



**Health
Information
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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:	Community Hospital of the Assumption
Name of provider:	Health Service Executive
Address of centre:	Leigh Road, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	13 May 2025
Centre ID:	OSV-0000662
Fieldwork ID:	MON-0045589

About the designated centre

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

The Community Hospital of the Assumption is a modern facility located on the outskirts of Thurles town. The centre is operated by the Health Service Executive (HSE) and is registered to accommodate a maximum of 60 residents. The service provides continuing care for people over 18 years of age across a range of abilities from low to maximum needs. The service also has facilities to provide respite, palliative and rehabilitative care. Care planning processes are in accordance with assessments using an appropriate range of validated assessment tools and in consultation with residents. The service provides on-site pharmacy services and a medical officer is in regular attendance. Regular arrangements are in place to provide residents with an activation programme and a number of communal areas are provided throughout the centre for use by residents and visitors. Residents are provided with relevant information about the service that includes advice on health and safety, how to make a complaint and access to advocacy services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
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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
Tuesday 13 May 2025	11:35hrs to 18:55hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

The inspector arrived to the centre mid-morning and was met by reception staff and the management team. Throughout the day, the inspector spoke with residents and staff, observed staff practices and interactions with residents, and reviewed relevant documentation. Through this combined approach, it was clear that residents were content, well-cared for and respected. A responsive and skilled staff team demonstrated care and professionalism in assisting residents.

The centre is registered to accommodate 60 residents and there were 49 residents living in the centre on the day of inspection. The centre is a large and spacious single-storey building, with residents' accommodation laid out in three separate units. Unit A is the Rehabilitation Unit which caters for acute rehabilitation and respite residents. The unit has established links with local acute and community services, with the goal of rehabilitating residents to the level where they can return home safely. There is a dedicated clinical nurse specialist in rehabilitation assigned to this unit who coordinates the individual residents care needs in conjunction with the clinical nurse manager. This unit does not accommodate long-term care residents and this presents challenges in relation to this unit complying with the regulatory requirements for residential settings. Nonetheless, the ethos of person-centred care was becoming more established in Unit A, and residents told the inspector that they were free to access all shared communal and garden areas, and attend activities with residents in the other units, should they wish to do so.

The inspector observed that the privacy and dignity of the residents in the multi-occupancy rooms on each unit was protected insofar as possible, with adequate space for each resident to carry out activities in private and to store their personal belongings. Personalisation and decoration of bedrooms was evident with some rooms being nicely personalised with framed family photographs, memorabilia and resident's own decorations and ornaments.

On the day of inspection, the spacious and bright dining room was used in the morning for a lively game of Bingo, which was attended by residents from each unit. The inspector observed that meals were served in the main dining room, and in the smaller sitting rooms on each unit, or in resident's bedrooms. Main meals were delivered to the units from the central kitchen in a heated bainmarie, ensuring that all food was warm and appetising. Regular snacks and drinks were offered to residents between meals. Residents told the inspector that they were satisfied with the timing of meals. Each unit had a kitchenette and could access a range of different foods and drinks when the main kitchen was closed.

Residents had access to the enclosed garden areas from each unit. The largest garden area was directly accessed from Unit C and was tastefully furnished with benches and tables and a large marquee for residents to enjoy the outdoors. A speaker system was set up which enabled music to be played outside. The area contains wheelchair-accessible circling walkways throughout, allowing all residents

to fully enjoy the outdoor spaces. A small greenhouse contained seasonal fruits and plants as part of the residents' activity programme.

Since the previous inspection, the provider had received a very generous gift of a new wheelchair-accessible enclosed garden with direct access to Unit B and easily accessible for all units in the hospital. The garden was designed by a local architect, in consultation with a local fund raising committee and hospital management, with inclusivity and comfort in mind, to provide residents with a safe and beautiful outdoor environment. Bespoke wooden seating was installed throughout the garden, which had been carefully measured and assessed to ensure that residents could safely use their own cushions or aids as required. Seating was strategically placed in shaded and sunny spots, providing a variety of options for rest and conversation. The inspector observed residents freely accessing the garden and residents told the inspector they had enjoyed watching it come together over the past few months. One resident said the new garden was "the star of the place" and said that the recent garden party was a lovely celebration.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a well-governed centre with good systems in place to monitor the quality of care provided to residents. It was evident that the management team focused on providing a quality service to residents and on improving their wellbeing while living in the centre. There were clear management structures and adequate resources in place that ensured appropriate, person-centred care was being provided to residents. The registered provider had made good efforts to maintain compliance with the regulations. Some action was required by the provider with regards to infection control procedures.

This unannounced inspection was carried out over one day to monitor the centre's ongoing compliance with regulations and standards. The Health Service Executive (HSE) is the registered provider for Community Hospital of the Assumption. There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge worked full-time, five days per week, and reported to the manager of older persons' services, who represents the provider for regulatory matters. The person in charge was supported by two assistant directors of nursing, a team of clinical nurse managers and specialists, nurses, healthcare assistants, catering, activities, housekeeping, laundry, technical services and administration staff. There were appropriate deputising arrangements in place when the person in charge was absent.

There were sufficient staff on duty to meet the needs of residents living in the centre and staff had access to appropriate training and supervision to support them

in their respective roles. There was some use of agency staff to fill the desired roster, however, this was well-managed and many of the staff were regular staff which provided assurances that continuity of care was promoted.

There was documentary evidence of communication between the manager of older persons' services and the person in charge. Similarly, within the centre, there was evidence of communication between the person in charge, the nursing team and other ward-level staff. There were multiple committees in place to monitor the quality and safety of care delivered to residents, including a senior management committee, a quality and patient safety committee and committees that specifically examined key areas such as restrictive practice and safeguarding.

The provider had an audit schedule examining key areas including medication management, falls and infection prevention and control. These audits identified deficits and risks in the service and had associated quality improvement plans. The provider had a risk register for monitoring and managing risks in the centre. The provider had oversight of incidents within the centre and had systems for recording, monitoring, and managing related risks. Data relating to key metrics such as wounds, antibiotic usage, nutrition and hydration, and restrictive practice use was collated and analysed to inform trends in the provision of services.

Regulation 15: Staffing

Sufficient numbers of staff with appropriate skills were available to meet the assessed individual and collective needs of residents in the centre. The worked, current and planned rosters for each department were available and reviewed by the inspector. The roster reflected the staff on-duty on the days of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly-defined management structure in place. Members of the management team were aware of their lines of authority and accountability and demonstrated a clear understanding of their individual roles and responsibilities. There were strong communication systems in the centre, ensuring good oversight of all areas of resident care.

An established system was in place for the overall monitoring of clinical and social care delivery and clinical and environmental risks. This ensured that the service provided was safe, appropriate, consistent and effectively monitored. The person in charge completed an annual review of the quality and safety of care delivered to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose which contained all of the information as set out in Schedule 1. This included the conditions of registration and information regarding the services and facilities in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Incident and accident records confirmed that all incidents had been reported to the Chief Inspector as required under the regulations, within the required time periods.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures required by Schedule 5 of the regulations were available and were reviewed and updated in line with best-practice and emerging guidance at a minimum every three years at a minimum. There was evidence that these policies and procedures were accessible to staff.

Judgment: Compliant

Quality and safety

Overall, residents' rights were supported and protected by kind and caring staff who ensured residents had a good quality of life in the centre. Residents' needs were being met through good access to healthcare services, compassionate end-of-life care and informed approaches to behaviour that are challenging. Residents told the inspector that they felt safe and happy living in the centre. Staff were observed speaking with residents in a kind and respectful manner and knowing their needs well.

Overall, the premises' design and layout met residents' needs. Efforts were made to ensure that the three and two-bedded rooms maintained residents' privacy and dignity. Each unit had a choice of communal space, and there was further communal space provided on the main corridors, including an oratory, activities room and dining room. Residents could receive visits in their bedroom or a private room, according to their preference. The provider had identified areas that needed upgrading in the centre and there was a plan in place to address this.

The provider had processes to manage and oversee infection prevention and control practices within the centre. The centre's interior was observed to be generally clean on the day of inspection. The centre had an infection control link nurse providing specialist expertise. The volume of antibiotic use was monitored and recorded on a monthly basis. Notwithstanding these good practices, further oversight and actions were required to comply with the regulations.

Residents' health and social care needs were assessed prior to, and upon their admission to the centre. A number of validated assessment tools were used to inform the development of comprehensive care plans, which were reviewed and updated regularly. The inspector reviewed a sample of these care plans and found that they were person-centred and reflected the care needs of the residents. There was evidence of resident or family involvement in care planning reviews. Where possible, residents documented their agreement with care planning, and their consent, for example with regard to photography and receiving vaccines. Daily nursing records demonstrated good monitoring of residents' care needs.

Residents were reviewed by a medical practitioner, as required or requested. Arrangements were in place to ensure residents had timely access to health and social care professionals for additional professional expertise. There was evidence that recommendations made by professionals had been implemented to ensure the best outcomes for residents

The inspector found that residents' rights were upheld in the centre. Staff were respectful and courteous towards residents. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Residents' privacy and dignity were respected. Mass was celebrated weekly and there was access to pastoral care for residents. Residents could communicate freely and had access to telephones and internet services throughout the centre. Residents also had access to independent advocacy services. Activities were observed to be provided by dedicated activities staff, with the support of health care staff. Residents told the inspector that they were satisfied with the activities on offer.

Regulation 11: Visits

Visiting was not unduly restricted and visitors were observed in the centre throughout the day.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated within. The premises was kept in a good state of repair internally and externally.

Two baths required repair on the day of inspection and this was in the process of being completed.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed the discharge documentation for two residents and saw that each resident was transferred from the designated centre in a planned and safe manner, with all relevant information about the resident provided to the receiving hospital or service.

Judgment: Compliant

Regulation 27: Infection control

While the provider had processes in place to manage and oversee infection prevention and control practices within the centre, and the environment was generally clean and tidy, some areas required attention to ensure residents were protected from infection and to comply with the National Standards for Infection Prevention and Control in Community Services (2018). For example;

- the method of floor cleaning was not thoroughly effective, as evidenced by a build up of staining, particularly at doorways and corners. The provider had identified this and evidence was provided that an external cleaning company had been contacted to review the corridor floors.
- clinical handwashing sinks in the dirty utilities were not compliant with best-practice specifications. Additionally, storage of glass recycling bins in the dirty utilities was observed, and this was removed immediately during the inspection.

- the janitorial sink in Unit A required replacement as the wooden surround was damaged and flaking away. Exposed wooden surfaces did not promote good infection control practices.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. The care plans reviewed were person-centered and guided care. Comprehensive, validated assessments were completed and informed the care plans.

Care planning in Unit A, the rehab unit, had improved significantly since the previous inspection, and it was evident that the management and staff team were committed to developing a person-centred approach to care planning in this unit, where some residents may only reside for a short period of time. There was a good awareness of the regulatory requirements for individual assessment and care planning.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to a General Practitioner (GP) who visited the centre regularly. There were established pathways for referral to a team of health and social care professionals for additional expertise and review. This included mental health services, geriatrician services and dietetics. A review of residents' records found that treatment plans by GP's and health and social care professionals were incorporated into residents' care plans, which were seen to improve resident outcomes. For example, the advice and expertise of specialist wound care nurses was implemented, and resulted in uncomplicated wound healing.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to safeguard residents and protect them from abuse:

- any incidents or allegations of abuse were subject to prompt investigation and review

- all staff had the required Garda (police) vetting disclosures in place prior to commencing employment in the centre
- the registered provider facilitated staff to attend training in safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

There were facilities in place for recreational activities, and residents were observed participating in individual and group activities. Residents were consulted with about the running of the centre, as evidenced by residents' meeting minutes and confirmed by residents to whom the inspector spoke. An independent advocacy group was available to residents and this information was signposted throughout the centre for residents' and families information.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Hospital of the Assumption OSV-0000662

Inspection ID: MON-0045589

Date of inspection: 13/05/2025

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Actions completed:</p> <p>Since the unannounced Inspection on 13th May 2025, we have had a Cleaning company on site and we have received a quotation for a deep clean of all the main corridors. Additional quotes are now required, based on the cost, in line with the HSE Financial Regulations.</p> <p>We have also sourced cleaning pads with an abrasive surface, to trial the areas that are affected, which are compatible with our cleaning equipment. These pads have been ordered and were delivered on 20th June 2025.</p> <p>Actions to be completed:</p> <p>Once the initial deep clean is completed, overall cleaning and maintenance of the floors, particularly the edges, at door frames and corners, will be improved and therefore, in compliance with Infection Control Standards.</p> <p>In consultation with the Infection Control Lead, we have received the specifications recommended to replace the janitorial sinks in all 3 Units. A re-design of the Cleaners rooms will co-inside with the installation of the 3 Units.</p> <p>The clinical handwashing sinks in the dirty Utilities rooms will be replaced with best practice specifications, in consultation with IPC lead.</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 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	30/09/2025