



**Health
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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:	Killybegs Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Donegal Road, Killybegs, Donegal
Type of inspection:	Unannounced
Date of inspection:	02 October 2025
Centre ID:	OSV-0000620
Fieldwork ID:	MON-0047227

About the designated centre

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

Killybegs Community Hospital is a purpose-built two-storey centre for 33 residents which opened in 2001 in the town of Killybegs in County Donegal. It provides long-stay accommodation for 13 residents, and there are five respite, four convalescent, four rehabilitation, six assessment and two palliative care beds available to people from the catchment area of South West Donegal. Accommodation is provided on the first floor, and a shaft lift and stairs allow residents and visitors to move between floors. There are six-single bedrooms, four of which have accessible en-suite bathroom facilities. The remaining two have a wash-hand basin in the room and are located in close proximity to an accessible toilet. There is also an additional single room used for palliative care, which has en-suite bathroom facilities and a sitting room with overnight facilities and a kitchenette. Overhead tracking hoists have been installed in all bedrooms to assist residents. There is a spacious dining room and sitting room facing the front of the centre, which has large floor-ceiling windows and provides a pleasant view of the sea. There is an enclosed garden provided for the residents. Car parking is available at the front and back. A range of additional Health Service Executive (HSE) community health services are based on the ground floor, and these are also available to residents, including physiotherapy, occupational therapy, X-ray facilities and blood-testing clinics.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 2 October 2025	10:00hrs to 17:40hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the feedback from residents indicated that they felt happy living in this centre and that their care needs were consistently supported by staff. However, the centre's oversight systems in respect of the safeguarding required additional improvements to ensure full compliance with the regulations.

The inspector spoke with five residents and some residents commented that, "I get plenty of sleep here and my food is nice, "my clothes are washed and returned to me regularly", "staff are available to help me at all times and they are very good", "I can go out for shopping and day trips", "my bedroom is warm and comfortable and I have great privacy and I feel safe living here", "care is not rushed here", "staff attend to me when I need them at night, they come to me often although I don't use them very often".

The centre is located near Killybegs Harbour and is close to local amenities. The centre is in a two-storey building with a small lower ground floor. The residents in this centre were accommodated on the first floor of the building. The ground floor is dedicated to various operational functions, including the X-ray department and multidisciplinary services, such as physiotherapy, occupational therapy, and general practitioner clinics. Additionally, it contains essential support areas, including a kitchen, laundry facilities, and a day centre. The ground floor features a reception area, where a visitor management system is implemented, ensuring that all visitors register upon entry, with staff available to assist and monitor during these interactions. Access to the residents' accommodation on the first floor is facilitated by both a lift and a staircase.

Following a brief introductory meeting with the person in charge, the inspector went for a walk around the centre with the person in charge to assess the quality and safety of care provided to residents.

The centre was found to be well-maintained and was clean. Residents were observed navigating independently throughout the corridors. The inspector observed that the centre had implemented an effective system for storing equipment, ensuring that corridors were free from obstructions. Additionally, some residents frequently engaged in meaningful interactions with staff and other residents as they transitioned between communal areas and their personal rooms.

Residents had access to communal rooms located near the nurses' station and one at the end of the first-floor building, both of which offered stunning views of Killybegs harbour. During the afternoon hours, residents in the day room were found chatting with each other and were found to be in the company of staff. Residents who spoke with the inspector commented that the views of the harbour provided a relaxing ambience and that there was no restriction in accessing these communal

rooms. The day rooms were well-furnished, and residents had access to large televisions in both areas.

Residents' accommodation was provided in a mix of single and multi-occupancy bedrooms. The inspector reviewed a sample of single and multi-occupancy bedrooms and found that the bedrooms were suitably laid out to meet the needs of residents occupying these rooms. The residents had access to wardrobes and were able to access their clothes and other personal belongings. However, one multi-occupancy bedroom did not have a television, and a resident commented that they would like to have a television in their bedspace.

Staff were found attending to the care needs of residents, and care was provided in a relaxed manner. Furthermore, interactions between staff and residents often included friendly banter, contributing to a positive care environment. Residents' requests for assistance were responded to promptly, and staff demonstrated a thorough understanding of their moving and handling requirements.

An activity schedule was accessible for residents, and the inspector observed that an activities coordinator supported residents to take part in activities. The activities on offer included televised mass, quizzes, bingo, one-on-one sensory activities and movies during the evening hours.

The centre had a large notice board that was located in a corridor. This notice board contained information leaflets about a physiotherapy-led community falls clinic located on the ground floor, patient advocacy services, and arrangements in place for residents who wish to vote in a recent presidential election.

Mealtimes were found to be a social occasion, with familiar residents sitting together and actively engaging with one another. There was a choice of menu, and residents who spoke with the inspector confirmed that they were able to select from a variety of food options. The food menu on offer on the day of inspection included roast beef, lamb stew, vegetables, and a selection of desserts. Residents had access to regular refreshments. Residents who spoke with the inspector indicated that the food provided to them was of good quality.

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 care and services being delivered to the residents.

Capacity and capability

Overall, this was a good centre, and there was a rights-based approach to residents' care. However, the provider's oversight of admission assessment and care planning,

as well as their oversight of safeguarding systems, was not effective in ensuring that the service provided was safe, consistent, and appropriate to residents' needs.

The centre is registered for 33 beds; however, the provider has indicated that it currently lacks the necessary staffing levels to operate all 33 registered beds safely. As a result, the centre is currently operating only 20 beds. The provider had confirmed that they were actively engaged in recruitment efforts to fill the vacant positions, and until these positions are successfully filled, the centre would continue to operate with a capacity of 20 beds.

The registered provider of this designated centre is the Health Service Executive (HSE), and a service manager was assigned to represent them. As a national provider involved in operating residential services for older people, the centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance. The centre had a person in charge who worked full-time in this centre and was supported by a nurse manager and an experienced staff team. The clinical nurse manager deputised for the person in charge during their absence.

The centre had good recruitment practices; for example, the provider had ensured that staff were Garda vetted before they commenced their employment in the centre. Additionally, staff files reviewed by the inspector indicated that staff were formally inducted and supported to fulfil their role through providing mandatory training and training relevant to their role. Some of the training available for staff included people moving and handling training, safeguarding vulnerable adults training and fire safety training.

The inspector reviewed a sample of staff files, which indicated that the provider had obtained all of the documentation required by Schedule 2 of the regulations. For example, the provider has maintained comprehensive and readily accessible documentation for each staff member, including disclosures from An Garda Síochána (the police), reference verifications, and certificates of professional registration.

Residents were found to be involved in planning various activities in the designated centre. Management and staff meetings were held regularly, and minutes of these meetings were available for inspection.

The inspectors reviewed a sample of residents' care files and found that the care records, such as progress notes, assessment records and care plans, were recorded in electronic format; however, they were transitioning to a paper-based system temporarily. The provider had systems in place to ensure that the accidents and incidents occurring in the centre were recorded and reported electronically. Staff were found to be knowledgeable about reporting arrangements, such as how to report various accidents and incidents occurring within the centre.

The management team ensured that clinical audits were carried out regularly. However, the provider's management system did not ensure that the centre's safeguarding systems and admission process were effectively monitored. This is further detailed under the later sections of this report.

Regulation 15: Staffing

The provider had two nurses, two clinical nurse managers and three care staff during day-time, two nurses and one care staff at night-time and other non clinical staff to provide support for 20 residents at the time of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The provider has a system in place to ensure that all new staff receive orientation, induction and ongoing training programmes to ensure they understand their roles and responsibilities in promoting the safety and well-being of residents. While new staff were required to undergo a formal probationary process, the existing staff were provided with support to enhance their skills and knowledge through personal development programmes in this centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider's management systems did not ensure that the service's approach to safeguarding was appropriate, consistent and effectively monitored. For example:

- The oversight of residents' admissions and care planning did not ensure that residents were adequately safeguarded in this centre. For example, the provider did not develop an effective risk management system to ensure that residents with known safeguarding risks and responsive behaviours were comprehensively assessed to protect them and other residents from these risks.
- The oversight of safeguarding incidents did not ensure that learning opportunities were identified from safeguarding incidents and were used to ensure that appropriate and effective safeguarding measures were in place for residents. This is further detailed under the quality and safety sections of this report.

Judgment: Substantially compliant

Quality and safety

Overall, the care provided to the residents was of good quality; however, the provider did not ensure that their admission procedures were fully implemented to safeguard residents from abuse.

The provider's admissions procedures indicated that all residents would undergo a full clinical risk assessment upon their admission; however, this was not always implemented in practice. As a result, nursing staff and managers were not able to identify the level of clinical risk associated with a resident's admission to this centre and any actions were required to reduce that risk. This was brought to the attention of the person in charge and the service provider.

While there was a low incidence of responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) in this centre, one resident's care plan was not sufficiently detailed to ensure that it was person centred and to guide staff in providing the most appropriate care for this resident. This is further detailed under Regulation 5: Individual assessment and care plan.

Residents had regular access to medical assessments and treatment by their General Practitioners (GP). Residents also had access to a range of allied health care professionals, such as physiotherapists, occupational therapists, dietitians, speech and language therapists, tissue viability nurses, psychiatry of old age and palliative care.

The registered provider had a system in place to ensure that staff had access to safeguarding training. There was a nominated safeguarding officer in the centre. Staff who spoke with the inspectors were knowledgeable about the various care needs of residents and they demonstrated knowledge about how to respond to safeguarding allegations and the centre's reporting arrangements. However, the inspector found that in one of the incidents a resident had not been adequately informed about the response to safeguarding allegations. In addition, from the care and incident records reviewed the provider did not take all reasonable measures to protect residents following a safeguarding incident to prevent recurrences.

Although residents had regular access to medical assessments and treatment by their General Practitioners (GP), a resident who was involved in a safeguarding incident had not been referred for immediate medical assistance or specialist psychology services following the incident resulting in psychological distress, as per the centre's own policy. Nevertheless, one month subsequent to the incident, this resident was referred to their general practitioner for a matter that was unrelated to the previous event.

The inspector observed that the residents had access to a variety of activities, which were provided to them in line with their preferences and capabilities. The centre had

an activity schedule, and the activity co-ordinator led the activity programmes, which were also supported by the care staff.

Residents' meetings were held regularly, and the residents were involved in the organisation of the centre.

The provider ensured that information about current affairs and local matters, such as those related to the recent presidential election, was accessible to residents in this centre. While the residents had access to television in communal rooms and in single rooms, the residents in three and four-bedded rooms in the centre were sharing one or two televisions per room. As a result, residents were unable to view their favourite television programmes in private when they were in their space.

Regulation 10: Communication difficulties

One resident's care records indicated that they had not been adequately informed about the various support options available to them following a safeguarding incident, which could assist them in accessing resources to ensure their safety and well-being.

Judgment: Substantially compliant

Regulation 17: Premises

The centre's premises was appropriate to the number and needs of the residents living there and the premises conformed to the matters set out in Schedule 6.

Judgment: Compliant

Regulation 26: Risk management

The provider had ensured that a comprehensive risk management policy, which met the requirements of the regulations was in place. Additionally, the centre had arrangements for the identification, recording and investigation of serious incidents or adverse events involving residents;

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While all relevant information about a resident was available to staff, this information had not been effectively utilised to carry out a comprehensive assessment upon admitting a resident to this centre. Additionally, this resident did not have an appropriate care plan that ensured staff had all of the information they needed to identify triggers for responsive behaviours and any potential risk associated with those behaviours to ensure continuity of care and safety of all residents.

A safeguarding care plan had not been formulated for two residents who were involved in a safeguarding incident in May 2025.

Judgment: Substantially compliant

Regulation 8: Protection

The provider did not take all reasonable measures to protect residents from abuse. For example, a comprehensive and immediate risk assessment had not been carried out following a safeguarding incident to ensure that the residents involved were provided with timely medical assistance or specialist psychology services following a safeguarding incident, which resulted in psychological distress.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector reviewed a sample of bedrooms and found that there was only one or two televisions in two multi-occupancy bedrooms and one four-bedded room in particular did not have a television. Additionally, a resident commented that they would like to have a television in their bedspace.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Killybegs Community Hospital OSV-0000620

Inspection ID: MON-0047227

Date of inspection: 02/10/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Pre-admission assessments are carried out on all clients requesting admission to Killybegs Community Hospital. A request for Service is received and a full pre admission assessment is carried out prior to accepting the client. If any concerns arise during this initial assessment, the Director Of Nursing or Clinical Nurse Managers, will conduct an in-person assessment to determine if the client's needs can be safely met in Killybegs Community Hospital.</p>	
Regulation 10: Communication difficulties	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties:</p> <p>The resident involved in the safeguarding incident has been fully informed of the supports available to them. The care plan has been reviewed and updated to reflect the incident and the relevant supports available. All staff have been advised that they must inform residents of the supports available to them if they are involved in any safeguarding incident and put measures in place to assist the resident with such supports.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Safeguarding care plans were implemented immediately for both residents outlining the supports available to residents.</p> <p>Residents are allocated a "Key Nurse" who's responsible for devising the care plan in consultation with the resident and or family members. Clinical Nurse Managers are responsible for ensuring that all residents care plans are reviewed at 4 monthly intervals or more often if required</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Risk assessments will be completed for any resident involved in a safeguarding incident. Staff will liaise with the Safeguarding Team as necessary. Staff have been informed at the staff meeting of the importance of completing risk assessments for both parties when a safeguarding incident involves two residents. All incidents are discussed for shared learning at management meetings across the Service.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Televisions will be installed in Multi-Occupancy Rooms in January 2026. In the interim, iPads are available for residents who wish to watch TV privately in their rooms. During the Residents' Meeting held in July 2025, residents living in Multi-Occupancy Rooms were consulted as to whether they would like to have individual televisions at their bed space. All residents present stated that one shared television per room was adequate, as they preferred to watch television with others in the communal areas. Minutes of these meetings are available All Residents in Killybegs Community Hospital have access to, newspapers, magazines, The Local parish Newsletters, the internet and have a radio in their Rooms.</p>	

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 10(2)	The person in charge shall ensure that where a resident has specialist communication requirements, such requirements are recorded in the resident's care plan prepared under Regulation 5.	Substantially Compliant	Yellow	02/10/2025
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.	Substantially Compliant	Yellow	03/10/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	02/10/2025

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	02/10/2025
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident is facilitated to communicate freely and in particular have access to radio, television, newspapers, internet and other media.	Substantially Compliant	Yellow	31/01/2026
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/01/2026