



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Ballyshannon Community Hospital
Name of provider:	Health Service Executive
Address of centre:	College Street, Ballyshannon, Donegal
Type of inspection:	Unannounced
Date of inspection:	11 February 2026
Centre ID:	OSV-0008621
Fieldwork ID:	MON-0047224

## About the designated centre

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

The Ballyshannon Community Hospital can accommodate 60 residents and can provide a Multi-Disciplinary approach to the care of residents through a variety of care pathways. We welcome residents who need long-term care with varying conditions, abilities and disabilities. These may include residents with dementia and cognitive impairment, residents with physical, neurological and sensory impairments, residents with mental health needs and palliative care. Our beds mainly provide care for persons over 65 years of age; however, there may be exceptions depending on the circumstances of the referral. Our beds are available to both male and female. Medical coverage is provided by local medical practitioners. Out-of-hours coverage is provided by the Now Doc-On-Call service. The designated centre is staffed with 24-hour nursing input and supported by our healthcare assistants. Admission to the four 13-bed household units is through the application process for the Fair Deal Nursing Home Support Scheme. This process requires applicants to have an individual care needs and financial assessment completed. This information is then presented to the placement panel for a final decision on what the care needs might be. All prospective residents are welcome to make a pre-admission visit. This visit also provides the person in charge with the opportunity to assess prospective residents and ensure that we can cater to their needs. The resident's choice and dignity are foremost in all our decision-making processes. Our residents include those whose dependency ranges from low to maximum dependency needs. Requests for our service are received by prospective residents, their families, or representatives directly to the Person In Charge. The admission to the 8-bed Dementia Specific unit is made by the GP from the Multi-Disciplinary Team (Psychiatry of old age, CNS Dementia Care, Social Worker, OT, SALT, Physio & Dietician) and the Acute Services, mainly Sligo University Hospital. All residents are admitted initially into this unit with an expected duration of stay of between one and thirty days.

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

Number of residents on the date of inspection:	52
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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
Wednesday 11 February 2026	09:30hrs to 18:15hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were well cared for and well supported to live a good quality of life. Through observations and conversations with residents, it was evident that residents were encouraged and supported by staff and management with their choices and preferences. Feedback from residents was that this was a very good place to live, where they were empowered to exercise their human rights. Residents told the inspector that staff were kind and considerate, and that they made them feel safe living in the centre. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a respectful and calm manner.

Ballyshannon Community Hospital is situated on the outskirts of the town of Ballyshannon, County Donegal. The designated centre is a four-storey, purpose-built facility which is registered to provide accommodation for 60 residents. There were 52 residents accommodated in the centre on the day of the inspection and eight vacancies.

The inspector met with the person in charge on arrival at the centre. Following an opening meeting, the inspector completed a walk around the centre observing the care provided to residents, talking to residents and staff, and reviewing the living environment. The living and bedroom accommodation were spread over five units located on three floors, serviced by an accessible lift. Mountain View unit and Bridge View unit were located on level B, and Town View unit and Garden View units were located on level C. Haven Unit, designed and decorated to provide an environment to meet the specific needs of residents with symptoms of dementia, was located on level A. There were no residents accommodated in Haven unit on the day of the inspection.

Bedroom accommodation in the centre comprised of single and twin bedrooms, all of which were en-suite. The size and layout of bedrooms was appropriate for residents' needs, and ensured their privacy and dignity. Bedrooms were bright and spacious, and provided residents with sufficient space to live comfortably. Residents were encouraged to decorate their bedrooms with personal items, such as ornaments, photographs, art work and furniture. There was adequate space to store personal belongings, and residents had access to facilities for the safekeeping of their valuables. There were suitable communal areas available for residents to use, depending on their preference, including day rooms, dining rooms and activity rooms. These areas provided residents' with bright, stimulating environments for rest and recreation. There was adequate space available for residents to meet with friends and relatives in private, should they wish to. There was also an Oratory available which provided residents with a quiet space. Seating areas positioned along corridors provided residents with pleasant views of the outdoors. Many areas provided views of the garden areas, the local town and the River Erne. A number of

residents expressed their satisfaction with being able to watch the comings and goings outside.

There was also a coffee shop on site, which was available to residents and visitors throughout the day.

There were a number of outdoor spaces available which provided residents with access to fresh air, nature and opportunities to participate in gardening activities. These areas included a variety of suitable garden furnishings, seating areas, and seasonal flowers beds and vegetable planters.

The design and layout of the building was appropriate to meet the assessed needs of residents, and to encourage and support independence. The centre was warm, well-lit and well-ventilated throughout. Corridors were sufficiently wide with appropriately placed hand rails in place to support residents to walk independently. There were ample storage facilities available for residents' equipment, and corridors were maintained clear of items to allow residents with walking aids to mobilise safely around the centre. Call-bells were available in all areas and were answered in a timely manner. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was very clean, tidy and well-maintained. Equipment used by residents was observed to be visibly clean. The décor was modern throughout, and all areas were appropriately furnished to create an accessible, homely environment.

As the inspector walked through the various areas of the centre, residents were observed getting on with their daily lives. Some residents were relaxing in communal areas, some residents were participating in activities, and other residents chose to spend time relaxing in the comfort of their bedrooms. It was evident that residents' choices and preferences in their daily routines were respected. While staff were busy assisting residents with their needs, care delivery was observed to be unhurried and respectful. The inspector observed staff promoting and protecting residents' privacy and dignity when attending to their care needs. Staff were seen to knock on bedroom and bathroom doors before entering. Staff ensured that bedroom and bathroom doors were closed before providing residents with personal care. The inspector observed that personal care was attended to in line with residents' wishes and preferences. Staff who spoke with the inspector were knowledgeable about residents and their needs. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff. There was a pleasant atmosphere throughout the centre. Friendly, respectful chats could be heard between residents and staff.

Visitors were observed coming and going throughout the day. The inspector spoke with a number of visitors who were satisfied with the care provided to their loved ones.

The inspector spoke with a number of residents throughout the day. Residents were happy to chat, providing an insight into their lives in the centre. Residents said that they were happy with life and that they felt safe and well-looked after in the centre.

One resident told the inspector 'it's a great place, I have nothing to complain about'. Another resident said 'I am as happy as the day is long, I want for nothing'. A number of residents explained their reasons for moving to the centre and described how they felt safer and more content since they moved here. One resident said 'if I was at home I would be on my own, I feel much safer here'. 'I can do my own thing', staff are respectful' and, 'life is good, really and truly' were among other comments made by residents. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

Residents told the inspector that they had plenty to do every day and that they looked forward to the daily activities on offer. There was a schedule in place, which provided residents with opportunities to participate in a choice of activities throughout the day, should they wish to. The inspector observed residents enjoying a variety of activities on the day of the inspection, including knitting and exercises. There was a lively music session in the afternoon, which was well attended by residents, and which was live-streamed to all communal areas and resident bedrooms. Staff were available to support and facilitate residents to be as actively involved in activities as they wished. A number of residents who preferred to remain in their bedrooms for most of the day told the inspector that they enjoyed the peacefulness of their surroundings and the lovely views from their windows. Residents were also supported to pursue interests that involved an element of positive risk-taking. For example, residents were encouraged to go on outings with their family and friends to socialise.

The centre provided residents with access to adequate quantities of food and drink. Residents had a choice of meals from a menu that was updated daily. Snacks and refreshments were available throughout the day. Many residents attended the dining rooms for their lunch, while some residents chose to have lunch in their bedrooms. There were adequate numbers of staff available to residents who required assistance, and they were supported with their meals in a sensitive and discreet manner.

In summary, the inspector found that residents in Ballyshannon Community Hospital received good quality health and social care from a team of staff that were committed to supporting residents to have a good quality of life, uphold their rights, and safeguard and protect them from the risk of abuse.

The following sections of this report detail the findings with regard to the capacity and capability of the provider and how this supports the quality and safety of the service provided to residents.

## Capacity and capability

This was an unannounced inspection which focused on adult safeguarding and reviewed the arrangements the provider had in place to safeguard and protect residents from all forms of abuse and promote their human rights.

This inspection found that the provider had governance and management systems in place to facilitate the safeguarding and protection of residents from potential abuse. The provider demonstrated a person-centred, human rights-based approach to service delivery, which placed the residents at the heart of the service. While good levels of compliance were identified on this inspection overall, the inspector found that the management of complaints was not fully aligned with the requirements of the regulation.

The Health Service Executive (HSE) is the registered provider of this designated centre. The clinical management team consisted of a person in charge, two assistant directors of nursing and 10 clinical nurse managers. The person in charge was further supported by a full complement of staff, including nursing and care staff, activity, housekeeping, administration, maintenance and catering staff. The person in charge facilitated this inspection. They demonstrated a good understanding of their role and responsibility, and were a visible presence in the centre. There were deputising arrangements in place for when the person in charge was absent. Management support was also provided by the service manager for Older Person Services. Within the centre, lines of accountability and responsibility were clearly defined. The person in charge and assistant director of nursing had day-to-day responsibility for safeguarding, with clear reporting structures in place.

On the day of the inspection, there were sufficient resources in place to ensure effective delivery of good quality care and support to residents and to reduce the risk of harm. Staffing and skill-mix were appropriate to meet the safeguarding needs of residents, and teamwork was evident throughout the day. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of care assistants. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and respectful way with residents.

Staff were supported and facilitated to attend training relevant to their role such as safeguarding vulnerable people, restrictive practices, and supporting residents with complex behaviours. Staff, whom the inspector spoke with, demonstrated an understanding of their roles and responsibilities, including their safeguarding responsibilities. Staff were knowledgeable about restrictive practices, the use of restraint in the centre, and how to respond to a safeguarding concern. There were arrangements in place to provide supervision and support to staff.

The provider had management systems in place to monitor and review the quality of the service provided for residents. A range of clinical and environmental audits had been completed. These audits reviewed practices, such as safeguarding and infection control. In addition, key aspects of the quality of the service were reviewed by managers on a regular basis. This included information in relation to skin integrity, falls prevention, care plans, nutrition, and infection control. Where areas

for improvement were identified, action plans were developed and completed. A comprehensive annual review of the quality and safety of the services had been completed for 2025, and included a quality improvement plan for 2026.

Policies and procedures were available in the centre, which provided staff with guidance on how to ensure residents were safeguarded and protected from abuse and to ensure their human rights were promoted.

There was evidence of effective communication systems in the centre. The management team met with each other and staff on a regular basis. Minutes of meetings reviewed by the inspector showed that a wide range of relevant issues were discussed, for example, safeguarding, restrictive practices, communication and staffing issues.

The inspectors reviewed a sample of staff personnel files to ensure the provider's recruitment practices safeguarded residents from potential abuse. Records contained the necessary information, as required by Schedule 2 of the regulations, including Garda Síochána (police) vetting disclosures, documentary evidence of relevant qualifications, required references and current registration details.

There was an effective system of risk management in the centre. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents were in place. A review of incident records showed that incidents and allegations of abuse had been investigated in accordance with the provider's policy.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. A complaints log was maintained with a record of complaints received. A review of the complaints records found that the process for managing complaints was not in line with the regulatory requirements.

### Regulation 15: Staffing

The number and skill-mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence.

Judgment: Compliant

### Regulation 23: Governance and management

The designated centre had sufficient resources to ensure there were effective arrangements in place to safeguard and protect residents from all forms of abuse and to uphold their human rights.

There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach to ensure that residents' needs and care were effectively managed.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had not ensured that all complaints were responded to in line with the requirements of the regulation. For example, the inspector reviewed four complaint records and found that a written response informing the complainant whether or not their complaint had been upheld had not been provided to the complainant.

Judgment: Substantially compliant

## Quality and safety

Residents were satisfied with the care provided in Ballyshannon Community Hospital. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. The inspector observed that residents' human rights and choices were upheld. There was a person-centred approach to care, and residents' well-being and independence were promoted. Staff were observed to be kind and respectful to residents.

The registered provider had arrangements in place to ensure good safeguarding practice in the centre to ensure residents were free from harm. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of

abuse. Staff were facilitated to attend training in safeguarding vulnerable adults. Staff demonstrated an appropriate awareness of their responsibility in recognising and responding to allegations of abuse. There was an established safeguarding committee that was responsible for promoting and managing safeguarding in the service. Staff members were familiar with the management structure and the role of the safeguarding committee. Residents reported that they felt safe living in the centre.

Nursing and care staff were knowledgeable regarding the care needs of the residents, and this was reflected in the nursing documentation. The inspector reviewed a sample of six residents' care records. Prior to admission to the centre, residents had a comprehensive assessment of their needs completed to ensure the service could meet their health and social care needs. Validated clinical assessment tools were used to identify potential risks to residents such as dependency, risk of malnutrition, poor mobility and impaired skin integrity. The outcomes were used to develop an individualised care plan for each resident which addressed their individual health and social care needs. Care plans were initiated within 48 hours of admission to the centre. Care plans were reviewed every four months or as changes occurred, in line with regulatory requirements. Individual care plans contained person-centred information which provided guidance to staff on the supports required to maximise the residents' quality of life. Daily nursing records demonstrated good monitoring of residents' care needs.

Residents received a good standard of nursing care and there was appropriate oversight of residents clinical care by management. Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other allied health and social care professionals, in line with their assessed need.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bedrails, and records reviewed showed that appropriate risk assessments had been carried out in consultation with the multidisciplinary team and resident concerned. Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had appropriate assessments completed. There were person-centred care plans in place, which detailed the supports and interventions required to support residents to manage responsive behaviours. Interactions observed between staff and residents was observed to be person-centred and non-restrictive.

The inspector observed that management and staff ensured that residents' rights and choices were respected and upheld. Staff demonstrated a good understanding of a human rights-based approach to care, and residents were facilitated to exercise choice with their preferences and interests. Residents told the inspector that their right to make choices about their care and treatment was supported and respected.

There was a schedule of recreational activities in place which was facilitated by activities staff. There were sufficient staff available to support residents in their recreation of choice. Visits and social outings were encouraged and facilitated. Access to an independent advocacy service was facilitated where required. Residents were supported to attend residents' meetings and to contribute to the organisation of the service. Satisfaction surveys were carried out with residents with positive results.

The premises were designed and laid out to meet the assessed needs of residents and to support their overall wellbeing. A number of residents told the inspector that the centre was comfortable, homely, and suited their needs.

### Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' safeguarding needs and the supports they required to maximise their quality of life.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding had access to training and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives. Residents told the inspector that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

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	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ballyshannon Community Hospital OSV-0008621

Inspection ID: MON-0047224

Date of inspection: 11/02/2026

## 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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The PIC will ensure that all complaints received are appropriately managed and responded to within the mandatory timescales, as set out in the regulatory requirement.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	31/03/2026