirty supplies were not appropriately segregated. This increased the risk of cross-contamination between clean and dirty supplies used for residents.

Staff were aware of the fire procedure and knew what their role was in the event of a fire emergency. Personal emergency evacuation plans (PEEPs) were in place for residents and were updated in line with care plans or as and when required.

Residents' rights and choices were promoted and respected within the centre. Activities were provided in accordance with the needs and preferences of residents, and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephones, and televisions. There were resident meetings to discuss key issues relating to the service provided. However, one bedroom which can accommodate three residents does not support the privacy and dignity of each resident in this room, while sharing. Beds, chairs and lockers are in close proximity to each other, and there is limited space for residents to receive care discreetly or in private.

The inspector found that the systems in place to monitor and oversee the use of restrictive practices were not sufficiently effective. While a restrictive practice register was maintained, records reviewed did not consistently demonstrate that restrictive practices were subject to regular review to ensure they remained necessary, proportionate, and in the least restrictive form possible. In addition, documentation did not always clearly evidence multidisciplinary input, consideration of alternative measures, or time-bound plans to reduce or eliminate restrictive practices where appropriate.

Regulation 17: Premises

While the premises were designed and generally laid out to meet the number and needs of residents in the centre, some areas required refurbishments to be fully compliant with Schedule 6 requirements. For example:

- Walls in the corridors alongside bedrooms 1 to 15 had damp patches where the paint was lifting and peeling away from the walls.

- There was inadequate storage space available. For example, a number of store rooms were cluttered with residents' equipment.
- Bedroom five was in a poor state of repair, with three of the four walls significantly damaged by dampness. As a result, the paint was chipped and peeling from these walls. This was discussed on inspection, and the resident accommodated in this bedroom was temporarily relocated to another room, pending the repair of bedroom five.
- Flooring in some bedrooms was damaged and in need of repair, particularly bedroom eight.
- Grab rails in several en-suite bathrooms were poorly maintained, with paint chipped and peeling away from them.

Judgment: Not compliant

Regulation 26: Risk management

There was a risk management policy and risk register in place, which identified hazards and control measures for the specific risks outlined in the regulations.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018) and the centre was exceptionally clean. However, further action was required to be fully compliant. For example:

- Storage of clean supplies alongside used or in use healthcare equipment required review to reduce the risk of cross contamination.
- Damaged flooring in a number of bedrooms restricted effective decontamination and cleaning.
- The grab rails adjacent to toilets were not maintained in a condition that allowed for effective cleaning. The rails were in a poor state of repair, with paint that had been applied previously now chipped and flaking due to wear and tear. This created surfaces that could not be adequately cleaned and required replacement or refurbishment to ensure appropriate infection prevention and control standards were maintained.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place to protect residents from the risk of fire, including regular review and servicing of fire safety equipment.

Fire drills were completed. Records documented the scenarios created, timings and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.

There were arrangements in place to ensure that staff received suitable training in fire prevention and participated in regular fire drills.

All fire exits were unobstructed, and personal emergency evacuation plans (PEEPs) were in place for each resident, and they accurately described their evacuation needs in the event of a fire emergency.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Comprehensive, validated assessments were completed for all residents, and these informed each resident's individualised care plan. A sample of safeguarding care plans was reviewed and found to detail the specific interventions required to keep residents safe.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

More than 50% of the 23 residents had bed rails in place. There was no evidence that alternatives had been trialled or that a review discussion had taken place with the residents regarding their continued use. Movements were monitored by sensor alarms. Eight of 23 residents had sensor alarms in use. This was an overly restrictive practice.

One resident displaying signs of 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) was not appropriately reviewed or managed, two residents located close to this resident's bedroom reported feeling distressed, particularly at night time, when these behaviours were audible.

Judgment: Not compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.

Staff were knowledgeable in their responsibilities in identifying, reporting and safeguarding residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Although only one resident was accommodated in the triple-occupancy bedroom 17, the inspector noted that this room could not adequately accommodate three residents. There was inadequate space to accommodate a bedside chair, locker and bed. The close proximity of these bed spaces did not comply with the residents' right to privacy and dignity.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were not safely or securely stored in this centre. The door to the nurse's office, which contained an internal store room for medications, was left unlocked on two occasions during the day of this inspection. The door to the internal store room was also unlocked.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 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 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant

Compliance Plan for St Fionnan's Community Nursing Unit OSV-0000650

Inspection ID: MON-0050553

Date of inspection: 04/06/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The centre operates within current HSE recruitment policies, procedures and circulars. Several long-term agency staff have been converted to permanent HSE staff, improving staffing stability and continuity of care. There are adequate staff available, both permanent and agency to support the number of residents at present in the centre. We will submit a revised SOP to the Chief Inspector to reflect this. The issues identified in respect of premises, infection control and managing challenging behaviors are responded to as per the relevant regulation in this action plan response.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • We have engaged with our colleagues in maintenance to investigate the cause and provide remedy to the dampness identified. We are awaiting a final determination of the solution. We will refinish and repaint these walls. • The grab rails adjacent to toilets are being refinished /replaced to ensure they are readily cleanable • Damaged flooring is being repaired/replaced to ensure it is readily cleanable • Storage arrangements have been reviewed and reorganized to ensure equipment and stock are stored safely and appropriately.	

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Storage of clean supplies alongside used or in use healthcare equipment has been reviewed to ensure compliance.
• Damaged flooring is being repaired/replaced to ensure it is readily cleanable
• The grab rails adjacent to toilets are being refinished /replaced to ensure they ae readily cleanable

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
The resident identified as displaying signs of responsive behaviours, has been fully reviewed by relevant medical professionals with their recommendations implemented.

The other two residents have been reassured as to their safety, and one has been relocated to another room in the centre.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
At present only one or two residents are accommodated in these rooms. We will review their potential use for 3 residents when submitting our application to renew our registration in 2027

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Staff were reminded on the day of inspection to ensure all doors to where medicines were stored were secured when unsupervised. All staff were reminded over the following days/nights when rostered as part of handover.	

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.	Not Compliant	Orange	31/12/2026
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.	Not Compliant	Yellow	30/06/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	31/08/2026

	consistent and effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	18/06/2026
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	18/06/2026
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	31/07/2026
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	18/06/2027