



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

Issued by the Chief Inspector

Name of designated centre:	Kilrush District Hospital Limited
Name of provider:	Kilrush District Hospital Company Limited by Guarantee
Address of centre:	Cooraclare Road, Kilrush, Clare
Type of inspection:	Unannounced
Date of inspection:	11 September 2025
Centre ID:	OSV-0000446
Fieldwork ID:	MON-0047177

About the designated centre

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

Kilrush District Hospital is a nursing home that has been extended and reconfigured over the years. A two-storey purpose built extension was provided and the original buildings have been refurbished in recent years. It can accommodate up to 26 residents, male and female over the age of 18 years. It is located in the West Clare area, in the town of Kilrush. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It provides short and long-term care primarily to older persons. The centre does not accommodate persons presenting with extreme challenging behaviours or with tracheotomy tubes. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared en suite bedrooms. There are separate dining and day rooms provided for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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 11 September 2025	11:00hrs to 19:20hrs	Niall Whelton	Lead

What residents told us and what inspectors observed

This was an unannounced one day inspection to monitor compliance with the regulations and to inform decision making for an application to vary the registration. The inspector was met by the person in charge and one of the general managers, who facilitated the inspection. This inspection included a focused review of fire precautions and the premises.

Kilrush District Hospital comprises a two storey building (main residential building) and a separate single storey with laundry and storage. The main building is an older building to the rear, with a more modern purpose built extension to the front. Access to the building is via a ramp or flight of steps, into a main entrance foyer. There was administration offices behind reception and a corridor of ancillary accommodation (offices, stores and staff facilities) leading to the rear of the building. At ground floor there was a large dining room and sitting room to the rear and a sitting room at first floor for residents. Beyond these rooms there was a large kitchen and ancillary rooms such as cleaning rooms, record stores and staff facilities. The occupied areas consisted of single ensuite bedrooms, nine of which had a toilet and sink only these were next to be refurbished.

The provider was midway through a programme of improvement works in the rear older section of the building. On the day of inspection, the centre was clean and well presented. The inspector observed an area the building which had construction activity that was not appropriately sealed from the occupied areas; this was addressed during the inspection. Residents spoken with relayed that the impact of the construction works was low and were consulted with while they progressed.

Previously there was an old oil tank in the yard to the rear which had been in poor condition; this was now removed.

Escape routes were mostly kept clear; the relocated smoking area was outside an exit and may cause obstruction when in use.

During the inspection, the inspector observed each of the communal rooms in use and residents were mostly up and about. Some residents remained in their room by choice. Visitors were seen to come and go during the day and were not restricted from doing so. At ground floor level, the toilets for the residents sitting room were decommissioned and closed due to poor state of repair, which meant that residents were required to travel a longer distance to reach a toilet located in the main entrance area. This impacted residents using both the sitting room and dining room.

The sluice room near the sitting room was also put out of use owing to poor state of repair.

The call bell in the main sitting room at ground floor was missing a battery as it did not work when pressed; furthermore, this would only be heard by staff at the upper

floor level. The inspector noted the dining room and meeting room were not fitted with a call bell.

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 the quality and safety of the service being delivered.

Capacity and capability

Overall there were good systems of fire safety management in the day-to-day running of the centre, however the delay in addressing deficits to some fire doors and the fire containment to the lift motor room enclosure meant that risks were persisting for a prolonged period.

The registered provider of this centre is Kilrush District Hospital Company Limited by Guarantee. The person in charge had clinical oversight of the centre and was supported by a team comprising a clinical nurse manager, staff nurses, healthcare assistants and an activities coordinator. There were two general managers who had oversight of hygiene, kitchen and maintenance staff.

Previous inspections identified significant deficits with the premises and fire safety, primarily the rear of the building which was the older section. To address these findings, the provider had implemented a phased programme of work, the first two phases of which were now complete. The provider submitted an application to vary the registration of the centre to account for the reconfiguration of areas of the building, known as phase 1 and phase 2.

The provider had retained the services of a project manager and had an overarching action plan for any outstanding fire safety and premises work, including the findings of a fire safety risk assessment from December 2023.

As the programme of work was ongoing, the provider had not come into compliance with the regulations, however upon completion of the work these deficits would be addressed in most areas. Some areas in the older part of the building outside the areas being refurbished required some improvement; fire doors were observed to have deficits. Furthermore the lift motor room was seen to have fire containment deficits, which was due to be addressed upon completion of the refurbishment. This room is a room of increased fire risk and it was not appropriate to delay addressing this.

The provider had consulted with residents with regard to the area under refurbishment and had plans devised for each phase of the work to accommodate residents temporarily to facilitate phase 3 and 4 of the work respectively. There was a project communication plan, setting out engagement with internal and external stakeholders, including residents.

Regulation 23: Governance and management

The management systems in place required improvement to ensure the service is safe, appropriate, consistent and effectively monitored, this was evidenced by;

- The height of the railing to the paved terrace outside the main entrance was not risk assessed
- the risks identified with the call bell system
- the lack of toilet facilities within a reasonable distance of the sitting room and dining room at ground floor
- previously identified deficits to some fire doors and the fire containment were outstanding as detailed under regulation 28

Judgment: Substantially compliant

Quality and safety

Overall there was good oversight of fire safety risks and fire safety management, and staff were knowledgeable on the evacuation strategy in the centre, however improvements were required by the provider to address fire containment deficits and issues with the call bell system. Action was required by the provider in relation to Regulation 17; Premises and Regulation 28; Fire Precautions.

There were still some outstanding actions from the fire safety risk assessment, including;

replacement and upgrade of fire doors and remedial work to fire containment elements such as fire compartment boundaries where they meet the roof. It was verbally confirmed to the inspector that these would be completed as part of the refurbishment programme of works.

Maintenance records for general equipment and fire safety systems were available for review, were organised and up-to-date. There was a schedule in the maintenance folder which tracked due dates for servicing equipment. The inspector saw that in-house fire safety checks were being completed and logged, i.e. that escape routes are clear and fire doors functioning.

The mode of evacuation for immobile residents was by way of a ski sheet fitted to the underside of mattresses; the sample checked by the inspector were all appropriately fitted.

Personal emergency evacuation plans (PEEP) were in place for residents. The PEEPs contained pertinent information to inform the evacuation of the resident, were up to date and had all been reviewed recently.

In terms of the premises, there was a small outdoor space to the front of the rear building which was secure; this was the only secure outdoor area. There was also a pleasant garden to the side and a paved area by the entrance for residents use, however residents required supervision to access these spaces. There was a railing around the paved area outside the main entrance. This area was raised above the carpark below and the height of the railing was not risk assessed to ensure it was safe.

Regulation 17: Premises

Notwithstanding the improvements to the premises through significant ongoing refurbishments works, some improvements were required to the matters set out in regulation 17 and Schedule 6;

- A number of rooms were identified that were not fitted with a call bell to allow residents to summon assistance if required, including the dining room and meeting room. Furthermore, the call bell in the main day room on the ground floor was audible at first floor only, which may result in a delay responding to a call bell
- The glazed panel in a bedroom door was cracked and required replacement

Judgment: Substantially compliant

Regulation 28: Fire precautions

This regulation was reviewed in the context of the areas of the building which were outside the application to vary the registration. The inspector reviewed the fire safety management systems in place and the building fabric.

- The lift motor room enclosure, had deficits to fire containment which had not been rectified
- Holes in the ceiling of the Comms room required sealing up
- Fire doors in areas other than the area being refurbished had deficiencies which required adjustment
- Owing to construction activity, the smoking area had been relocated to a sheltered area outside a side exit, and when in use was obstructing escape
- A smoke detector in a decommissioned bathroom at first floor was covered; this was addressed immediately

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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Kilrush District Hospital Limited OSV-0000446

Inspection ID: MON-0047177

Date of inspection: 11/09/2025

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A risk assessment of the balcony, including the height of the railing, has been carried out by our competent person. Status: Complete.</p> <p>Call bells will be added in the required communal areas, such as the Meeting Room, Dining Room and Day Room, as part of Phase 4 works by the Contractor. A portable call bell is in use in the interim, which is now inspected as part of weekly Maintenance checks to ensure it is in good working order. Expected Completion date: 23 April 2026.</p> <p>The toilet facilities at the back of the Day Room have been approved for refurbishment as part of the current project works, which will reduce the travel distance for Residents. This will be completed by the end of Phase 4. Expected Completion Date: 23 April 2026.</p> <p>Our response in relation to fire doors and containment is outlined under Regulation 28.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Call Bells in communal areas</p> <p>Call bells will be added in the required communal areas, such as the Meeting Room, Dining Room and Day Room, as part of Phase 4 works by the Contractor. Expected Completion date: 23 April 2026.</p>	

Glazed panel in bedroom door

This door will be replaced as part of Phase 4 works. Expected Completion Date: 23 April 2026.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The fire containment deficits in the lift motor room have been rectified. Works included fire sealing, the installation of a new attic hatch and the installation of a new fire door. Status: Complete.

Please note: further penetrations will need to be carried out by the Contractor in the lift motor room as part of Phase 4 works – however, the penetrations will be fully sealed once works are completed in this area.

The holes in the ceiling of the Comms room downstairs will be sealed as part of Phase 4 works. Expected completion date: 23 April 2026.

The fire doors with deficiencies are scheduled for replacement by the Contractor. Additional enhancement works to the Centre have recently been approved, which will further improve our Residents day to day comfort and communal spaces, and will lead to an overall improvement to the premises.

Due to the additional works, the replacement of a small number of the doors will need to be carried out in a fifth phase of works. We can provide assurance that the outstanding doors will be included as part of Phase 5, of which we will have a program of works by 30 April 2026. In the interim, our competent person is reviewing the risk level for the remaining doors until they are replaced.

The smoking area has been relocated to an alternative location

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	30/04/2026
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	30/04/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	30/04/2026

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	05/12/2025
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.	Substantially Compliant	Yellow	30/04/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/04/2026