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:	Fermoy Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Tallow Road, Fermoy, Cork
Type of inspection:	Unannounced
Date of inspection:	09 December 2025
Centre ID:	OSV-0000560
Fieldwork ID:	MON-0049110

About the designated centre

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

Fermoy Community Hospital is located on the outskirts of the town of Fermoy. It was originally built in the 1800s as a workhouse and has been a community hospital since the 1990s. It is a two-storey premises but all resident accommodation is on the ground floor. The centre comprises two units 'Cuisle', and 'Dochas'. The former 'Sonas' unit is now an administration block. The centre will accommodate 72 residents when the current renovations are completed. A number of bedrooms have full ensuites attached while the remainder share communal, bath, shower and toilet facilities. Bedrooms include, single, double and four bedded rooms. The centre is registered to provide care to residents over the age of 18 years but the resident population is primarily over the age of 65 years. There is currently space to accommodate 38 residents with full time, 24 hour nursing care available. A range of meaningful activities are available and the centre is embedded in the local community who organise fund raising on an annual basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 9 December 2025	09:00hrs to 17:20hrs	Erica Mulvihill	Lead

What residents told us and what inspectors observed

Overall, residents living in the centre appeared content and happy. Residents praised the staff and management team, and they told the inspector that staff were kind and respectful toward them and they felt safe in the centre. The inspector spoke with many residents on the day but spoke with eight residents in detail. One resident commented "whilst i cannot live on my own anymore and this is not my home, it's as good as home because of the atmosphere and friendliness of staff". Another resident stated that they feel "nowhere provides a nursing home like Fermoy does", they were so happy living there. Some residents were living with dementia and were unable to detail their experience of the service. These residents were observed by the inspector to be content and relaxed in their environment and in the company of other residents and staff.

The inspector spoke with a number of visitors,who were observed to access the centre freely throughout the day of the inspection; all commented on how safe they felt their loved one was in the centre and that they knew the staff and management team very well.

On arrival, the inspector completed the sign in process and hand hygiene. After a walk around of the centre, an introductory meeting with the person in charge and assistant director of nursing (ADON) took place. This was to outline the purpose of the inspection and gain insight into aspects of the centre.

Fermoy Community Hospital provides long term care for both male and female adults, with a range of dependencies and needs. The centre is situated in the town of Fermoy in County Cork and is registered to provide care to 38 residents. There were 36 residents living in the centre on the day of the inspection.

Residents accomodation is situated on the ground floor of the centre extending from the main entrance.The Sonas block included the main entrance lobby, reception area, administration offices, visitor’s room, reflection room, hairdressing salon, storage and a large communal room known as Dochas Croi. This room was used by residents attending activities over the course of the day. Construction works were ongoing in the left side of the centre for refurbishment but did not interfere with the living spaces of residents.

There was a variety of communal spaces available to residents. On the day of the inspection, residents were seen coming and going from different areas to spend time in these areas available to them. On one corridor of the centre, in an alcove, a resident computer with internet access was available and one resident was observed using the computer and listening to music online.

Resident accomodation, in particular, two bedded rooms were observed to have limited floor space for transfer of residents with high support needs to high support chairs. This will be discussed under Regulation 17: Premises.

Overall, the premises was bright and clean and communal areas were appropriately adorned with Christmas decorations at the time of the inspection. Residents accommodation comprised of 16 single rooms, some with ensuites, five two bedded rooms and three four bedded rooms with corridor bathroom access in close proximity. Each resident had access to a lockable press in their bedrooms for storing any thing of value if they wished to do so. A large number of residents had personalised their bedspaces with photographs and personal memorabilia. Notwithstanding this, space for residents to store their personal possessions was limited with single wardrobes available to residents to store belongings and some wardrobes had shelves used for inappropriate storage of incontinence wear which further diminished space for residents to use. This will be discussed under Regulation 12: Personal possessions.

Specialist equipment was available in the centre including profiling beds, specialist mattresses and cushions for resident comfort; overhead hoists were available to maximise residents' comfort and ease of transfer in and out of bed.

Residents who spoke with the inspector stated the food quality in the centre was good and that they were very satisfied with the variety of food on offer. Residents were offered a choice of main courses and dessert. Residents who required assistance with mealtimes were provided in an unhurried fashion. Visitors commented on the level of respect shown to their relatives who required assistance in relation to mealtimes. Throughout the day, staff were observed engaging with residents in a respectful and friendly manner.

A laundry service was provided to residents in the centre by an external company, some resident families chose to launder their relatives personal laundry themselves. There were no open complaints in relation to the service supplied and one family and resident who spoke to residents were happy with the level of service provided.

A full and varied activities programme was available to residents in the centre. Activities schedules were posted throughout the centre for residents to view a timetable of what was available on a given day. Residents spoken with, said they were happy with the activities on offer. Some residents stated they liked the one to one sessions as they preferred their own company and felt that they did not like to participate in group activities. Activities were available seven days a week, with care staff covering the activity programmes at weekends. In the afternoon of the inspection, a large number of residents were seen enjoying live music and singing in Dochas Croi. Resident meetings were held regularly and good evidence of resident participation and discussion was available for the inspector to review.

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

This was an unannounced, one day inspection, by an Inspector of social services to monitor the provider's compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, and to follow up on findings of previous inspections. The inspector found that this was a well managed centre, where residents were supported to have a good quality of life, however, some actions were required to come into full compliance with the regulations, which are further detailed in this report.

Fermoy Community Hospital is a residential care setting operated by the Health Service Executive (HSE) and is registered to accommodate 38 residents. Overall, this was found to be a well managed centre. The person in charge had responsibility for the day to day operational and clinical management of the centre supported by an assistant director of nursing, a clinical nurse manager 2 (CNM2) and one Clinical nurse manager 1. A second post as clinical nurse manager 2 had been recruited and was due to commence their role early in 2026. The management team were supported further by an experienced team of nursing, health care assistants, catering, household and maintenance staff.

Staffing levels on the day of the inspection were sufficient to meet the needs of the residents. While a range of training had been provided to staff, there were some staff who were out of date with training in cardiopulmonary resuscitation and safeguarding training. The provider had provided assurances that the outstanding training would be addressed promptly with dates being organised for staff. This is actioned under Regulation 16: Training and Staff Development.

The provider had been granted a certificate of renewal of registration of the centre which had taken effect from June 2024. As part of this process, the Chief Inspector assesses the governance and management arrangements of the registered provider. Although evidence of a defined management structure was in place, and the lines of authority and accountability were outlined in the centres statement of purpose, the senior managers with responsibility for the centre were not named as persons participating in management on the centres registration. The provider was required to review these arrangements and was afforded until the 31st of October 2024 to do so. However, at the time of this inspection, these senior managers had yet to be named on the centres registration and the restrictive condition remained on the centres registration. This finding is actioned under Regulation 23: Governance and Management.

The provider had an audit schedule examining key areas, including medication management, infection prevention and control and documentation which results displayed are in keeping with inspectors findings on the day of inspection. Following

completion of audits, there was evidence that outcomes were discussed at management level.

A sample of staff files were reviewed and contained the necessary documentation required by regulation and were stored securely by the person in charge.

The oversight of incidents and accidents were well managed in the centre and all notifications requiring submission to the office of the Chief Inspector were notified within the required time frames to meet regulatory requirements.

Complaints were well managed in the centre with evidence of the complaints procedure displayed in the centre. On review of the complaints documentation, it was evident that complaints were dealt with, with written correspondence given to the complainant with learnings attached for staff and management.

Regulation 15: Staffing

There were 36 residents living in the centre on the day of the inspection. Based on a review of rosters, it was evident that the staffing skill mix and numbers were appropriate having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records showed that mandatory training for some staff was out of date as per centres policy and required updating to ensure staff had appropriate and up to date knowledge respective of their roles in the centre.

- Safeguarding training for four staff was out of date and required to be completed.
- Cardiopulmonary resuscitation (CPR) training was out of date for three of the nursing staff in the centre....

Judgment: Substantially compliant

Regulation 21: Records

A sample of staff files were reviewed and contained all the necessary required documents as per Schedule 2. Documentation held in the centre in relation to

Schedule 3 and 4 were also available to review and met the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not complied with the restrictive condition placed on the centres' registration. This condition stated that: "The registered provider shall, by the 31st 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".

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23, were not sufficiently robust as evidenced by the following:

- Oversight and monitoring of Infection prevention and control practices in relation to resident usage of clinical handwash sinks. This will be discussed under regulation 27:Infection prevention and control.
- there was a lack of oversight of storage for residents. This was identified on previous inspections and has not been actioned effectively to date. This finding is actioned under Regulation 12: Personal Possessions.
- there was a lack of oversight in relation to premises issues, floor space in two bedded rooms was not adequate for high dependency residents living in these rooms.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of three resident contracts of care were reviewed. All documentation reviewed contained necessary information in relation to room identification, type of accommodation in relation to the number of other occupants(if any, and details of other services of which a resident may choose to avail of that are not included in the Nursing home support scheme and therefore was in line with regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and notification reports as set out in Schedule 4 of the regulations were submitted to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector observed that the complaints procedure was displayed in the centre. Residents and families who spoke with the inspector were aware how to make a complaint if they required to do so. There was a low level of complaints recorded in the centre and from a review of the most recent complaints and it was evident that they were managed in line with updated regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, residents in Fermoy Community Hospital were found to be supported to have a good quality of life, which was respectful of their wishes and preferences.There was timely access to health care services and appropriate social involvement. A human rights based approach to care was evident and seen to be promoted. Residents spoken with stated they felt safe in the care of the staff in the centre.

The inspector was assured that residents' health care needs were met to a high standard. There was twice weekly access to a general practitioner (GP) or as required. Records demonstrated that referral systems were in place for residents to access allied health and social care professionals such as dieticians, speech and language and physiotherapy. The centre was linked with Tissue Viability services in an acute hospital under the vascular services and staff could seek referral or advice as necessary.

The registered provider had measures in place to safeguard residents from abuse. The provider acted as a pension agent for a number of residents in the centre. There was a procedure in place for the management of residents petty cash. There was a policy and a procedure available for safeguarding vulnerable adults. However, training records identifed that four staffs' training was out of date and required updating to ensure all staff had appropriate and up to date knowledge in the

protection and detection of abuse. This is actioned under Regulation 16: Training and Staff development.

An engaging and social activities programme for residents in the centre was provided seven days a week. The provision of art, live music, mass and other engaging activities was enjoyed by most residents throughout the day of inspection.

Care planning documentation was available for each resident. While care plans were person centred and used validated assessment tools, some care plans reviewed on the day of inspection were not updated to reflect changing needs of residents within the required regulatory time frames. Therefore, careplans did not contain up to date information to direct care. This is actioned under Regulation 5: Individual assessment and care plan.

The centre was promoting a restraint free environment. Evidence of assessments, multidisciplinary input and discussion with residents in relation to any restrictive measures was available for review.

Whilst there was ongoing work to the premises and it was generally clean, tidy and laid out to meet residents needs, flooring in some older parts of the centre were worn and breached and could not assure adequate cleaning. In four bedded rooms, the hoist charging point was directly in front of one residents wardrobe and obstructed access for the residents personal belongings. Access for residents with high support chairs in two bedded rooms was difficult as there was limited floor space to bring the residents chair in and out of the bedroom due to the position of the first bed and locker in the bedroom. These findings will be discussed under Regulation 17: premises.

Ongoing works were being carried out in the centre in relation to Fire prevention and safety. Fire stopping had been completed in areas that required it, which would reduce the risk of fire breaching into attic voids. A sample of fire doors were observed to be in good working order with no gaps identified. The provider had provided assurances in relation to fire training for staff and evidence of ongoing fire drills to ensure staff were familiar with the processes of fire evacuation.

Storage for residents personal possessions continued to be an ongoing issue in the centre. Whilst the management team had added an extra shelf in the single wardrobes, this shelving was observed in a number of rooms to have inappropriate storage of incontinence wear which took up space where residents could store personal belongings. This is discussed under Regulation 12: Personal Possessions.

Two staff nurses had completed the Infection prevention control link nurse course and were responsible for assisting with Infection prevention control practices in the centre and providing support and updated guidance to staff. They also assisted with hand hygiene training within the centre. Staff generally were observed to have good practices of hand hygiene and consistently were applying standard precautions were necessary. Adequate supplies of alcohol gel handrub were noted around the centre to promote good hand hygiene practices.

Notwithstanding these positive findings, oversight of infection prevention and control practices in the centre in relation to multi-purpose usage of clinical hand wash sinks required action. Resident bedrooms had a clinical hand wash sink, but did not have a residents sink to use for personal hygiene, however, as some residents did not understand the risk of cross contamination, they used the sinks for cleaning dentures and personal washing which was a risk. This will be discussed later in the report under Regulation 27: Infection prevention and control.

Regulation 12: Personal possessions

There was not sufficient space for residents to store their personal belongings in the two bedded and four bedded bedrooms in the centre. This was a recurrent finding from previous inspections. Evidenced by:

- Wardrobes were single and had shallow shelving which did not provide adequate space for residents to store and maintain their own clothes and other personal posessions. Management had reviewed the wardrobes and created an extra shelf. This shelf was observed in a number of rooms to be inappropriately stacked with incontinence wear further diminishing space for personal possessions. Residents families had to rotate their relatives personal belongings based on seasons which did not assure that residents retained control over their clothes.
- Limited storage in these rooms meant that residents did not have adequate storage to display their personal affects around their bed space.

Judgment: Not compliant

Regulation 17: Premises

While the premises was designed and laid out to meet the number and needs of residents in the centre, some areas required action from the provider as follows:

- Hoist booms were set to charging points in the four bedded rooms in front of a residents wardrobe which occluded access to the wardrobe for the resident or visitors and posed a risk of injury because of its positioning.
- Some floor surfaces showed signs of wear and tear in older parts of the centre and as such did not facilitate effective cleaning.
- Floor space in a two bedded room was observed not to be adequate to manouevre a high support chair for a high dependency resident residing there. The inspector observed the process of how staff would transfer this resident to the chair and that it required moving the resident in the other bed space or their bed and locker toward the wall and out of position to create

space to transfer. The two bedded rooms were observed to not be suitable for residents with high dependency care needs.
- Clinical handwash sinks were available in all bedrooms with signage that instructed they be used for hand washing only. Residents accommodated in bedrooms without an en suite facilities did not have access to wash hand basins for personal hygiene, including oral hygiene and shaving as required.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that when residents were transferred to hospital from the designated centre, relevant information was provided to the receiving hospital. Upon residents return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging service or hospital. Copies of transfer documents were available and filed in the residents chart.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection prevention and control and the National standards for infection prevention and control in community services (2018), however, further action was required to be fully compliant with the regulation. Evidenced by:

- Clinical hand wash sinks in bedrooms had multi-purpose usage by residents and staff. Evidence of toothbrushes and denture containers were seen on sinks around the centre.Some residents stated that they used the sink in their bedrooms to address their personal hygiene requirements in the morning and going to bed. This posed a risk of cross contamination.
- Some wound dressings were opened and were partly used and placed back on shelves for re-usage. As the dressings were unsealed they were not sterile and posed a risk if used of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Since the last inspection fire stopping around the centre has been an ongoing programme of works. While most of the works have been carried out, the remainder is due for completion by the 1st of May 2026. Fire drills were carried out quarterly of the largest compartment which took place in a reasonable timeframe. Drill records identified areas of learning for staff. A sample of fire doors were reviewed and closed effectively without any gaps identified. Fire panels were maintained and staff were knowledgeable about the procedures to be followed in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While overall, care plans were person-centred, action was required to ensure assessments and care planning documentation were in line with specified regulatory requirements as evidenced by the following:

- A resident who experienced significant mood alterations did not have an up to date mood and behaviour assessment to inform and update the residents care plan and provide assurances to guide staff to care for the resident effectively.
- Another resident did not have their care plans updated since December 2024. The care plan did not reflect any changes from updated assessments which had been carried out. This did not provide assurances that the information in relation to this residents condition was up to date to inform care as per changing needs of the resident and was outside of regulatory timeframes.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector was assured that residents had access to appropriate medical and health care, in line with their needs. A general practitioner attended the centre twice weekly and as required. Physiotherapy was available to residents one day per week and residents had access to services including dietetics, speech and language therapy and tissue viability specialists as required by referral. National screening programmes were accessible to residents who were eligible.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up-to-date knowledge, training and skills to care for residents with responsive behaviours (how residents who lived with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were knowledgeable and had the required training to support residents with responsive behaviours. The use of bedrails was monitored by the management team. There was evidence of validated assessments and a multidisciplinary approach to bed rails being used in the centre. Audits of these practices were performed and actioned appropriately as required.

Judgment: Compliant

Regulation 9: Residents' rights

Management and staff promoted and respected the rights and choices of residents living in the centre. Visitors and residents both confirmed that they were treated with dignity by the management staff and wider staff group. The service placed an emphasis on ensuring residents had consistent access to a variety of activities including music sessions seven days a week and live music once a week. . Residents who spoke with inspectors were aware of the schedule and could choose to attend sessions they liked. Residents had access to religious services, available twice a week. Advocacy services were accessible if residents required same.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fermoy Community Hospital OSV-0000560

Inspection ID: MON-0049110

Date of inspection: 09/12/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Safeguarding training was completed on 19.12.2025 by the four staff identified. • CPR training is booked for 07.02.2026, the three staff identified will attend.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • It is the intention of the IHA Managers to issue correspondence to HIQA to outline the full details around Person in Charge, Registered Provider Representative and Person Participating in Management for each centre once the transition plan is full in place. • Clinical hand wash basins in the multi-occupancy rooms are for hand washing only. Personal hygiene for residents is conducted in the privacy of bathrooms or at resident's bed side, which is facilitated and supervised using a personalised wash basin. Residents therefore have access to facilities for personal care. • An onsite meeting has been arranged with estates for 29.01.2026 and a further assessment will be completed by estates, reviewing and altering the space available for maximum storage with an aim to address this ongoing issue in relation to storage. • Engagement with estates and a bespoke furniture supplier previously took place in designing the layout of the 2 bedded rooms. An onsite meeting has been arranged with estates and the furniture supplier for 29.01.2026, to reassess the room layout taking into	

consideration the possibility of occupation by high dependency residents.
• The floor space is compliant with the Health Act 2007.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulation.

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
• The wardrobe space has been reviewed again. All the surplus incontinence wear has been removed and the shelf for the incontinence wear will be reviewed and restocked with the minimum amount of incontinence wear required daily stored on these shelves. This will avoid overstocking and will allow for additional space for the resident's belongings.

• An onsite meeting has been arranged with estates for 29.01.2026 and a further assessment will be completed by estates, reviewing and altering the space available for maximum storage. The plan to rotate seasonal clothes is in agreement with all residents and their families and is done at the resident's request.

• Personal effects are displayed at the will and preference of each individual. This varies greatly amongst the residents and regular discussions are held with residents and offers of gifted, updated photographs are made to the residents regularly by Fermoy CH staff.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Brackets to hold the hoist booms have been installed in the four bedded rooms and all wardrobe space is accessible removing risk of injury.

• A review of all flooring has taken place and submissions for approval for funding for replacement and repair of identified flooring have been made to the office of the General Manager.

• Engagement with estates and a bespoke furniture supplier previously took place in

designing the layout of the 2 bedded rooms. An onsite meeting has been arranged with estates and the furniture supplier for 29.01.2026, to reassess the room layout taking into consideration the possibility of occupation by high dependency residents. The floor space is compliant with the Health Act 2007.

• In response to the absence of non-clinical wash-hand basins (WHBs) for resident use in multi-occupancy rooms at Fermoy Community Hospital, a detailed Infection Prevention and Control (IPC) risk assessment has been undertaken in accordance with NCEC National Clinical Guideline No. 30 and the Infection Control Guiding Principles for Buildings.

Regulatory Context

Regulation 17, Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 states:

"The registered provider shall ensure that, having regard to the number of residents, there is—
(a) a sufficient supply of piped hot and cold water, which incorporates thermostatic control valves or other suitable anti-scalding protection, and that wash-hand basins are provided in each bedroom.
(b) a sufficient number of toilets, and of wash-basins, baths and showers (including assisted baths and showers, having regard to the dependency of persons in the designated centre) fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection"

The regulation does not specify the type of WHB (clinical or non-clinical), but Health Building Note (HBN) 00-10 Part C provides further clarification on the intended use and design of different sink types.

Clinical hand wash basins in the multi-occupancy rooms are for hand washing only. Personal hygiene for residents is conducted in the privacy of bathrooms or at resident's bed side, which is facilitated and supervised using a wash basin which facilitates residents carrying out personal hygiene. Residents therefore have access to facilities for personal care.

Current Infrastructure at Fermoy Community Hospital
- Each of the three 4-bedded rooms is equipped with one clinical wash-hand basin (CWHB) and each of the 5 2-bedded rooms is equipped with one single clinical wash-hand basin (CWHB).
- These CWHBs are installed in line with SARI 2015 guidance, which recommends a minimum of one CWHB per multi-occupancy room. Using SARI 2015 guidance as more recent building guidance documents do not have any reference to sink requirements in multi-occupancy rooms in the absence of an en-suite.
- Signage is in place to indicate that these sinks are for hand hygiene only.

Risk Assessment Summary
An IPC risk assessment was conducted considering the following:

1. Infection Control Needs
2. Resident Hygiene Needs
3. Regulatory Interpretation
4. Mitigation Measures

A Standard Operating Procedure (SOP) will be developed to:

- Reinforce the exclusive use of CWHBs for hand hygiene.
- Facilitate residents to wash/shave/oral care in an identified bathroom, if not feasible to mobilise to a bathroom provide portable personal hygiene solutions (e.g., washbowls) for residents whilst maintaining privacy and dignity by the use of privacy screens/curtains,
- Reusable washbowls will be individual use and cleaned and stored per HSE decontamination policy.
- Ensure staff training on appropriate sink use and hygiene protocols.

While the current infrastructure does not include non-clinical WHBs in all multi-occupancy rooms, the facility is compliant with the minimum IPC and regulatory requirements through the provision of clinical wash hand basins and robust Standard Operating Procedures. The risk assessment supports the current configuration as a pragmatic and safe interim solution, with the focus of maintaining resident privacy and dignity at all times, pending infrastructural upgrades. We remain committed to continuous improvement and welcome further engagement with HIQA to ensure resident safety and dignity are upheld.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulation.

Regulation 27: Infection control	Substantially Compliant

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

- Clinical hand wash basins in the multi-occupancy rooms are for hand washing only. Personal hygiene for residents is conducted in the privacy of bathrooms or at resident's bed side, which is facilitated and supervised using a personalised wash basin. Residents therefore have access to facilities for personal care.
- Staff have been reminded that opened packets of unused wound dressings should not be used as they were no longer sterile. This will be reminded at the daily safety pause meeting and daily room inspections carried out by the CNM's.

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 care plans have been reviewed and updated and will be reviewed at intervals not exceeding four months. This will be completed by a nurse manager and staff will be reminded of this process at the daily safety pause meetings going forward. An audit will be carried out by the CNM on intervals not exceeding 4 months and findings will be actioned in a timely manner.
imely manner.

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(c)	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 he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	22/07/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	22/04/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises	Not Compliant	Orange	30/04/2026

	which conform to the matters set out in Schedule 6.			
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.	Not Compliant	Orange	22/07/2026
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.	Not Compliant	Orange	22/04/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	22/07/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	22/01/2026

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			