



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Kenmare Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	29 January 2026
Centre ID:	OSV-0000753
Fieldwork ID:	MON-0047385

## About the designated centre

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

Kenmare Community Nursing Unit is located on the outskirts of the town of Kenmare. It is registered to accommodate a maximum of 35 residents. It is a two-storey building with lift and stairs access to the upstairs accommodation. It is set out in two units: Sheen House located on the ground floor with 19 residents; Roughy House can accommodate 16 residents on the first floor. Residents' accommodation comprises 31 single and two twin bedrooms with en suite shower and toilet facilities. The palliative care family room is adjacent to the palliative care suite bedroom; the family room has a comfortable seating, kitchenette and en suite shower and toilet facilities. Additional assisted bath and toilet facilities are located throughout. Each unit has a dining room, sitting room and quiet rooms for residents to enjoy. Additional seating areas are located in the large foyer and along corridors for residents to rest and look out at the mountains, garden and courtyards. The enclosed gardens and courtyards both upstairs and on the ground floor provide secure walkways, seating and shrubbery for residents leisure and enjoyment. Other resident facilities include a prayer room for quiet reflection, visitors room, physiotherapy gym, occupational therapy room, and hair dressers salon. The service provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence, respite and palliative care is provided, mainly to older adults.

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

Number of residents on the date of inspection:	28
--	----

I

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 29 January 2026	10:00hrs to 18:00hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection by an inspector of social services, carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Residents living in Kenmare Community Nursing Unit were full of praise regarding the care and attention they received from staff working in the centre. The inspector met with all of the residents and spoke with ten in more detail. The inspector also met with five visitors. All the feedback provided to the inspector indicated that residents found the centre to be a nice place to live, where they felt safe and well cared for by staff.

Kenmare Community Nursing Unit is a purpose built centre on the outskirts of Kenmare town. The centre is set out in two different units, Sheen House on the ground floor and Roughty House on the first floor. The centre is registered to accommodate 35 residents. At the time of inspection, 28 beds were currently operational with 19 beds in use downstairs in Sheen House and nine (of 16 beds) upstairs is use in Roughty House.

The inspector saw that the communal spaces and bedrooms were well-maintained, warm and clean, ensuring residents had a comfortable place to live in. There were a number of communal spaces on each floor such as a quiet room and day and dining room on each floor. Communal rooms were decorated with home-style furniture throughout the centre. Many residents' bedrooms were personalised and had pictures and memorabilia of importance to the residents. The inspector saw that a number of televisions had been replaced with larger screens. Residents had access to call bells in their bedrooms and confirmed to the inspector that staff answered their bells in a timely manner.

Residents' bedroom accommodation comprised 30 single rooms, two two-bedded rooms and one palliative care suite. All bedrooms had ensuite shower and toilet facilities. The palliative care suite had adjoining living room space that included, showering facilities, seating, sleeping facilities and a kitchenette for family and visitors' use. This room was occupied on the day of inspection. The shared rooms had privacy screens in place to ensure privacy and dignity for residents who may be sharing.

On the morning of the inspection, a local GP was on site reviewing residents who required it. Residents who spoke with the inspector confirmed that they were reviewed by medical staff in a timely manner when they needed it.

The inspector saw that staff knocked on residents' bedroom doors before entering and greeted residents in a friendly and respectful manner. It was evident to the inspector that nursing and care staff were familiar with residents' needs and preferences and created a relaxed and homely atmosphere for residents.

The inspector saw that snacks and food was offered to residents frequently during the day. A residents relative told the inspector how they always got a cup of tea from staff when they visited so that they could enjoy the tea and the chat with their loved one who was living there.

The inspector saw that the lunch time meal was a positive dining experience on both floors with the majority of residents eating in the dining room and chatting together or with staff. Residents who required assistance were provided with this in an unhurried and respectful manner. At supper time the inspector saw that none of the residents attended the dining rooms and choose to eat in their bedrooms, the management team told the inspector that this was residents' choice and they had indicated this on recent surveys.

The activity schedule was facilitated by nursing, care and administrative staff in the centre. In the morning, the inspector saw that one of the administrative staff facilitated a chair exercise session in the down stairs dayroom, which appeared to be good fun. This was followed by a sing-a-long karaoke style session with the song words displayed on the large TV in the dayroom. Upstairs a member of the nursing team sang songs and played music with the nine residents on this floor in the afternoon, while staff facilitated a game of bingo in the ground floor unit.

Residents told the inspector that they could attend the activities they enjoyed or choose to stay in their rooms reading or watching TV, if it was their preference. There was close links with the community and volunteers and local schools attended the centre to support the activities programme with music and singing and therapy dogs. A number of residents were full of praise for the frequency and variety of music from community groups over the Christmas season, which they enjoyed. Mass was celebrated in the centre once a month by a local priest. Residents had access to advocacy services if required. Residents' views on the running of the service were sought through quarterly residents meetings and surveys. Feedback from residents was actioned by the management team.

The next two sections of the report present the findings in relation to the governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 and to follow up on the findings of the previous inspection. The inspector found that action had been taken by the provider to address the non-compliances found during the previous inspection of the centre in

March 2025. It was evident to the inspector that management and staff working in the centre ensured residents were provided with a good standard of care.

The registered provider for Kenmare Community Hospital is the Health Service Executive (HSE). There was a clearly defined management structure in place. The person in charge worked full-time in the centre and was supported by a clinical nurse manager and a team of nursing, health care, household, catering, and administrative staff. The person in charge reports to a general manager in the HSE, who was available for consultation and support on a daily basis. The service is also supported by centralised departments, such as human resources, fire and estates and practice development. There was evidence of good communication, with monthly quality and patient safety meetings, to discuss all areas of governance and risk.

The provider had been granted a certificate of renewal of registration of the centre effective from June 2025. As part of this process the Chief Inspector assesses the governance and management arrangements of the registered provider. Although it was evident that there was a defined management structure in place and the lines of authority and accountability were outlined in the centre's statement of purpose, the senior managers, with responsibility for the centre, were not named as persons participating in management on the centre's registration. The provider was required to review these arrangements and was afforded until 20 June 2025 to do so. However, at the time of this inspection, these senior managers had yet to be named and the restrictive condition remained on the registration of the centre. This finding is actioned under Regulation 23; Governance and Management.

From a review of rosters and speaking with residents, it was evident that there was an adequate number and skill mix of staff available, to meet the assessed needs of the 28 residents living in the centre on the day of inspection. On the day of inspection, there were four registered nurses, two intern student nurses and five care staff rostered to provide direct care to residents. The person in charge and clinical nurse manager were supernumerary and available to supervise staff working in the centre.

There was a training programme in place for staff, which included mandatory training and other aspects of practice, such as end of life care, to support the provision of quality care. A review of records found that staff had completed training including fire safety, safeguarding vulnerable persons, patient moving and handling and managing responsive behaviour.

The provider ensured good oversight of the quality and safety of care, whereby key risks to residents well being were audited and action taken to drive improvement where required.

Records of all accidents and incidents involving residents that occurred in the centre was well maintained. The inspector saw that there was a system in place to enable staff to report adverse incidents.

There was a complaints procedure in place which met the requirements of the regulations. A review of the complaints records found that complaints were managed in line with the requirements of Regulation 34.

### Regulation 15: Staffing

From review of rosters and speaking with residents and staff, the number and skill mix of staff was appropriate to meet the assessed needs of the 28 residents living in the centre, on the day of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

There was adequate supervision of staff evident by the clinical nurse manager and person in charge. The inspector saw that staff were provided with training appropriate to their role including fire safety training, manual handling, managing responsive behaviour and safeguarding vulnerable adults.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had not complied with the restrictive condition placed on the centre's registration. This condition stated that: "The registered provider shall, by 20 June 2025, submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 as amended, in relation to any person who participates or will participate in the management of the designated centre."

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A record of incidents was maintained in paper format in the centre. The inspector reviewed these records and found that required notifications had been submitted to the office of the Chief Inspector as required.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre and records were maintained of complaints and concerns raised by residents and their relatives. There was evidence that action was taken by the complaints officer to investigate and learn from complaints, to improve the service provided to residents.

Judgment: Compliant

### Quality and safety

The inspector found that the care and support residents received was of a good standard and this ensured they were safe and well-supported. Residents' needs were being met through good access to health and social care services and opportunities for social engagement. Some actions were required in relation to individual assessment and care plans which will be detailed under the relevant regulations.

From speaking with residents and staff, it was evident that residents living in the centre had good access to medical and health care. A GP was onsite on the day of inspection and attended the centre each weekday. From a review of a sample of residents' records, it was evident that residents were reviewed regularly and as required. Residents living in the centre had good access to allied health and social care professionals such as physiotherapists, speech and language therapists and dietitians.

Each resident had a care plan developed whereby validated assessment tools were used to inform care plans; these were updated every four months. Care planning had improved since the previous inspection, however some further action was required to ensure care plans were updated when residents' condition changed as outlined under Regulation 5; Individual assessment and care plan.

The provider had implemented systems to safeguard residents from abuse. The procedure to safeguard residents was underpinned by a safeguarding policy that provided guidance and support to staff on the appropriate actions and measures to take to protect residents should a safeguarding concern arise. Residents reported that they felt safe living in the centre. The provider had arrangements in place to appropriately support residents to manage their finances.

Residents gave positive feedback to the inspector regarding the quality and variety of food, snacks and drinks provided to them. Food was prepared and cooked in the centre's kitchen. Choice was offered at all mealtimes, and adequate quantities of food and drinks were provided during the day and in the evening. Residents' nutritional and hydration needs were assessed and closely monitored in the centre and residents were being monitored for the risk of malnutrition. Where required, referral was made to dietetic services and speech and language therapy services.

The inspector saw that there was good oversight of medication storage and administration by a pharmacist who attended the centre on a weekly basis. The nurses ensured that controlled medications were counted and checked at each change of shift in line with professional guidelines.

Residents had access to a schedule of activities in the centre that was supported by the staff in the centre as well as volunteers. Residents had access to advocacy services when required. Staff were seen to respect the privacy of residents and were seen to knock before entering a resident's bedroom. Residents meetings and surveys were facilitated to seek residents' views on the running of the centre.

#### Regulation 10: Communication difficulties

The inspector saw that residents who were assessed as having complex communication needs, had access to appropriate assistive technologies to assist them as required. Residents were facilitated to communicate freely in accordance with their needs.

Judgment: Compliant

#### Regulation 18: Food and nutrition

The inspector saw that residents had a choice of meals at lunch time and residents who spoke with the inspector gave positive feedback on the choices and quality of food provided to them. The lunch time meal was well presented and residents who required modified textured diets were provided with appetising and nutritious meals. The inspector saw that residents who required assistance were attended to in an unhurried and dignified manner.

Judgment: Compliant

#### Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector saw that care planning documentation had improved since the previous inspection, however further action was required to ensure care plans consistently reflected residents' assessed needs. A resident's care plan was not updated when they developed a wound and another resident's care plan did not have all assessments completed. These may lead to errors in care delivery.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had access to appropriate medical and health care including access to local GP services who attended the centre each week day. Residents also had access to a range of other health and social care professionals, specialist medical and nursing services including physiotherapy, speech and language therapists. The community palliative care team and members of the integrated community older persons services visited and reviewed residents in the centre as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was evidence of alternatives in use such as low beds and crash mats to reduce the use of bed rails in the centre. A register of all restrictive practices in use in the centre was maintained. The person in charge led a restrictive practice committee to monitor any use of restraint in the centre. Over all the inspector saw that there was a reduction in the use of bedrails since the previous inspection which was a positive development.

Judgment: Compliant

## Regulation 8: Protection

Staff were provided with training on safeguarding vulnerable adults and staff who spoke with the inspector were aware how to raise concerns if required. Residents who spoke with the inspector told them that they felt safe living there. The provider was not a pension agent for any residents and there were robust systems in place for invoicing residents for services such as hairdressing.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents had access to advocacy services when required. Newspapers, televisions and wifi were available for residents use. There was a varied schedule of activities available to residents that was supported by nursing and care staff, administration staff and volunteers. Residents' views on the running of the centre were sought through regular residents meetings and surveys. From a review of minutes of these meetings, it was evident that residents' views were respected and acted upon where possible. Residents who spoke with inspectors confirmed that they had choice in how to spend their day and that they felt safe living in the centre.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Kenmare Community Nursing Unit OSV-0000753

Inspection ID: MON-0047385

Date of inspection: 29/01/2026

## 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>The Registered provider has a governance and Management structure in place in Kenmare Community Nursing Unit since the 02\03\2026. PPIM qualifications and relevant documentation has been submitted. The new PPIM is undergoing Garda Vetting at this time and will keep HIQA updated in relation to each advancing stage of this process in order to reassure you that we are actively moving to complete this.</p> <p><b><i>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.</i></b></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>Nursing management have ensured that the identified care plans have been reviewed by the nursing team and updated to reflect the residents' assessed needs. Nursing Management have raised awareness on the importance of maintaining contemporaneous care plans at ward level and will ensure ongoing monitoring and surveillance via clinical audit.</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 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	31/05/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	13/03/2026