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:	Clonakilty Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Clonakilty, Cork
Type of inspection:	Unannounced
Date of inspection:	08 July 2025
Centre ID:	OSV-0000559
Fieldwork ID:	MON-0044246

About the designated centre

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

Clonakilty Community Hospital is operated by the Health Service Executive (HSE) and is located on the outskirts of Clonakility town. Resident accommodation is spread across four units and the centre is registered to provide care to 99 residents. The units include: Saoirse, a dementia specific unit, Dochas, Crionna and Silverwood. The centre has a chapel and well maintained enclosed gardens with extensive car parking facilities. The centre provides 24-hour nursing care. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	84

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 8 July 2025	10:30hrs to 18:45hrs	Breeda Desmond	Lead
Wednesday 9 July 2025	08:30hrs to 15:30hrs	Breeda Desmond	Lead
Tuesday 8 July 2025	10:30hrs to 18:45hrs	Siobhan Bourke	Support

What residents told us and what inspectors observed

This un-announced inspection of Clonakilty Community Hospital was carried out over two days. Feedback from residents living in the centre was very positive; residents praised the kindness and friendliness of the staff working there and said they were 'spoilt for choice' with all that was going on every day with activities. Inspectors met with many residents living in the centre over the two days to gain an insight into their lived experience. Inspector also had the opportunity to meet with visitors. They all praised the staff and management team and the 'great care' their relatives receive.

Clonakilty Community Hospital is a designated centre, and is part of a HSE facility site that also accommodates offices of allied health professionals, day care services and the ambulance bay; and is located on the outskirts of Clonakilty town. Clonakilty Community Hospital is registered to accommodate 99 residents; there were 84 people residing there at the time of inspection. It is a two storey building with residents accommodation on the ground floor and staff facilities located upstairs.

The centre is divided into four distinct units called Dochas (34 bedded unit), Crionna (31 beds), Saoirse (18 bedded dementia specific unit) and Silverwood (16 beds) which are all interlinked. Each unit is self-contained with dining, day rooms and kitchenette facilities. Residents have access to a well maintained large garden with planting, paving and seating, and an internal courtyard. The inspectors observed that overall, the physical environment, was set out to maximise resident's independence, regarding flooring, lighting and handrails along corridors, and sensor operated doors enabling residents using mobility aids including wheelchairs to independently move freely around inside, and to access the enclosed gardens and to the outside. Residents, in particular, those using mobility aids and electric wheelchairs said that the sensor doors were a 'god-send' as it made their lives so much easier.

A lot of the hospital had been refurbished and most areas were bright, tastefully painted and decorated with murals, memory walls, soft lighting and furnishings. The garden and courtyard were beautiful places for residents to relax. The weather during the inspection was really hot and some residents enjoyed the sunshine while most decided it was too hot and chose to either stay in the shade or inside with all doors and windows open.

Silverwood unit comprises 16 single en suite bedrooms with two day rooms and two dining room with kitchenette; and were very tastefully decorated. Inspectors saw that all bedrooms in this unit were quite spacious and personal storage space for residents included a double wardrobe, chest of drawers and lockable storage. Bedrooms were nicely decorated in either a blue or green theme and they each had a window seat, electric blinds, overhead hoists and wall mounted televisions.

Dochas Unit (34 bedded unit) accommodation comprises 2 single bedrooms and eight four-bedded multi-occupancy bedrooms. Dochas has four different communal rooms all decorated in unique styles and looked very homely and comfortable. Residents were observed to enjoy numerous activities such as arts and crafts, music sessions and painting around the dining room table.

Saoirse Unit (18 beds) was home to residents with a diagnosis of dementia and this unit was secure to enable the safety of residents. Residents accommodation comprises three four-bedded multi-occupancy bedrooms and six single bedrooms. The golden Labrador, Molly, was the pet dog and was seen to provide comfort to residents, and inspectors observed lovely interactions between residents and Molly during the inspection. There was a calm atmosphere here with soft music playing and an appropriate amount of staff to ensure residents were supervised.

Crionna (31 beds) was recently refurbished and looked really well. Bedroom accommodation comprises single bedrooms, three and four-bedded multi-occupancy bedrooms. Communal rooms in Crionna including the Atlantic way room and a room called Cronin's Bar. The main dining area had a kitchenette and residents were seen to enjoy their breakfast, lunch and tea here.

In many multi-occupancy bedrooms, residents did not have easy access to their wardrobes to maintain their clothes as wardrobes were located on the other side of the room due to inadequate space by their bedside. Privacy screens were difficult to use as they were heavy and cumbersome, and had multiple-brakes to be released so most residents would be unable to use these independently.

Residents in the centre had access to other communal rooms such as a family room and sitting room; previously, residents had access to the cafe. They explained that the was closed during the pandemic and had not reopened as a café, and they were very disappointed about that as it was a great place to go with their visitors for coffee, snacks or lunch. This was also fed back as part of the satisfaction surveys residents completed. The room was still accessible to residents and large music sessions were held there in the afternoon of the inspection. Birthday parties and family gatherings were held in the family room which also had a little play area for younger children to play safely while visiting.

Throughout the inspection, inspectors saw residents engaging in a multitude of activities over the two days and there was a nice lively atmosphere throughout the centre. The daily schedule of activities for the residents was displayed in a prominent place in each unit.

Within the centre there is also a large chapel. Mass was held weekly in the centre and residents told the inspector that they loved having this service and meeting with the local priest. Other denominations were welcomed and the Church of Ireland minister attended weekly as well. After tea time, residents met on a daily basis to say the rosary and sing hymns and this was observed on inspection where one of the staff assisted residents to the day room as part of their daily routine to meet up and pray with their friends; approximately 15 attended.

Many residents were seen to have specialised electric chairs which enabled them to mobilise independently, some residents were seen out and about and some regularly went into town or on to the greenway alongside the hospital. Residents had written to the local county council to bring their attention to the uneven path surfaces that made their journey into town from the hospital a little worrying. This was also highlighted as part of residents' meetings and the person in charge had followed this up and also written to the local county council regarding uneven path surfaces.

Over the course of the inspection, the inspectors observed staff engaging in kind and positive interactions with the residents. Communal areas were seen to be supervised. Some residents chose to stay in their bedrooms, and staff were observed to check on them and chat. Residents said they were looking forward to the music sessions in the afternoon and both these sessions were well attended. After their evening meal, one resident entertained people with singing and playing the harmonica. Two other residents had computer desks with computers with graphic design software to enable them continue with their hobbies. On each unit there was also a homemaker employed, who had responsibility for the provision of activities, supervision of residents in communal rooms and ensuring residents were offered drinks and snacks throughout the day. Arts for Health and an external activities company provided meaningful activation for residents who gave really positive feedback on all that was happening in the centre. Residents' art and glass work was displayed throughout the centre.

A satisfaction survey was being completed at the time of inspection to gain insight into residents' lived experience in the centre. Inspectors reviewed completed satisfaction forms and saw that in general, residents were very happy with the service, including outings and activities organised, the kindness of staff; a few questionnaires did say that residents would prefer single bedrooms and understood they were on a waiting list for this. Many of the residents' fed back that their television was not working and were very disappointed as the All Ireland hurling final was the weekend following the inspection. Visitors spoken with also expressed satisfaction with the care and services being delivered in the centre.

Residents told the inspector that they were happy with the quality and choice of food available to them. Inspectors observed residents dining experience on all the units and found that the food served appeared wholesome, nutritious and appropriate to residents' dietary needs. The dining experience was seen to be a social occasion for residents; tables were set prior to residents coming for their meal, and menus were available. There was choice of three main courses available to residents and residents requiring assistance with meals were provided with this in a discreet and sensitive manner. Some resident were seen to enjoy their meals, including their breakfast, in the garden.

On the walk around of the centre, inspectors observed that the centre was generally very clean throughout and there was adequate household staff. There were sluice rooms in each unit, all with handwash sinks, however, in two of these rooms, the buffer cleaning wheel was seen drying in these hand-wash sink.

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 impact the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This un-announced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations. Findings of this inspection were that Clonakilty Community Hospital was a good centre where there was a focus on ongoing quality improvement. The management team were proactive in response to issues as they arose and there were management systems in place to ensure that residents were supported and facilitated to have a good quality of life. Issues from previous inspections were followed up and actions completed included staff training, premises and fire safety issues identified. Actions identified during this inspection included other fire safety issues, premises, personal possessions, care documentation, infection prevention and control.

The registered provider of this centre is the Health Service Executive (HSE). There is a defined management structure and staff were aware of this structure and their reporting relationships. The person in charge worked full-time in the centre and was supported by two assistant directors of nursing, clinical nurse managers (CNMs) on each unit and a team of nursing, health care, household, catering and maintenance staff. A CNM3 provided managerial oversight on night duty, and CNMs rotated on duty at weekends. Although it was evident that there was a defined management structure in place and the lines of authority and accountability were outlined in the centre's statement of purpose, the senior managers with responsibility for the centre were not named as persons participating in management on the centre's registration. The provider was required to review these arrangements and was afforded until October 31st, 2024 to do so. However, at the time of this inspection, these senior managers had yet to be named and the restrictive condition remained on the centre's registration. This finding is actioned under Regulation 23: Governance and Management.

The person in charge reported to a general manager for older persons services in the HSE. This person had been appointed to this role since the previous inspection and the management team informed inspectors that they were available for consultation and support on a daily basis. The service is also supported by centralised departments such as human resources, finance, fire and estates, and practice development.

There were systems in place to ensure that service delivery to residents was safe and effective through the ongoing audit and monitoring of outcomes, which showed continuous improvement. Resident satisfaction surveys had commenced before the

inspection; inspectors discussed these with the nurse facilitating the survey and she explained that she would compile a report for the person in charge who would develop an action plan to address issues raised. She explained that while some residents will attend residents meetings, a lot of residents prefer to chat on an individual basis and give their feedback privately.

Inspectors found that there were adequate staffing levels provided for the size and layout of the centre and to meet the assessed needs of residents. Regular management and staff meetings were scheduled. Issues such as staffing, risk management, incidents and infection control issues were discussed and documented. A daily safety pause meeting was held every morning and in the middle of the day to communicate any on-going risks or pertinent care issues relating to residents. Staff training records evidenced that the registered provider had ensured staff had access to mandatory training.

Records and documentation requested by inspectors were readily available throughout the inspection. There were volunteers from the local community who attended Clonakilty Community Hospital which was positive for residents. They each had a vetting disclosure in accordance with the National Vetting Bureau (Children's and Vulnerable Persons) Act 2012, along with their roles and responsibilities set out in writing, as per the regulations.

The complaints procedure was displayed in the centre. Complaints were welcomed and used to inform quality improvement and these were discussed at management and staff meetings. Records of complaints showed that the person in charge was pro-active in addressing issues raised and where relevant, put remedial actions in place to mitigate recurrence of issues. Residents were given information relating to advocacy services and some residents were availing of this support. Incidents were being recorded and there was good oversight of these by the management team. All incidents had been reported to the Chief Inspector as required by the regulations. A directory of residents' was maintained; the inspector explained that there was no requirement to include a resident that is transferred within the hospital; the regulatory requirement is to record when a resident is temporarily transferred out to another health care facility.

Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary experience and qualifications, as required in the regulations. She demonstrated good knowledge regarding their role and responsibility and was articulate regarding governance and management of the service. The person in charge was well known to residents and their families, and displayed excellent knowledge of the residents' needs and oversight of the service.

Judgment: Compliant

Regulation 15: Staffing

On the days of the inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents in line with the statement of purpose, and the size and layout of the centre. Each unit had a 'homemaker' to facilitate meals in the dining rooms as well as socialising and activities. This was seen to work well with residents; residents were very relaxed and familiar with their household person, and lovely interaction was observed throughout the inspection on each unit.

Judgment: Compliant

Regulation 16: Training and staff development

Improvement was noted regarding staff training. The registered provider had ensured that staff had access to mandatory and other training relevant to roles and responsibilities. Further training was scheduled in the coming weeks to ensure all staff training remained current. Following the findings of previous inspections, a review was undertaken of the induction process to ensure it was more robust to ensure all competencies were assessed. Several staff on site were trained to provide training in areas such as infection control, hand hygiene, medication management, manual handling and lifting as well as access to practice development which was an additional support to the service.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was updated on inspection to ensure regulatory compliance as follows:

- the date, time and cause of death of residents was recorded.

Judgment: Compliant

Regulation 21: Records

All records requested during the inspection were made readily available to the inspector. Residents' records were reviewed by the inspector who found that they

complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations.

Judgment: Compliant

Regulation 23: Governance and management

Senior managers with responsibility for the service (as detailed in the statement of purpose) were not named as persons participating in management. Consequently, the Chief Inspector applied an additional condition to the registration of this centre, requiring:

"The registered provider shall, by 31 October 2024, submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 as amended in relation to any person who participates or will participate in the management of the designated centre."

The reason this additional condition was applied was in order for the Chief Inspector to be assured that the person in charge is adequately supported by a suitable management team and to be assured that there is a sufficient and clearly defined management structure in the designated centre. However, to date, the registered provider has not complied with this.

Judgment: Substantially compliant

Regulation 30: Volunteers

Volunteers supported the service. A review of records associated with volunteers showed that appropriate vetting and documentation was in place in accordance with regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector, as per regulatory requirements, within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

Improvement was noted regarding management of complaints whereby complaints were maintained in accordance with regulatory requirements such as whether the complainant was satisfied, if the complaint was upheld, reason for that decision, any improvements implemented and details of the review process.

Judgment: Compliant

Quality and safety

Findings of this inspection were that a holistic social model of care was promoted in Clonakilty Community Hospital. Residents spoke positively about the care and support they received from staff and told the inspector that their rights were respected and they felt safe there. Some actions were required in relation to the premises, fire precautions, and care planning, which will be detailed under the relevant regulations.

Residents had access to a wide range of health and social care services, such as general practitioners, community palliative care, tissue viability nurse specialist, speech and language therapists, psychiatry of old age, and dietitians for example. Records evidenced that referrals were sent promptly, and following review, treatments prescribed were recorded in their care records; some residents had acupuncture to enhance their quality of life. The person in charge had accessed services such as disability and the Irish Wheelchair Association to enable residents have more independence. Residents' weights were seen to be closely monitored and where required, interventions were implemented to ensure their nutritional needs were met.

Pre-admission assessments were conducted by a nurse manager to ensure the centre could meet the needs of residents. On admission, residents were assessed using validated tools and care plans were initiated within 48 hours of admission to the centre, in line with regulatory requirements. A sample of resident care records were examined and these showed mixed findings. Some were comprehensive to inform individualised care such as the mood and behaviour assessment of one resident showed behavioural support assessments, with the PINCH ME tool to identify possible causes of behaviours with good detail on possible reasons that may cause upset or anxiety for the resident. However, other care plans and assessments were not updated following a resident's return from acute care with changes to their care needs. In addition, some residents care plans were not updated four monthly,

which is a regulatory requirement. This and other findings are actioned under Regulation 5: Individual assessment and care plan. Wound care records were examined, and while some information was included, these were not sufficiently detailed to determine whether the wound was improving and responding to dressings and treatment applied. This is further discussed under Regulation 6: Health care.

Transfer letters for times when a resident is transferred to another health care facility were not available to be assured that all relevant information was transferred with the resident. Nonetheless, nursing and medical transfer letters for times when residents were transferred back into the centre were available to enable the resident to be cared for in accordance with their changed needs.

Based on the observations of inspectors, there were generally good procedures in place in relation to infection prevention and control. The centre was observed to be clean throughout. However, some actions were required to comply fully with regulatory requirements, which are detailed under Regulation 27: Infection control.

A restraint-free environment was promoted and a review of regulatory notification regarding restraint showed incremental reduction in the use of bed rails. Initiatives such as sensor doors throughout the building ensured that residents could independently access all parts of the building including the outdoors and were not reliant on staff to mobilise about.

The access door from Dochus to the garden was broken for several weeks, and residents with additional mobility needs such as electric wheelchairs fed back that they found this very frustrating – this was remedied during the inspection; this enabled residents to independently access the gardens without the requirement to wait for staff to open the door for them.

Further upgrades to the premises were proposed, to include better insulation; this was risk rated and representatives from the Fire and Estates department were on site at the time of inspection to assess risk associated with the proposed works to enable necessary precautions to be implemented to mitigate the risk associated with aspergillus and fire. The provider had fire safety precautions in place which included regular staff training. There were personal emergency evacuation plans (PEEPs) in place for all residents, however, these required review to identify the optimal mode of evacuation by day and night for each resident in the event of a fire, as many residents had three different options available, which could be confusing. Other issues relating to fire safety are further detailed under Regulation 28: Fire precautions.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Action was required to ensure residents could retain control over their personal property:

- in many multi-occupancy bedrooms, residents did not have easy access to their wardrobes to maintain their clothes, as wardrobes were all located together on the other side of the room, due to inadequate space by their bedside.

Judgment: Substantially compliant

Regulation 17: Premises

Some areas of the premises did not conform to the matters set out in Schedule 6:

- some door frames in the centre required painting
- privacy screens were difficult to use as they were heavy and cumbersome, and had multiple-brakes to be released so most residents would be unable to use these independently; such equipment does not have regard to the needs of residents in accordance with their statement of purpose.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents food and nutrition requirements were assessed using validated tools to enable best outcomes for residents. Speech and language and dietician services were available to residents as part of a multi-disciplinary service.

The dining experience observed and residents' feedback showed that meal-time was a very social occasion where staff socially engaged with residents and appropriate assistance was provided in accordance with residents' requirements. Some residents

were seen to have their meals in the garden as the weather was beautiful during the inspection.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Transfer letters for times when a resident is transferred to another health care facility were not available to be assured that all relevant information was transferred with the resident, to ensure the resident would be cared for in accordance with their current needs.

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required to ensure infection prevention and control practices were in line with the mandated national standards. For example:

- in two sluice rooms, the buffer cleaning wheel was seen drying in the hand-wash sinks
- sharps containers were seen to be left open when not in use creating a potential sharps risk
- nebuliser masks were seen uncovered in residents' multi-occupancy bedrooms, which could lead to cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure fire safety precautions, as follows:

- there were personal emergency evacuation plans (PEEPs) in place for all residents, however, these required review to ensure the optimal mode of evacuation by day and night was identified, as many residents had three different options available, which could be confusing,
- gaps were seen in the daily fire safety checks on one unit
- daily fire safety checks only checked exit doors and not evacuation routes to these exit points, consequently, trolleys with residents' care plan records, stored on the corridor outside each bedroom were not identified as partially

obstructing evacuation routes. Some of these trolleys were re-located on inspection to a safe place, however, others required to be removed; and all staff to be informed of the change in practice.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors observed medication rounds and saw that staff were knowledgeable regarding professional guidelines. A sample of medication administrati9on records were examined and these were seen to be comprehensively maintained. Medications requiring to be crushed were prescribed this on an individual basis. Allergies were highlighted as part of these records.

A review of incidents logs showed that there were a series of medication errors recorded within a specific time frame. This was investigated by the person in charge and an action plan was developed and implemented to mitigate recurrence of such errors. This action plan included additional staff training including verification of transfer of knowledge, staff supervision including supervision of agency staff and additional oversight that ensured the policy regarding agency staff was implemented into practice, that is, that agency staff only worked with staff from the hospital and not with other agency staff. This was being monitored by management. The incident log showed a significant reduction in the number of medication errors following implementation of these controls.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While some care planning documentation reviewed demonstrated comprehensive knowledge of residents' individualised needs and person-centred care, this was not consistent and action was required to comply with regulatory requirements. For example:

- medical histories did not inform assessments and care plans to ensure care records reflected the current needs of residents to enable them to be cared for accordingly
- one resident's care plan associated with infection was not updated with the changing needs of the resident due to infection
- one assessment relating to multi-factorial falls risk assessment (for example – balance, psychotropic medication or previous falls history) was not completed to enable appropriate measures to be implemented to minimise risks associated with falls

- a formal four-monthly evaluation was not completed in the sample care documentation reviewed in line with regulatory requirements
- residents' medical notes detailed care directives and whether the resident was for active management and/or transfer to hospital should they become unwell, however, this was not detailed in either their assessment or care planning records
- one resident's notes stated that an 'end of life' care plan was not required and there were no 'needs' identified regarding their spirituality and end of life to enable the resident to be cared for in accordance with their wishes should they become unwell.

Judgment: Substantially compliant

Regulation 6: Health care

Action was necessary to ensure wound care management was provided in accordance with a high standards of nursing care:

- one wound chart showed the type of dressing to be applied, however, an evaluation of the wound was not detailed so the status of the wound could not be determined or whether the dressing management was effective,
- three other wound records reviewed showed that daily dressings were indicated, however, daily dressings were not consistently done, for example, one dressing was dated 6th June and not completed again until 9th June.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way. Appropriate risk assessments and care plans were in place in the sample of care records examined. These included multidisciplinary and general practitioner (GP) input along with regular reviews in consultation with the residents and information-sharing with their next of kin when appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured that there were appropriate facilities were available to residents for occupation and recreation available and that opportunities for residents to participate in meaningful group and individual activities were facilitated. Staff were observed to support residents to exercise choice in how they led their daily lives. Issues relating to residents' access to TVs was addressed at the time of inspection. Residents had unrestricted access to other social media such as radio, newspapers, telephones and the Internet. Residents also had access to an advocate who attended the centre one day a month.
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clonakilty Community Hospital OSV-0000559

Inspection ID: MON-0044246

Date of inspection: 09/07/2025

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The person who is participating in the management of the centre is the Person in Charge and their qualifications have already been submitted to the Chief Inspector pursuant to Section 49(1)(b)(ii). The Person in Charge is supported by the Older Persons Services, HSE South West." • Management rosters to be circulated to all units' weekly indicating the on-call rota for senior managers. ***The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.***	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: • Nurse Managers will re-examine the location of resident wardrobes within all resident bed areas. As well as feedback from residents, advice will be sought from maintenance in relation to the bedside screens and any alternative options will be explored.	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Work is due to commence in Saoirse unit in mid-September 2025 in relation to the checking and upgrading of the fire doors. On completion of this work the door frames in Saoirse will be painted.
• A request has been submitted to Maintenance to assess how many additional door frames require painting, this work is to be costed and approval for funding will be sought.
• Nursing Management will review, explore and assess other new systems of bed side screening compliant with ceiling hoists and risk assess each bed area as each bedroom is upgraded with the environmental upgrade work.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
• The new HSE Transfer document has been introduced in all units in booklet form with carbon copies. (Original copy goes with the resident, one copy for the residents' medical notes and one copy remains in the Transfer book.
• Guidelines have been issued for staff in relation to the documents required for resident transfer. These will be discussed at the Daily Safety Pause meeting for the coming weeks, ensuring staff have an awareness of the importance of relevant live information.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• All housekeeping staff have been reminded of the importance of keeping handwashing sinks in the clinical rooms clear and accessible. Signage has been upgraded in these rooms. This practice is to be audited by nurse managers.
• Nurses are reminded of the importance of correct practice in relation to sharps management. Nurses training on Sharps management is up to date.
• Nebulizer policy to be adhered to with correct storage of the nebulizers.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A review of all resident PEEPS is underway in August 2025 with the Care Plan to ensure they accurately reflect the resident's mobility.
• All nurses reminded of the importance of the daily fire checks to include fire exits and routes, staff will be reminded at the Daily Safety Pause meeting.
• Care plan trolleys have been removed from in front of the fire doors in all units. This action will be included in the daily checks and reminded at the Daily Safety Pause meeting.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• All nurses will review the HSE Nursing Documentation Guidelines and sign the declaration of understanding.
• Staff meeting scheduled for September 2025 and the requirement for nurses to complete medical histories especially in relation to infection control, falls and medications will be discussed.
• Four monthly review of the Care Plans has been assigned to Nursing staff in August 2025 and this will be audited by ward CNMs.
• Audits and action plans to be added to the QPS monthly meetings where they will be trended for non-compliance.
• Follow up on resident End of Life care plans has commenced in August 2025.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
• Nursing staff reminded on the requirement to review wound care plans and record the wound evaluation post dressing. CNMs to audit this practice. All nurses will review the HSE Nursing Documentation Guidelines and sign the declaration of understanding.

• Updating wound plans and reviewing wound care instructions will be raised at the Daily Safety Pause meeting going forward.

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/11/2025
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/11/2025

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	30/11/2025
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	30/09/2025
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	30/09/2025
Regulation 27(a)	The registered provider shall ensure that	Substantially Compliant	Yellow	30/09/2025

	infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
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	30/09/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/10/2025
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/09/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Substantially Compliant	Yellow	30/09/2025

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	30/09/2025