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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:	Dungarvan Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Springhill, Dungarvan, Waterford
Type of inspection:	Unannounced
Date of inspection:	10 July 2025
Centre ID:	OSV-0000594
Fieldwork ID:	MON-0047258

## About the designated centre

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

Dungarvan Community Hospital is a designated centre situated within the urban setting of Dungarvan town, Co. Waterford. It provides long-term care for older persons as well as specialised care for people with dementia. Respite services, rehabilitation, convalescence care and end-of-life care are also provided on site. The criteria for admission is persons aged 65 years and over, however, the statement of purpose also states that there are exceptions to this criteria including persons under 65 years who require palliative care or a young person with a life-limiting illness. The facilities and services provided, according to the statement of purpose, are as follows: accommodation for 101 residents in six residential units: 1) Michael's Unit: an 11-bedded male unit, 2) Ann's Unit: a 10-bed dementia-specific female unit, 3) Vincent's Unit: a 32 bed mixed unit which provides for 27 long stay and 5 palliative beds, 4) Sacred Heart Unit: 19-bedded male and female unit accommodating rehabilitation; convalescence, and respite residents, 5) Francis Unit: a 17 bedded unit accommodating females for long-term care and which was refurbished in 2007, 6) Enda's Unit: a 12 bedded unit accommodating females for long-term care. Residents have access to occupational therapy, physiotherapy, radiology, a range of HSE community services, a church and private meeting areas.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	87
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 10 July 2025	10:15hrs to 18:05hrs	Niall Whelton	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). This inspection included a focused review of the premises and fire precautions. The centre is registered for 101 residents, with 87 residents living in the centre on the day of inspection.

Dungarvan Community Hospital is set out over six separate units, Michael's Unit, Anne's Unit, Vincent's Unit, Sacred Heart Unit, Francis's Unit and Enda's Unit. Four of the units are designated for long term care, with Anne's Unit offering dementia-specific care. Sacred Heart is a short stay ward providing rehabilitation, transitional care and respite services to residents admitted from the community and hospital. The centre also has five palliative care beds located on Vincent's Unit. Vincent's Unit also had a relatives room with comfortable seating, tea and coffee-making facilities and adjoining private en-suite toilet and showering facilities. The designated centre is laid out in two very contrasting buildings, which are linked together by a long glazed corridor. The newer and more modern building contains the reception, office administration areas, and Vincent's Unit, which opened in 2009 and Sacred Heart Unit. The older, and more dated part of the centre contains Enda's, Francis', Anne's and Michael's units. The building in which the designated centre is located has upper floors over the older units, however all of the registered area is at ground floor only.

Bedroom accommodation throughout the centre consisted of 10 single bedrooms, seven twin bedrooms, three triple bedrooms and 17 four-bedded bedrooms. The majority of bedrooms had adjoining en-suite bathroom facilities that included a shower, toilet, and hand-wash basin. The bedrooms that did not have en-suite facilities had access to shared toilet and shower facilities. Bedroom accommodation throughout the centre had a television, call bell, wardrobe, locked storage and seating facilities.

Externally there was a number of secure courtyard and garden areas. These were well maintained and were pleasant outdoor spaces. The inspector saw raised containers where residents were growing carrots and peas. There was also murals on the walls of some garden areas creating areas of interest. A resident and their visitor who spoke to the inspector were very complimentary regarding their time in the centre and that staff "couldn't be nicer".

During the walk through of the centre, the inspector saw a lot of fire doors which had gaps which would allow the passage of smoke. There was also a number of fire doors seen which did not have appropriate automatic door closers. Escape routes were seen to be clear and exits were available for use. The inspector saw where a number of exits had been widened to allow for bed evacuation. Externally the inspector saw areas which did not have sufficient emergency lighting to guide occupants to the assembly point.

One of the fire alarm panels, between St. Anne's and St. Michael's did not have a zoned drawing displayed adjacent as required.

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

There were management systems in place, however they were not sufficiently robust to recognise and respond to fire safety risks. The provider had arranged for significant fire safety upgrade works across the centre, however further action was required in relation to fire precautions to ensure that the service provided was safe, appropriate, consistent and effectively monitored. Action was required under Regulation 23; Governance and management, Regulation 17; Premises and Regulation 28; Fire Precautions.

The registered provider is the Health Service Executive (HSE). There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge was supported by two assistant directors of nursing, a team of clinical nurse managers, nurses, healthcare assistants, catering, activities, housekeeping, laundry, portering, technical services and administration staff.

During the inspection, the provider was required to address a risk where large volumes of bottled water was stored in an enclosure with the electrical panels, posing a potential risk if a fire started in this area. This was addressed during the inspection.

The provider had previously arranged for a fire safety risk assessment in November 2021, which had been accompanied by an action plan. The provider had submitted evidence that the risks identified at that time had been addressed. At this inspection, there were similar findings to that fire safety risk assessment regarding maintenance of fire doors and fire sealing of gaps or opening in fire rated construction.

Within Vincent's Unit, assurance is required from the provider regarding the fire protection of escape corridors from bedroom areas. In Vincent's the doors to bedrooms, and other rooms, did not have appropriate smoke seals or heat seals around the top and sides of fire doors. This meant that the escape corridors were not appropriately protected as required for nursing home use. The deficits to these doors was identified to the provider in the fire safety risk assessment in 2021, but this remained outstanding. The provider is required to review and determine the measures required to ensure the enclosure to the bedroom corridors meet the requirements for nursing home use.

There was a condition (condition 5) applied to the registration of the centre regarding fire safety which stated;

By 30 November 2024 the registered provider shall;

1. Take adequate precautions against the risk of fire
2. Make adequate arrangements for maintaining of fire equipment and means of escape
3. Ensure that persons working in the designated centre, and in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire
4. Ensure that the procedures to be followed in the event of a fire are displayed in a prominent place in the designated centre

The provider was not fully meeting the requirements of condition 5, as detailed under regulation 28 Fire precautions.

The provider had undergone a programme of fire safety works in the centre, the objective of which was to improve means of escape and fire containment, including;

- widening certain exit doors for ease of evacuation and the provision of a new exit
- addition of new fire rated partitions to protect escape routes
- containment work to improve fire compartment boundaries

There was one outstanding piece of work to protect the escape route from St. Francis into the internal circulation route to be addressed. The provider was reviewing alternatives for this area, as a ramped section created difficulty in achieving the original proposal.

The inspector saw the completed work and this appeared to be completed to a good standard. Documentation that was submitted to the Chief Inspector confirming the that the work that was carried out was done to a good standard of workmanship and considerably enhanced the means of escape.

Notwithstanding the aforementioned programme of work, the inspector identified further fire safety deficits, which is explored under the quality and safety section of this report.

In terms of the premises, the inspector identified areas for improvement to meet the requirements of the regulations. These are dicussed further under regulation 17 Premises.

## Regulation 23: Governance and management

Fire safety management systems were not sufficiently robust to ensure the service

was safe, appropriate, consistent and effectively monitored. For example:

- the provider was not fully meeting the requirements of condition 5 of the registration
- further fire safety issues with the physical building and fire alarm system
- maintenance issues identified to the provider in the fire safety risk assessment in 2021, were found again on this inspection
- the issue relating to the lack of heat and smoke seals to fire doors in Vincent's Unit had not been addressed
- issues relating to resident's rights to privacy in some multi-occupancy rooms
- issues relating to the provision of appropriate sinks for residents use as per Schedule 6
- not all records requested for review were available to the inspectors
- the risks associated with staff knowledge of the annotation on the fire alarm panel had not been identified

Judgment: Not compliant

## Quality and safety

The findings from this inspection were that the provider had carried out significant fire safety improvement works and these were found to greatly improve the levels of fire safety in the centre, in particular the means of escape. However, further non-compliance with fire precautions was identified and required action.

The centre was spread out over a number of units with varying standards of fire safety measures. The evacuation strategy also varied between units owing to the configuration of each unit.

While there had been significant improvement with the means of escape, further areas for improvements were identified during the inspection.

The inspector identified that fire doors were not being adequately maintained to the point that it was impacting containment of fire in a number of areas.

Doors through out had a reference number and the fire alarm panel would display this number to identify the location of the activation, rather than the room number. The drawings on display had a different number annotated to a room. During the inspection there was confusion amongst staff and management regarding what would display on the panel.

There were frequent fire safety drills and staff spoken with confirmed they attended drills and fire safety training; this was verified by the staff matrix given to the inspector. Staff relayed the evacuation strategy, which was bed evacuation and told the inspector of areas where bed evacuation was not possible owing to the building configuration and knew that the ski-sheet (sheet fitted beneath the mattress for

evacuation) was to be used in those scenarios. Some areas of the centre had bespoke escape routes and these were known to staff spoken with. For example, the alternative escape from two rooms in St. Enda's was across a small courtyard to an escape corridor.

Personal emergency evacuation plans (PEEP) were in place for residents. There was a synopsis version on the door to the room which showed at a glance information regarding evacuation, resident dependencies and mode of evacuation. This was a quick reference to guide staff during evacuation.

Of the records reviewed, equipment such as beds, hoists and kitchen suppression system were serviced as required. The service report for the medical gas system included recommendations to upgrade the system owing to its age and the availability of parts.

Actions required relating to fire safety are explored in more detail under regulation 28: Fire Precautions and for matters relating to premises, under regulation 17: premises.

## Regulation 17: Premises

Action was required by the provider to ensure compliance with Regulation 17 and Schedule 6, for example;

- the configuration of a bedroom in St. Francis required review; entering the room required going through one resident's private space to reach the other bed spaces. Furthermore, access to the ensuite meant going through another resident's private bed space. This was previously identified to the provider for another room in St. Michaels, for which they reconfigured the room. The Provider is required to review all bedrooms in the centre to ensure that each resident has adequate usable and private space, whereby it is not necessary for another person to encroach on their space in order to enter the room or access the ensuite.
- within St. Anne's two single bedrooms did not have a sink as required under Schedule 6
- the sink in some resident's rooms were a clinical hand wash sink for staff to wash their hands, with no sink available in the room for residents' to use for personal hygiene, for example two twin rooms in St. Enda's Ward.
- the sink in some residents' bedrooms did not have a plug to retain water in the sink for personal hygiene
- the bed pan washer in St. Enda's was out of order
- the small sitting room in St. Michael's was used to store excess furniture and was not available for use by residents
- there was no call bell within the Chapel or St. Michael's sitting room. The provider is required to confirm that call bells are available in every room used by residents in line with schedule 6

- the call bell panel in St. Francis showed faults that required review. It was reported to the inspector that all were working and that the reason for the fault on the display would be investigated.

Judgment: Not compliant

## Regulation 28: Fire precautions

The inspector identified areas where the provider was not taking adequate precautions against the risk of fire. One example included where the batteries for equipment such as hoists, were being charged on an escape corridor, introducing an unnecessary risk of fire on the escape route.

Overall adequate means of escape was provided, improved by the recent programme of fire safety work. However some improvements were required in terms of the new exits installed and the release mechanism installed. Some staff were unsure of how it operated. There were also some areas where the exit signage required review. Within the church, there was large areas of timber linings; it was not clear during the inspection whether the timber was treated to prevent the spread of fire along the timber lining if a fire started. External escape routes were not provided with adequate emergency lighting to guide occupants to the assembly point.

While there was a log of the servicing of the fire alarm system, emergency lighting and fire fighting systems, the service reports were not readily available for review as required under schedule 4. Improvements were required regarding the maintenance of fire doors throughout the centre. The inspector saw doors with excessive gaps, smoke seals which had been painted over and missing heat or smoke seals.

Improvements were required to ensure there was adequate detection and warning of fire. The inspector identified, from the areas reviewed, that a food store, drug room and small store did not have fire detection. The visitor's room in St. Anne's had a heat detector and not a smoke detector as required. There was confusion among staff and management regarding the readings that would display on the fire alarm panel. Not all fire alarm panels had a suitable zoned floor plan displayed adjacent to assist staff to locate the location of the activation. It was confirmed to the inspector that new drawings had been prepared but had not yet been displayed. In some areas there was a schedule of what would display on the panel, however not all rooms were included on this schedule.

Notwithstanding the work carried out to improve fire containment, further action was required to ensure adequate containment of fire.

This included the fire doors within St. Vincent's and the absence of appropriate heat and smoke seals around the doors. The door to the sitting room was not a fire door. Owing to the type of doors fitted, assurance is required from the provider that the enclosure to the corridors in St. Vincent's are appropriate fire rated corridors that

protect the means of escape.

In other areas, fire doors require action as there were a number with absent door closers and in some areas fire doors not fitted where required; one example included the clean utility behind the nurse station in St. Enda's.

The inspector saw areas where penetrations for services through fire rated construction were not appropriately sealed to maintain the fire resistance of the wall or ceiling it passed through. Furthermore, not all escape corridors were protected from the rooms opening onto them, for example the chapel was not fire protected from the adjacent link corridor. An electrical room had a hole in the wall.

The inspector reviewed a sample of fire drills for different areas in the centre. In the newer section of the building – Vincent's Unit and Sacred Heart Unit – fire compartments were larger, with the largest being 18 residents. While drills were occurring in each unit, the records did not demonstrate staff ability to evacuate the largest fire compartment, when staffing levels were lowest. The drills completed reflected the actual occupancy at the time of the drill and not the potential occupancy of the fire compartment.

The inspector saw drawings displayed to aid evacuation. There was a varying types of evacuation drawings displayed in different areas. It was noted the newer drawings included room numbers which did not align with the fire alarm room numbers.

Judgment: Not 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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant

# Compliance Plan for Dungarvan Community Hospital OSV-0000594

Inspection ID: MON-0047258

Date of inspection: 10/07/2025

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Fire Safety &amp; Premises</p> <p>The provider is fully committed to ensuring optimal fire safety at the centre and to meeting the requirements of condition 5 of the registration. A comprehensive review of fire safety management at the centre was undertaken in July 2025 by the HSE Fire &amp; Estates Team and a schedule of works has been developed to address all fire related issues raised at inspection. A copy of this schedule of works &amp; drawings will be submitted with the compliance plan to the regulator to provide further detail and assurance. This includes (not exhaustive):</p> <ul style="list-style-type: none"> <li>• A survey has been completed of all fire doors and a contractor has been appointed to commence fire door sealing and maintenance works in September 2025. Expected completion 31/10/2025.</li> <li>• Fitting of free swing self-closing devices on a number of identified fire doors. Expected completion 31/10/2025.</li> <li>• Installation of a 60 minute partition between the chapel sacristy and the corridor leading to St Ann’s ward.Expected completion: 31/10/2025.</li> <li>• Installation of additional appropriate detectors. Complete.</li> <li>• Update of Room and door identification on FDAS for display on panels and replication of same on evacuation drawings to support staff knowledge of use of fire panel for location identification. Expected completion: 31/10/2025</li> <li>• Contractor appointed to address identified fire stopping works. Expected completion: 31/10/2025.</li> <li>• Review of external emergency lighting and commissioning of additional units where required. To note, there is a standby generator which is capable of supplying power in a quick automatic changeover in the event of a power supply fail. Expected completion: 30/09/2025</li> <li>• Review of the material of the Church roof and commitment to treat timber where</li> </ul>	

required. Quotes and availability are being sought for same with expected completed by 31/03/2026.

- Within Vincent's unit, plans are being progressed to divide the bedroom corridors further by an additional two sets of cross corridor 30 minute fire doorsets – which will divide bed numbers into a max of 8 in any one sub compartment. The nurses station will also be separated from the bedroom corridor by a 30 minute fire rated construction enclosure. Team to be appointed to carry out the design and oversee works with expected completion date prior to June 2026.
- The call bell system is being extended to cover Michael's sitting room and the chapel. Expected completion date 30/09/2025.
- Hospital Governance meetings will track and oversee progress of the above, with fire safety a standing item on the agenda.
- Fire drill documentation is being reviewed to ensure all aspects of reporting of drills/evacuation is covered.

#### Privacy in Multi-Occupancy Bedrooms

The provider is reviewing reconfiguration & refurbishment of multi-occupancy areas to support resident's right to privacy. Expected completion 30/12/2025.

#### Provision of Sinks in Ann's Unit

The Provider recognises that under Regulation 17, Schedule 6, each bedroom should ordinarily include a wash-hand basin to support residents' personal hygiene. The provider's Capital & Estates team has been engaged to engineer a safe and compliant solution that balances the regulatory requirement with resident safety, Infection Prevention and Control (IPC) guidance, and existing infrastructural limitations.

Expected completion of review and option development: 30/11/2025.

In the interim, the provider has sought specialist IPC advice in respect of Ann's Unit, a dementia-specific unit for female residents. A detailed risk assessment confirmed that the introduction of fixed sinks within these bedrooms would present significant safety risks for this cohort due to their mobility, cognitive presentation, and associated behaviours. Any engineered solution will therefore need to carefully mitigate these identified risks. Currently, each pair of bedrooms in Ann's Unit has access to a centrally located shared bathroom, equipped with suitable sink facilities. Residents occupying these bedrooms are typically independently mobile and are supported by staff to complete personal and hand hygiene at these sinks.

Where a resident expresses a preference to wash their hands within their own bedroom, staff facilitate this safely using a portable basin with soap and water, which is removed immediately after use in line with IPC requirements.

In addition, a structured hand hygiene protocol is in place at mealtimes: residents are offered hand wipes if they prefer not to use the bathroom sinks, thereby ensuring hygiene is maintained in a manner that is both safe and person-centred.

***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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Privacy in Multi-Occupancy Bedrooms</p> <p>The provider is reviewing reconfiguration &amp; refurbishment of multi-occupancy areas to support resident’s right to privacy. Expected completion 30/12/2025.</p> <p>Provision of Sinks in Ann’s Unit</p> <p>The Provider recognises that under Regulation 17, Schedule 6, each bedroom should ordinarily include a wash-hand basin to support residents’ personal hygiene. The provider’s Capital &amp; Estates team has been engaged to engineer a safe and compliant solution that balances the regulatory requirement with resident safety, Infection Prevention and Control (IPC) guidance, and existing infrastructural limitations. Expected completion of review and option development: 30/11/2025.</p> <p>In the interim, the provider has sought specialist IPC advice in respect of Ann’s Unit, a dementia-specific unit for female residents. A detailed risk assessment confirmed that the introduction of fixed sinks within these bedrooms would present significant safety risks for this cohort due to their mobility, cognitive presentation, and associated behaviours. Any engineered solution will therefore need to carefully mitigate these identified risks. Currently, each pair of bedrooms in Ann’s Unit has access to a centrally located shared bathroom, equipped with suitable sink facilities. Residents occupying these bedrooms are typically independently mobile and are supported by staff to complete personal and hand hygiene at these sinks.</p> <p>Where a resident expresses a preference to wash their hands within their own bedroom, staff facilitate this safely using a portable basin with soap and water, which is removed immediately after use in line with IPC requirements.</p> <p>In addition, a structured hand hygiene protocol is in place at mealtimes: residents are offered hand wipes if they prefer not to use the bathroom sinks, thereby ensuring hygiene is maintained in a manner that is both safe and person-centred.</p> <p>Provision of Sinks in Enda’s Unit</p> <p>The provider recognises the requirement under Regulation 17, Schedule 6 and has obtained specialist IPC advice regarding Enda’s Ward. Each bedroom contains a clinical-standard wash-hand basin for staff use. While separate non-clinical sinks are not in each room, residents have access to dedicated bathroom and toilet sinks, with staff support provided as needed.</p> <p>The provider’s Capital &amp; Estates team has been engaged to develop a long-term engineering solution that will fully meet regulatory requirements without reducing bed numbers which would displace vulnerable residents from their home. Expected completion of review and option development: 30/11/2025.</p> <p>Residents occupying these bedrooms are typically independently mobile and are supported by staff to complete personal and hand hygiene at the existing sinks.</p> <p>Where a resident expresses a preference to wash their hands within their own bedroom, staff facilitate this safely using a portable basin with soap and water, which is removed immediately after use in line with IPC requirements.</p> <p>In addition, a structured hand hygiene protocol is in place at mealtimes: residents are offered hand wipes if they prefer not to use the bathroom sinks, thereby ensuring hygiene is maintained in a manner that is both safe and person-centred.</p>	

- Sinks have been reviewed in regards to the provision of plugs as required. Complete.
- The bedpan washer in Enda's Unit has been repaired and is full working order.
- All sitting areas have been reviewed to ensure residents have full access to enjoy same.
- A call bell is being installed in the Church & Michael's sitting room. Expected completion 30/09/2025.
- The fire panel is being updated to support staff knowledge of use of fire panel for location identification. Expected completion: 31/10/2025
- The call bell panel in St Francis has been reviewed and is scheduled for reset and updated programming. While it currently shows a fault it has been tested as working for all residents. Expected reset completion in line with above action: 31/10/2025

***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 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 The provider is fully committed to ensuring optimal fire safety at the centre. A comprehensive review of fire safety management at the centre was undertaken in July 2025 by the HSE Fire & Estates Team and a schedule of works has been developed to address all fire related issues raised at inspection. A copy of this schedule of works & drawings will be submitted with the compliance plan to the regulator to provide further detail and assurance. This includes (not exhaustive):

- A survey has been completed of all fire doors and a contractor has been appointed to commence fire door sealing and maintenance works in September 2025. Expected completion 31/10/2025.
- Fitting of free swing self-closing devices on a number of identified fire doors. Expected completion 31/10/2025.
- Installation of a 60 minute partition between the chapel sacristy and the corridor leading to St Ann's ward. Expected completion: 31/10/2025.
- Installation of additional appropriate detectors
- Update of Room and door identification on FDAS for display on panels and replication of same on evacuation drawings to support staff knowledge of use of fire panel for location identification. Expected completion: 31/10/2025
- Contractor appointed to address identified fire stopping works. Expected completion: 31/10/2025.
- Review of external emergency lighting and commissioning of additional units where required. To note, there is a standby generator which is capable of supplying power in a quick automatic changeover in the event of a power supply fail. Expected completion: 30/09/2025
- Review of the material of the Church roof and commitment to treat timber where required. Quotes and availability are being sought for same with expected completed by 31/03/2026.
- Within Vincent's unit, plans are being progressed to divide the bedroom corridors

further by an additional two sets of cross corridor 30 minute fire doorsets – which will divide bed numbers into a max of 8 in any one sub compartment. The nurses station will also be separated from the bedroom corridor by a 30 minute fire rated construction enclosure. Team to be appointed to carry out the design and oversee works with expected completion date prior to June 2026.

- The call bell system is being extended to cover Michael's sitting room and the chapel. Expected completion date 30/09/2025.
- Hospital Governance meetings will track and oversee progress of the above, with fire safety a standing item on the agenda.
- Fire drill documentation is being reviewed to ensure all aspects of reporting of drills/evacuation is covered.
- Alternative, safe storage and charging areas for hoists and weighing scales have been identified and are being reconfigured, in consultation with the Fire Officer. Expected completion date 31/10/2025.
- Emergency exit signage is scheduled for review the week of 28/09/2025 and all necessary repair or additionality will be completed by 31/10/2025.
- Service reports are available in soft copy on-site and the provider is arranging additional senior staff members to have access to same. We are also engaging with the service providers to have a copy of the reports issued at point of service.
- The fire doors on Vincents are currently being reviewed to ensure that the enclosure to the corridors will protect the means of escape by the installation of fire door assemblies, and revision of the corridor is currently being quoted for additional works. Once we have received such quotes and contractor availability we will provide an updated schedule of fire works to HIQA.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2025
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	30/10/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	31/12/2025

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/10/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/12/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/09/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2026
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	31/10/2025

	giving warning of fires.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	31/10/2025