



**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:	Cahereen Residential Care Centre
Name of provider:	Cahereen Residential Care Limited
Address of centre:	Codrum, Macroom, Cork
Type of inspection:	Unannounced
Date of inspection:	08 July 2026
Centre ID:	OSV-0000208
Fieldwork ID:	MON-0051046

About the designated centre

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

Cahereen Care Centre is a purpose built 27-bedded care facility with 18 bedrooms which was taken over as a nursing home and further developed by the current owners in 2003. The bedroom accommodation is laid out in nine single en-suite bedrooms, three twin en-suite bedrooms, and six other twin bedrooms, with adjacent shower and toilet facilities. All bedrooms are situated on the ground floor. In addition to the bedroom accommodation there is a large day lounge, conservatory, and a large dining room for residents' use. There is a suitable, spacious enclosed back garden and front garden area with adequate outdoor seating. The management and governance of Cahereen Care Centre is directed by a team of dedicated and committed members of staff with a nurse in the centre on a 24-hour basis. Cahereen Care Centre caters for individuals requiring long or short term nursing or personal care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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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
Wednesday 8 July 2026	09:15hrs to 15:45hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection focused on the provider's compliance with infection prevention and control oversight, practices and processes.

The inspector met with the majority of the 27 residents living in the centre, and spoke with seven residents and four visitors in more detail to gain a view of their experiences in the centre. All residents reported that they felt safe in the centre and that their rights, privacy and choices were generally respected. One resident told the inspector that 'the staff are solid gold, one is better than the next' while another said staff 'would do anything for us'.

The atmosphere in the centre was observed to be relaxed, welcoming and sociable throughout the day of the inspection. It was a warm sunny day and residents were offered regular drinks and refreshments, with ice cream provided during the afternoon. The centre was well ventilated, with fans in use to promote air circulation and maintain resident's comfort.

The activity co-ordinator organised the weekly social activities and entertainment programme. This person demonstrated a commitment and enthusiasm for their role. Residents confirmed that they could choose to socialise and participate in activities and there was a varied and flexible activities schedule over seven days of the week.

On the morning of the inspection a group of residents watched mass streamed from the local church on the television in the dayroom. The majority of residents were observed enjoying a live music performance in the afternoon, with many actively participating and engaging with the entertainment. Residents commented positively on the range of musicians who regularly visited the centre and said that they enjoyed these performances.

A small number of residents said that they preferred their own company but were not bored as they had access to newspapers, books, radio and television. One resident who said that they prefer to stay in their room told the inspector that staff 'can't do enough' for them and that they regularly pop into their room for a chat.

Residents who could not communicate their needs appeared comfortable and content. Staff were seen actively engaging with these residents in a respectful and kind manner ensuring their needs were responded to, while promoting and protecting their privacy and dignity.

Residents also said that they enjoyed the home cooked food provided in the centre. The chef was familiar with the residents individual likes and preferences and sought to cater to their needs. A group of residents attended the dining room for their

lunch, while other residents chose to either remain seated in the adjoining day room or have their lunch in their bedrooms. Residents dining in the dayroom and in bedrooms said that this was their choice.

A choice of two main courses was offered at lunchtime and modified diets were seen to be well presented and appetising. Several residents required assistance and the inspector saw that those who did, were provided with it, in a respectful and unhurried manner.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe, secure with appropriate lighting and ventilation. Overall the general environment and equipment viewed appeared visibly clean. However, the décor in some areas of the centre was showing signs of minor wear and tear. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance works.

Communal space for residents consists of a large open plan dining/ day room, and a sunroom. The outdoor garden and patio area was well maintained and readily accessible via the sun room and day-room, making it easy for residents to go outdoors independently or with support, if required.

Bedroom accommodation comprised nine single bedrooms and nine double bedrooms. The majority of bedrooms had en-suite facilities. Toilet and shower facilities were available within close proximity of the three bedrooms without en-suite facilities.

Several bedrooms, located along the 'long corridor', had patio doors which provided direct access to the secure garden. These rooms overlooked the surrounding countryside, providing residents with pleasant rural views and an abundance of natural light and ventilation. Many resident bedrooms were personalised with items of significance, such as soft furnishings and ornaments.

The kitchen was of adequate size to cater for resident's needs. Toilets and changing facilities for catering staff were in addition to and separate from facilities for other staff.

Residents' linen and clothing were laundered on-site. The laundry, located in the basement, supported the functional separation of the clean and dirty phases of the laundering process.

However, the design of the cleaner's store did not support effective infection prevention and control. In the absence of a janitorial unit in the cleaners room, mop buckets were prepared within the sluice room. This practice posed a risk of cross contamination.

The sluice room was equipped with a bedpan washer for the reprocessing of bedpans, urinals and commodes. However, procedures of the management of

urinals and commodes did not support effective infection prevention and control. Findings in this regard are presented under Regulation 27; Infection control.

Conveniently located, alcohol-based product dispensers were readily available directly outside all bedrooms. A hand hygiene sink was also centrally located in a central area within easy walking distance of resident's bedrooms.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control 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-managed centre with a clear commitment to providing good standards of care and support for the residents. The inspector found that the provider generally met the requirements of Regulation 5: Individualised assessment and care plans and Regulation 27: Infection control, however further action is required to be fully compliant.

The inspector reviewed the compliance plan submitted by the provider to address the issues identified during the previous inspection in December 2025 and found that the timing of meals had been reviewed and that secure outdoor spaces were readily accessible to residents.

Cahereen Residential Care Limited is the registered provider of Cahereen Residential Care Centre. The company was comprised of two directors, who were also involved in the management of one other designated centre. One of the directors was present in the centre on the day of the inspection

There a was well-defined management structure in place with identified lines of accountability and authority. The person in charge worked full time and was supported by an assistant director of nursing, a clinical nurse manager and a team of nurses and healthcare assistants, maintenance, catering, housekeeping and administration staff. The assistant director of nursing was deputising for the person in charge on the day of the inspection.

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the person in charge. The provider had also nominated the clinical nurse manager to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices.

The staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. The centre had a well-established staff team who

were supported to perform their respective roles and were knowledgeable of the needs of the residents and were respectful of their wishes and preferences. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support.

The inspector was informed that several staff had worked in the centre for a number of years, indicating a low rate of staff turnover. This supported continuity of care and enabled staff to develop a good understanding of resident's individual needs, preferences and routines, contributing to consistent person centered care.

There were also sufficient numbers of housekeeping hours assigned each day to meet the needs of the centre. Housekeeping staff were found to be knowledgeable in cleaning practices and processes. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour coded cloths to reduce the chance of cross infection.

The registered provider had systems in place to monitor the quality and safety of the service delivered to residents. A schedule of infection prevention and control audits was in place. Audits covered a range of topics including documentation, equipment and environmental hygiene, hand hygiene, mattress integrity, laundry, waste and sharps management. High levels of compliance had been achieved in recent audits and this was reflected on the day of the inspection.

A review of notifications submitted found that outbreaks were generally managed, controlled and documented in a timely and effective manner. There had been one outbreak of a notifiable infection in 2026 to date. Following this outbreak, the person in charge had prepared an outbreak report in line with national guidelines. The reports included a timeline of events, the number of residents and staff affected, in addition to the infection control measures implemented. Reports also included recommendations to improve future responses.

While it may be impossible to prevent all outbreaks, the early detection of the symptomatic residents had ensured prompt action had been taken to isolate symptomatic residents and limit the transmission of infection to other residents. Management had engaged with Public Health regarding the management of this outbreak and had implemented all recommended controls to ensure the safety and well-being of residents, staff and visitors

Mandatory infection prevention and control education and training which included general infection control training and hand hygiene training was provided annually for all staff. Records viewed confirmed that all staff had received this training. Discussions with staff on the day revealed they were familiar with the precautions required to reduce and mitigate against the risk of infection and outbreaks in the centre.

The person in charge told the inspector that the provider was planning to implement the national Residential Older Persons Early Warning System. This is an early warning system to assist staff recognise and respond appropriately to clinical

deterioration in older people (aged 65 years or older) in long-term residential care settings.

Regulation 15: Staffing

There was an adequate number of staff on duty on the day of inspection to provide care for the residents living in the designated centre. Call-bells were seen to be answered quickly, and staff were available to assist residents with their needs. There was evidence that a minimum of one registered nurse was on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. All staff had completed training in infection prevention and control. Staff were appropriately supervised and supported by nurse management.

Discussions with staff on the day revealed they were familiar with the precautions required to reduce and mitigate against the risk of infection and outbreaks in the centre.

Copies of infection prevention and control guidelines were available and accessible to staff working in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements ensured the sustainable delivery of safe and effective infection prevention and control. There were effective management systems in place to monitor the quality and safety of care provided to residents. The person in charge ensured that service delivery was safe and effective through ongoing infection prevention and control audit, surveillance and monitoring of key performance indicators.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of all outbreaks of notifiable infections as set out in paragraph 7(1)(d) of Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. Residents' health, social care, and spiritual needs were well catered to. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction and residents had daily opportunities to participate in group or individual activities.

Residents' nursing care and healthcare needs were also met to a good standard. Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services including psychiatry of older age and community palliative care specialists as necessary.

The inspector focused on resident's elimination (urinary catheter), infection control and wound care plans. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans, based on assessments, were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. However, a small number of care plans contained conflicting information regarding the management of non-active *Clostridioides difficile* infection. This may result in mis-communication and inconsistent care delivery. Details of issues identified are set out under Regulation 5; Individualised assessment and care plan.

The provider had ensured that arrangements were in place to transport clinical samples to a diagnostic microbiology laboratory for testing. A review of resident files found that clinical samples for culture and sensitivity were sent for analysis as required.

Records of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely recorded. The volume of antibiotic use was also monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice.

Systems were also in place to monitor the vaccination status of residents and to encourage vaccination including booster vaccination, to the greatest extent practical.

The provider had implemented a number of Legionella controls in the centres water supply. For example, unused outlets/ showers were run weekly. However, routine testing for Legionella in hot and cold water systems was undertaken to monitor the effectiveness of these controls.

The inspector identified some examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as the safe handling and disposal of used waste, sharps and linen. The environment and resident equipment was generally clean and well maintained.

Notwithstanding the good practices observed, the inspector identified small number of areas that required review to ensure that the registered provider complied with the national standards for infection prevention and control published by HIQA. Findings in this regard are presented under Regulation 27; infection control.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces in the centre.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1).

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; Infection control and the National Standards for infection prevention and control in community services (2018). However, further action is required to be fully compliant. This was evidenced by;

- There was no janitorial unit in the housekeeping room. As a result, buckets were prepared within the sluice. This posed a risk of cross contamination.
- Water samples were not routinely taken to assess the effectiveness of local Legionella control measures.
- Staff informed the inspector that commodes and urinals were manually emptied into a toilet within the sluice prior to decontamination in the bedpan washer. This practice increased the risk of environmental contamination and cross infection.
- The covers of a small number of mattresses were worn. These items could not effectively be decontaminated, which presented an infection risk.
- Inconsistent use of personal protective equipment was observed. A small number of staff were observed wear surgical masks around their chin.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. However, further action is required to be fully compliant. A small number of residents with a previous history of *Clostridioides difficile* infection had a care plan which outlined control measures for active infection. This may result in excessive infection prevention and control measures being applied due to lack of distinction between historical and active infection status.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. There was evidence of ongoing referral and review by allied health professional including, palliative care, tissue viability, dietitian, and physiotherapy as appropriate.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.

Judgment: Compliant

Regulation 9: Residents' rights

Staff working in the centre promoted and supported the resident's independence and their rights. Residents' confirmed that their rights and choices were respected. Residents told the inspector that they were involved in their care and had choice regarding how to spend their day. Residents had access to newspapers, magazines and books.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cahereen Residential Care Centre OSV-0000208

Inspection ID: MON-0051046

Date of inspection: 08/07/2026

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 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • The housekeeping staff are now preparing mop buckets in the housekeeping room. New tap and rack system installed in the housekeeping room. • Water samples sent on 11/08/2026 for Legionella Test. • All staff have been informed to empty the commode dishes, bed pan and urinals directly into the bed pan washer. • 4 new mattresses have been purchased in July 2026. • All staff have been instructed on the correct use of PPE.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: • Removed all the colonised <i>Clostridioides difficile</i> care plans.	

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	11/08/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	01/08/2026