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:	Rathkeevan Nursing Home
Name of provider:	Drescator Limited
Address of centre:	Rathkeevin, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	12 May 2026
Centre ID:	OSV-0000271
Fieldwork ID:	MON-0049526

About the designated centre

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

The centre was purpose built in 2001 and the premises is laid out in four parallel and interconnected blocks on a spacious site. The registered provider for the centre is called Drescator Limited and this centre has been managed by the provider since it opened. The centre is located in a rural setting approximately eight kilometers from Clonmel town. The centre provides care and support for both female and male residents aged over 18 years. The centre provides care for residents with the following care needs: frailty of old age, physical disability, convalescent care, palliative care, and dementia care. The centre can care for residents with percutaneous endoscopic gastrostomy (PEG) tubes, urinary catheters and also for residents with tracheotomy tubes. However, residents presenting with extreme behaviours that challenge will not be admitted to the centre. The centre caters for residents of all dependencies; low, medium, high and maximum dependencies.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58

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 12 May 2026	10:00hrs to 18:30hrs	Catherine Furey	Lead
Tuesday 12 May 2026	10:00hrs to 18:30hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

This inspection was carried out by two inspectors over one day. The purpose of the inspection was to monitor ongoing compliance with the regulations and standards. The inspection also placed a focus on infection prevention and control (IPC) in the centre.

Inspectors spoke with many residents during their visit, including eight in more detail. Residents generally gave good feedback about life in Rathkeevan Nursing Home. One resident said "I find the staff to be very nice" and said they were "rarely waiting too long for help". Many residents praised the staff as being very kind and patient, while another commented that the new menu at mealtimes was lovely. One resident reported difficulty sleeping at night due to occasional noise and the inability to fully switch off the overhead light, preventing complete darkness in the room. Notwithstanding this, overall, there was a high level of satisfaction with the care provided by staff.

Inspectors arrived mid- morning and were greeted by the person in charge and welcomed into the centre. Inspectors commenced the inspection by walking through the premises, observing daily life and interactions between residents and staff, and speaking with residents, visitors and staff to gain an insight into their lived experience in the centre.

Rathkeevan Nursing Home is registered for 61 residents, with 58 living there on the day of inspection. The building is purpose-built, single-storey building. The communal rooms were generally comfortable and it was clear that efforts were made to incrementally upgrade aspects of the décor. Much of the artwork and photographs on display throughout the corridors had been in place for a number of years and were appearing outdated. One resident told inspectors the place "could do with a freshen up". Residents were provided with comfortable seating options. There were two housekeepers working on the day of inspection. Cleaning records confirmed that areas and rooms were cleaned each day and the environment appeared visibly clean. Clinical hand wash basins were available in resident areas for staff use. These sinks were clean and in good repair. Nonetheless, improvements were required in the overall cleanliness of residents` equipment and this is discussed under Regulation 27: Infection control.

Visitors were observed coming in and out of the centre throughout the day. Inspectors spoke with two visitors who said that they were satisfied and grateful for the care provided to their loved ones. Visitors said that they were always kept updated with any changes or concerns, and that if they had any issues they felt confident to bring them to the attention of staff. One visitor remarked that "things have improved recently". Another had high praise for the continued promotion of

the new social activities program and said that it was great to see so many volunteers from the local community coming in to engage with residents.

Inspectors observed the lunchtime dining experience and noted significant improvements since the previous inspection. Notably, residents were served their meals table-by-table in a more classic restaurant style, which allowed residents who were seated together to dine with each other in a more comfortable manner. Residents were observed chatting and enjoying their meals. A daily selection of menu options was available, and the dishes were well-presented, appealing, and nutritious. Some residents preferred to eat in their own rooms, and inspectors saw that staff delivered meals directly from the kitchen so they arrived hot. Staff sat with residents, offering discreet help and encouragement when needed. A range of hot and cold drinks were available during meals and throughout the day.

Where possible, residents were encouraged by staff to move around the centre independently or with support. Handrails were provided on all corridors and inspectors observed staff actively promoting residents' independence and mobility. Call-bells were available in all areas used by residents, and staff were observed to respond promptly to residents' requests and needs. Staff were respectful of residents' privacy, knocking on bedroom doors before entering. It was evident that staff were familiar with residents' individual needs and preferences, greeting them by name. Residents appeared relaxed and comfortable in the presence of staff.

Residents had access to a good variety of activities, with a clearly displayed schedule outlining the upcoming week. Activity staff were commended by residents for their kindness and engagement. Residents were particularly looking forward to displaying their crafts in the local library exhibition in the upcoming weeks.

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

Capacity and capability

Overall, inspectors found that since the previous inspection in November 2025, improvements had been made in relation to food and nutrition and individual assessment and care planning. Nonetheless, the registered provider was not meeting regulatory requirements in the areas of governance and management, notification of incidents, premises and infection control. This led to a service that was not effectively monitored and could pose risks to the wellbeing and safety of residents.

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 to 2025 (as amended). The registered provider of Rathkeevan Nursing Home is Drescator Ltd., a

limited company with three company directors, who are engaged in the operational oversight of the centre. Clinical oversight is provided by the person in charge, supported by a clinical nurse manager. There was one vacant clinical nurse manager role, which left the clinical oversight of the centre falling largely to the person in charge. This is discussed under Regulation 23: Governance and management.

An immediate compliance action relating to poor medicines storage practices and IPC was issued on the day of inspection. This is detailed in Regulation 27: Infection control. The provider responded to this immediate action promptly and the issue was rectified before the end of the inspection.

Observations on the day of the inspection found that the the staffing and skill-mix of nursing, healthcare assistant and support staff on the day was appropriate to meet the needs of the residents. Residents were observed receiving support from various staff in a timely manner, such as providing assistance at meal times and responding to requests for support.

Staff were supervised in their respective roles by senior staff and management. Staff spoken with were able to relay their knowledge gained on various training courses they had attended including safeguarding of vulnerable adults and restrictive practices. There was an induction period for all new staff who were assigned to work with existing staff to ensure that they were familiar with the routines and practices, and to get to know the residents.

Regulation 15: Staffing

Based on a review of worked and planned rosters, observations of inspectors and discussions with staff and residents, the staffing levels and skill-mix were appropriate to meet the assessed needs of the residents living in the centre.

There were sufficient staff resources to maintain the cleanliness of the centre. There were housekeeping staff in each area of the centre on the day of the inspection. Deficits in maintenance and management staff is discussed under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were maintained to assist the person in charge with monitoring and tracking completion of training deemed mandatory by the registered provider. The training matrix showed that all staff had completed their mandatory training. On the day of the inspection staff were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in the centre did not consistently ensure that the service provided to residents was safe, appropriate, and effectively monitored. This was evidenced by the following findings:

- There had been no review of incident reports that had occurred in the centre since November 2025. It was unclear who was assigned responsibility to review and close off incident forms.
- Risk management and the oversight of the centre's risk register was inadequate. Inspectors identified a small record storage cupboard, which contained many combustible items such as folders of documentation, boxes of loose paper documents, bags of residents' belongings and personal care items. This cupboard also contained an electrical mains with an overloaded extension cable connected to the centre's Internet router. No assessment had been completed to determine the level of risk present.
- There were insufficient assurance mechanisms in place to monitor compliance with the National standards for IPC in community services, as the local IPC audits failed to identify many of the findings on the day of the inspection.

The registered provider did not ensure that the centre was adequately resourced in accordance with the statement of purpose:

- There was a vacant clinical nurse manager post. While arrangements had been made to provide sufficient nursing management in the centre, this was not in line with the whole time equivalent (WTE) management hours outlined in statement of purpose which informs Condition 1 of the centre's registration.
- There were insufficient resources to maintain the centre to an acceptable level, as outlined under Regulation 17: Premises. Maintenance staff worked on an ad-hoc basis, meaning that there were times when minor repairs and alterations went for periods of time without being repaired. This resulted in deficits that impacted the overall quality and safety of the environment.

An annual review of the quality of care delivered to residents in 2025 had been completed, however this was not prepared in consultation with residents and their families, for example, it did not include any feedback from residents about the service provided.

Judgment: Not compliant

Regulation 31: Notification of incidents

Not all incidents set out in Schedule 4 of the regulations were submitted to the Chief Inspector within two working days of occurrence. These included:

- A potential safeguarding incident
- An incident of an outbreak of a notifiable disease
- An incident of an unexpected death of a resident
- An incident of a notification of an injury to a resident requiring hospital admission.

Judgment: Not compliant

Quality and safety

Overall, inspectors found that residents had a good quality of life, where their human rights were promoted by a team of staff who were kind and compassionate. Inspectors observed staff treating residents with dignity and respect. Notwithstanding these positive findings, inspectors found that improvements were required with regard to infection control and maintenance of the premises to ensure a safe environment for all residents.

A sample of nursing notes and care plans were reviewed by inspectors. There was evidence that residents were comprehensively assessed using a suite of evidence-based risk assessment tools to evaluate clinical risks, including falls, pressure ulcer development, malnutrition, manual handling needs, and dependency levels. Care plans were developed based on these assessment tools. The care plans reviewed were person-centred and were updated with residents' relevant changing needs.

Residents' medical and health needs were met through a broad range of community-based health and social care services, for example, General Practitioner (GP), speech and language therapy, dietetics, mobile X-ray and specialist wound care nursing. Recommendations from specialist services and health and social care professionals were incorporated into residents' care plans.

It was clear that the provider was making progress to upgrade the décor and furnishings in some areas. There was new paintwork and soft furnishings in some of the communal areas, and there was comfortable seating for residents. However, the inspectors also noted that some areas of the centre required urgent maintenance attention to ensure residents' safety. The issues identified were brought to the attention of the person in charge during the inspection, and the registered provider at the end of the inspection. This is discussed under Regulation 17: Premises.

There was a significant improvement in the quality, quantity, and presentation of food, drinks and snacks since the previous inspection. A new menu had been introduced that provided choice, variety, and accommodation of dietary

requirements. Evidence showed that residents' prescribed nutritional needs, including diabetic and high-protein diets, were met. All meals were freshly prepared and cooked by the centre's chefs. Residents were offered choice at mealtimes, and portion sizes were appropriate. Fresh drinking water and other refreshments were available throughout the day. Mealtimes were adequately supervised, with discreet and respectful assistance provided as required.

Management and staff displayed some adherence to the prevention and control of infection. For example, waste, used laundry and linen was segregated in line with national guidelines. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures and were provided with the appropriate equipment to ensure the centre was cleaned and decontaminated. Nonetheless, inspectors found that the provider did not comply with the national standards and regulatory requirements. Weaknesses were identified in IPC, environment and equipment management. Details of issues identified are set out under Regulation 27: Infection control.

Regulation 11: Visits

Arrangements were in place for residents to receive visitors. The centre had arrangements in place to ensure the ongoing safety of residents. There were suitable private spaces for residents to receive a visitor if required.

Judgment: Compliant

Regulation 17: Premises

Many aspects of the premises did not conform to the matters set out in Schedule 6 of the regulations. For example:

- The centre's medicines refrigerator was faulty and leaking. The medicines within, which included insulin pens, were saturated and the external packaging including pharmacy labels could not be read. This posed a risk of contamination to packaged medications and may have facilitated bacterial growth. Management were unaware that the temperature reading overnight exceed the normal temperature. An immediate action was issued on the day of inspection requiring the replacement of the defective refrigerator. This action was addressed promptly, and the provider ensured that the medicines refrigerator was replaced with a new model during the inspection.
- The flooring in some areas was in poor repair, for example, the sitting room had duct tape to join the floor in two areas. In a main bathroom and the main kitchen the flooring was torn.

- The centre was not well-maintained internally. For example, some of the doors were heavily marked and scuffed and needed repair and window sills and architraves were chipped and worn.
- Some equipment in the kitchen was in poor repair. For example, the two chest freezers and the large fridge were not functioning properly as they could not be closed properly.
- Storage practices required review. For example, the records room behind the nurses station had resident care items and residents' possessions.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were offered a varied, nutritious diet. The quality and presentation of the meals were of a good standard. Some residents required special diets or modified consistency diets and these were provided as recommended. There were good systems in place to ensure that the kitchen staff were made aware of these requirements in a timely manner.

There was a sufficient number of staff available to ensure that residents received their meal in a hot and appetising fashion, both in the dining areas and in residents' bedrooms, should they choose to dine there.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A sample of transfer letters viewed on the day of the inspection showed all relevant information about the resident was provided to the receiving hospital and there was effective communication between services during this time to minimise risk and to share information.

Judgment: Compliant

Regulation 27: Infection control

The registered provider did not ensure that IPC procedures, consistent with the standards published by the Authority were in place and were implemented by staff. For example:

The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- The overall management of sharps required review to reduce the risk of needle-stick injuries, which may leave staff exposed to blood borne viruses. For example;
    - The needles used for injections and drawing up medication lacked safety devices in line with best practice guidelines.
    - A sharps bin in use was not signed or dated for traceabillty and the temporary closure was open.
    - A sharps bin was inappropriately used for the disposal of medications.
- While there were some measures in place to control *Legionella* in the water supply such as the weekly running of unused outlets and showers, routine testing of hot and cold water systems was not carried out to check if these measures were effective and no flushing records were maintained
- Blood glucose monitoring equipment intended for single-person use was observed to be shared between multiple residents. This practice increases the risk of cross-infection, including the transmission of blood-borne viruses and other pathogens.
- Alcohol-based hand gel wall dispensers were observed to be topped up using a separate bulk container rather than being replaced. This practice increases the risk of contamination of the product and dispenser, potentially reducing the effectiveness of hand hygiene and increasing the risk of infection transmission.
- Urinals were used to empty catheter bags when necessary and to assist residents with their toileting needs. Some of the urinals found in the bathrooms were visibly unclean and had been repeatedly re-used without cleaning. This increased the risk of a catheter-associated infection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents' individual assessments and care plans. This review provided evidence that appropriate interventions were in place to meet residents' assessed needs. Care plan reviews were comprehensively completed on a four-monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence-based healthcare provided in this centre. GPs routinely attended the centre and were available to residents. Health and social care professionals also supported the residents on site where possible and remotely when appropriate, for example the dietitian and physiotherapist.
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	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Rathkeevan Nursing Home OSV-0000271

Inspection ID: MON-0049526

Date of inspection: 12/05/2026

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	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: - All incidents are now recorded in an incident book and reviewed monthly by DON and CNM. - Risk assessments to be outsourced to a specialist company. - Small record storage cupboard had now been cleared of any personal belongings. Our IT company will review and remove any existing wiring and cables that are no longer in use. - We currently have a maintenance man once weekly and who is available as needed. We are currently in the process of recruiting staff to add to our maintenance team. - Feedback from residents and families is complied twice yearly, this now be incorporated into the Annual Review 2026. - We have a CNM and Senior Health Care assistant who are our IPC Link Practitioners within the home. Both have completed Infection, Prevention and Control Link Practitioner training with a plan to also complete The National IPC Link training course in the coming months. A total of twelve staff including nurses, health care assistants and cleaning staff have also completed the Infection, Prevention and Control Link Practitioner training. - IPC audits will be completed monthly in line with the National Standards for IPC. Findings then will be discussed at a monthly IPC meeting to ensure compliance with the standards.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: - All incidents notifiable will be submitted under the guidance for health services providers on notifying HIQA of notifiable incidents under the Patient Safety Act.	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- CNM/NIC is responsible for checking the fridge each morning after handover to ensure that the daily checks of same are completed and the fridge is functioning correctly.
- Flooring in the sitting room has been rectified. Flooring in the kitchen and the main bathroom is scheduled to be repaired or replaced.
- The two chest freezers and large fridge have been replaced.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- The needles used for injections have been replaced with safetouch needles in line with best practice guidelines.
- CNM has responsibility for the daily checking of sharp bins being signed and dated accordingly for traceability. This will also be audited monthly.
- All sharps bins are now labelled for appropriate disposal of items and are monitored daily as per above check.
- Hot and cold water system testing for Legionella will be carried out by a certified water hygiene specialist and maintain an in-house compliance logbook.
- All diabetic residents now have their own blood glucose monitoring equipment.
- Urinals are disinfected daily and any that are worn or discoloured will be replaced.
- All existing wall mounted hand gel dispensers are to be replaced with units suitable for the cartridge disposable bags.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/09/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	25/05/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	01/07/2026

	consistent and effectively monitored.			
Regulation 23(1)(f)	The registered provider shall ensure that the review referred to in subparagraph (e) is prepared in consultation with residents and their families.	Not Compliant	Orange	31/12/2026
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.	Not Compliant	Orange	30/09/2026
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	01/07/2026