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:	St Teresa's Nursing Home
Name of provider:	Cashel Care Limited
Address of centre:	Friar Street, Cashel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	22 July 2025
Centre ID:	OSV-0000293
Fieldwork ID:	MON-0047279

About the designated centre

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

St. Teresa's Nursing Home is centrally located in the town of Cashel, Co. Tipperary and is in close proximity to all facilities such as the church, shops and restaurants. The original premises dates back to the 1800's and was formerly a convent that had been refurbished and modernised. The centre originally opened to provide residential care in 2003 and caters for both male and female residents over the age of 18 years and is registered to provide care to 30 residents. Twenty four hour nursing care is provided with a registered nurse on duty at all times. The centre accommodates low, medium, high and maximum levels of dependency including residents that may be ambulant and confused. Communal accommodation in the form of dining and day rooms are on the ground floor and bedroom accommodation is on the first and second floors. There are three single bedrooms and six twin bedrooms on each floor. The registered provider is a limited company called Cashel Care Ltd and employs approximately 30 staff. Staff employed in the centre include registered nurses, care assistants, an activities co-coordinator, maintenance, laundry, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21

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 22 July 2025	09:00hrs to 19:00hrs	John Greaney	Lead
Tuesday 22 July 2025	09:00hrs to 19:00hrs	Brid McGoldrick	Support

What residents told us and what inspectors observed

This was an unannounced one day risk inspection to monitor compliance with the regulations made under the Health Act 2007 (as amended). The inspectors were met by the person in charge, who facilitated the inspection.

St. Teresa's Nursing Home is a three storey premises located in the town of Cashel with good access to local amenities such as churches, restaurants and shops. There is a long gated driveway leading up to the centre with parking spaces immediately outside the main entrance. The centre is registered to provide care for 30 residents. On the day of this inspection there were 21 residents living in the centre.

The main entrance door to the centre is keypad controlled and inspectors were informed that there was one resident that had access to the code but staff would usually support the resident when they were exiting the centre. The entrance to the centre led through a carpeted stairway, which in turn led to an entrance hall leading to an open plan sitting/dining room in which most residents spent their day. Access to bedrooms and ancillary facilities is by going through this communal area to the lifts on the opposite side if the premises. Off to the left of the entrance hall is a communal area comprising a sitting room, a small library and a conservatory. At the previous inspection the emergency exit from the conservatory was not functioning appropriately but this was now remedied. The door had an electronic keypad, was connected to the fire alarm system and would open automatically in the event of fire alarm activation.

On previous inspections there was a doorway on the right of the entrance hall leading to an office that was observed to be used by management to store records such as staff files, even though it was beyond the registered footprint of the designated centre. This doorway was now sealed off with wooden panels and there was no way to access the office from the designated centre. Inspectors requested the provider to ascertain from a competent person any fire safety implications due to its proximity to the centre and the revised access arrangements to this area.

Residents were seen to be arriving to the main sitting room throughout the morning with the assistance of staff following the provision of personal care. While there was a variety of communal spaces available to residents, only this area was used by residents. Residents were seen to be supervised at all times and call bells were answered promptly. A member of the kitchen staff offered residents hot and cold drinks and freshly baked scones. This area had been rearranged since the last inspection with a number of dining tables arranged in the middle of the floor. Due to the lack of a nurses station on the ground floor, where most residents spent their day, resident records were stored in a cabinet in the corner of the dining area. This area was reserved for nursing and care staff to record daily care provided to residents. Inspectors were assured by management that this cabinet was locked when nurses were not present updating residents' care records.

Visitors were observed to be welcomed by staff and it was evident that staff knew visitors by name and actively engaged with them. Visits took place in communal areas and residents bedrooms, where appropriate.

Inspectors initially walked around the centre unaccompanied and availed of opportunities to talk with residents and staff to get a sense of what it was like to live in the centre. Inspectors observed staff interacting with residents in a kind and caring manner. It was clearly evident that staff knew the residents well and residents were comfortable and relaxed in the presence of staff. Inspectors observed the dining experience. There were 17 residents having lunch in the dining room either at the dining tables or from a bedside table, while remaining in their armchairs. Inspectors heard staff asking some of residents having their lunch from bedside tables if they wished to have their lunch at the dining tables but they declined. Some improvements were noted in the dining experience since the last inspection, such as the placement of colourful artificial flowers on tables and there were some condiments on the tables. However, meals continued to be served with the sauce already poured on the food and there were condiments on two of the four dining tables. Whilst there were menus on the dining tables, it contained the full menu for the week rather than the menu for that day. Individual daily menus would make it easier for residents to decipher what choices were available on that day. Inspectors observed two chair alarms places on the desk in the corner of the dining room, which sounded on occasions during the lunch period, this detracted from the dining experience for other residents and required review.

Access to ancillary areas such as the kitchen, laundry, staff room, toilets and storage areas was from a corridor leading from the main sitting room. Access the bedrooms, all of which are on the first and second floors, is through a passenger lift in the corner of the dining room; a platform lift at the base of the rear stairwell; and from two stairways, one immediately inside the front entrance and one at the rear of the premises. The design and layout of the laundry is small and poorly ventilated, however, clean and dirty lined was adequately segregated on the day of the inspection.

On previous inspections, the smoking area for residents was in the escape stairway to the rear of the building. This area was unsuitable due to the potential for obstruction of emergency escape routes and also due to the odour emanating from the smoking area to areas surrounding the stairwell and into the sitting room. Subsequent to that inspection the provider had placed a shelter immediately outside the back door. The structure was constructed from Plexiglas type material with wooden furniture. The provider was requested to get confirmation from a competent person that this material had suitable fire retardant properties to be a smoking shelter in a designated centre.

Following the last inspection in November 2025 a restrictive condition was attached to the registration of the centre that by 11 July 2025, all twin bedrooms will be reconfigured or the occupancy reduced to ensure that each resident of these bedrooms shall have an area of not less than 7.4 m2 of floor space. On the walk around of the centre inspectors reviewed all of the twin rooms and found, that despite the bedrooms being reconfigured, there continued to be insufficient space in

four of the twin rooms on both floor for two residents. In some bedrooms the space between the foot board at the end of the bed and the wall was insufficient should the resident need assistive equipment such as a wheelchair or hoist. This would also prevent the rapid evacuation of a resident with a mobility impairment from the inner bed in the event of an emergency. In other rooms, where one or both beds were positioned against the wall, there was inadequate space to support good manual handling practice when using manual handling equipment such as a hoist. Additionally, reconfiguration of twin rooms predominantly involved rearranging furniture. As found on the last inspection the switch for the main light in bedrooms was on the corridor outside the room. While there were reading lights for each of the beds, the switches for some of these lights were not accessible by residents while in their beds. Some light switches were located behind headboards and others were located at the lower end of the bed and could not be reached by residents while in bed. The reading lights were not positioned at the head of some of the beds, with some located near the foot of the bed.

Inspectors observed that there were improvements in clinical hand hygiene facilities. Conveniently located, alcohol-based product dispensers were readily available along corridors and three clinical hand-wash sinks had been installed since the last inspection. A number of mattresses had been replaced and bed linen appeared to be clean, however, bed linen and towels appeared worn and of poor quality and required replacement.

Storage of equipment continued to be a challenge for staff and inspectors observed that hoists were being stored in vacant bedrooms.

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

Capacity and capability

The findings from this inspection indicated that the provider had made efforts to address the deficits found on previous inspections. While some improvements were noted, significant action was required to ensure that the service provided was safe, appropriate, consistent and effectively monitored, and operating in accordance with their conditions of registration.

Prior to the last inspection conducted on 27 November 2024, owing to the absence of a person in charge, a restrictive condition was applied to the registration of the centre, ceasing admissions. Following that inspection, conducted in November 2024, escalatory action was taken by the Chief Inspector due to the poor findings of that inspection and failure to address non-compliances of previous inspections. A warning meeting was held with the provider on 23 January 2025 discuss the ongoing non-compliance in key regulations including regulation 14 Person in Charge and regulation 23 Governance and Management, and to set out possible escalation,

if compliance levels do not improve. Subsequent to the meeting, on 29 January 2025, the provider was issued with a warning letter outlining how the Chief Inspector of Social Services may proceed should the provider not come into compliance with the Act, regulations and standards including the possible cancellation of the centre's registration.

Subsequent to the inspection a person in charge was appointed on 17 February 2025. The new person in charge met the requirements of the regulations in terms of experience and qualifications. The person in charge has engaged positively with the regulator since they were appointed to the post. The person in charge is supported by an assistant director of nursing (ADON) who takes charge of the centre in the planned absence of the person in charge.

The compliance plan response submitted by the registered provider following the November 2024 inspection did not adequately assure the chief inspector that the actions outlined in the plan will result in compliance with regulations 17, 21, 23 and 28. The registration for the centre was renewed with two restrictive conditions attached to the registration of the centre. The first restrictive condition, Condition 4, stated that no new residents may be admitted to the designated centre until the registered provider has achieved sustained compliance with key regulations (Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013) which underpin the quality and safety of care, specifically, regulations 9, 14, 15, 16, 17, 23, 27 and 28. The second restrictive condition, Condition 5, stated that the registered provider shall take all necessary action to comply with Regulation 17: Premises to the satisfaction of the Chief Inspector no later than 11 July 2025. All twin bedrooms will be reconfigured or the occupancy reduced to ensure that each resident of these bedrooms shall have an area of not less than 7.4 m2 of floor space.

This was an unannounced risk inspection to assess the registered provider's ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), to review the registered provider's implementation of their compliance plan arising from the previous inspection of 27 November 2024 and to ascertain if the provider had complied with their conditions of registration. Inspectors also followed up on both solicited and unsolicited information that had been submitted to the Chief Inspector of Social Services.

On the day of inspection there were 21 residents accommodated in the centre, their dependency assessment indicated that eight were assessed as maximum, three were high, seven were medium and eight were low dependency. A new person in charge was appointed on 17 February 2025 that met the requirements of the regulations. The person in charge was knowledgeable of their responsibilities in relation to regulations and standards.

While some improvements were observed in staffing, such as the addition of a third member of staff on night duty, there continued to be gaps in staffing levels and the number of whole time equivalent staff as set out in the centre's statement of purpose. This is discussed further under regulation 15 of this report. Improvements

were noted in staff training and supervision. There was a high level of attendance at mandatory training. There was also improved supervision of staff as evidenced by improvements in infection control and manual handling practices.

The centre was not operating in accordance with the floor plans and statement of purpose submitted by the provider at registration renewal. The sluice room on the second floor had been converted to an office without prior approval of the Chief Inspector and without an application to vary the registration of the centre. Staff files were now stored in this area, which was a more secure location. Previously these had been stored in an unlocked cupboard in the corner of the day room.

The recently appointed DON undertook the role of Infection control link practitioner to increase awareness of infection prevention and control and antimicrobial stewardship issues locally, as recommended in national infection prevention and control guidelines.

Regulation 14: Persons in charge

The person in charge commenced in this role in February 2025. The person in charge is a registered nurse and has the clinical and management experience and qualifications required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The person in charge confirmed that the provider was in an advanced stage of the recruitment process for a number of care staff. A review of the roster identified gaps that required cleaning staff to carry out cleaning duties in the morning and laundry duties in the afternoon.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspectors reviewed the training records maintained in this centre and found that the person in charge had ensured that staff had access to appropriate training relevant to their roles and responsibilities. The provider had a system to ensure staff were appropriately supervised in this centre.

Judgment: Compliant

Regulation 21: Records

Residents food recommendations had not been communicated to kitchen staff (the dietary advice had not been updated), this resident was at risk of malnourishment.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place were not sufficiently robust to ensure the service provided is safe, appropriate, consistent and effectively monitored, for example:

- improvements were required with the identification of risk. A door had been closed up and while a risk assessment had been completed it did not identify the risk of fire. Furthermore a new structure provided for residents to smoke was not suitable and required review by a competent person.
- oversight of the premises did not ensure that the private accommodation for residents living in a number of the twin bedrooms met their needs and ensured their privacy and dignity was respected
- whole time equivalent (WTE) staff numbers outline in the Statement of Purpose (SOP) did not correlate with available staff in the centre. For example, the SOP specified 7.70 WTE nursing staff but the WTE numbers provided to inspectors identified 5.83 WTE nursing staff. Additionally, the SOP identified a CNM role that was not included in the staff roster.

The centre was in breach of their conditions of registration as evidenced by:

- a room previously used as a sluice room was re purposed to be an office
- a wall was erected in a store room with cleaning products and equipment for cleaning on the right hand side and a storage area for residents supplies on the left hand side
- Condition 4 of registration states that no new residents may be admitted to the designated centre until the registered provider has achieved sustained compliance with key regulations (Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013) which underpin the quality and safety of care, specifically, regulations 9, 14, 15, 16, 17, 23, 27 and 28. While the provider had demonstrated compliance or substantial compliance with some of these regulations, the provider continued to be not compliant with others as identified in this report
- Condition 5 of registration was that twin bedrooms will be reconfigured or the occupancy reduced to ensure that each resident of these bedrooms shall have an area of not less than 7.4 m2 of floor space. This was to be

completed by 11 July 2025. While some of the twin bedrooms had been reconfigured since the last inspection, there continued to be inadequate space in some of the twin rooms for two residents

Judgment: Not compliant

Quality and safety

While inspectors observed kind and compassionate staff treating residents with dignity and respect, action was required to improve the quality and safety of service provision. Significant action was required in relation to the design and layout of twin bedrooms to support the rights of residents and to ensure residents accommodated in twin rooms had their privacy and dignity respected. Action was also required in relation to infection control, assessment and care planning, and fire safety.

The centre is laid out over three floors, with all communal space on the ground floor and all bedrooms on the first and second floors. The premises was a former convent and hence was not designed to accommodate residents requiring a high level of assistance. For example, corridors are narrow, making it difficult to manoeuvre large speciality chairs. Improvements had been made to the care environment since the last inspection and it was found to be generally clean on this inspection. As detailed earlier in this report, a condition was attached to the registration of the centre to reconfigure twin room to ensure that all existing and future residents are afforded appropriate dignity and privacy through the provision of adequate personal space and ensure that the premises meets the needs of these residents. The reconfiguration of the rooms completed since the last inspection involved rearranging furniture in an attempt to provide more space for residents in their bed space. Inspectors found on this inspection that there continued to be inadequate space for residents in some of the twin rooms to ensure their privacy and dignity was respected at all times. Additionally, issues such as the poor placement of overhead lights, some of which were near the foot of the bed, and the inaccessibility of light switches were not addressed. Areas identified for action in relation to the premises are outlined under Regulation 17: Premises.

Residents' clinical care records were maintained in a paper-based record system. On admission to the centre, residents' health and social care needs were assessed using a range of validated assessment tools, which informed the development of care plans. Residents had access to medical, mental health, specialist nursing and various allied health services, such as speech and language therapy, occupational therapy and dietetic services within the centre. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit. However, referrals for follow-up reviews were not always completed where indicated. additionally, while these were reviewed every four months, or as changes occurred, they did not always reflect the care needs of some residents. These issues

are discussed in more detail under Regulation 5: Individual assessment and care plan of the report.

National Guidelines for IPC were available in the centre and accessible to staff. Efforts to integrate IPC guidelines into practice were underpinned by IPC education and training. Training was provided on site by the link practitioner using a blended learning approach that included face to face sessions and e-learning. 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 and mops to reduce the chance of cross infection. There was one housekeeping staff on duty 7 days per week and 2 staff on duty for three days each week, which was in accordance with the centre's statement of purpose (SOP) and the centre was seen to be clean. There was a pro-active maintenance program in place and it was seen on the day of inspection where areas had been painted.

A store room had been reconfigured with a partition, to provide an area for housekeeping trolleys and cleaning equipment on the right hand side and a storage area for residents products on the other side. This arrangement was not satisfactory as house-keeping trolleys, which may carry soiled items or chemicals should not be stored in the same spaces clean consumables and equipment. This increases the risk of cross contamination. Clean and dirty items should be stored separately according to standard IPC protocols. A mere partition may not provide adequate protection. The room appeared cluttered with limited space to clean trolleys after use. There was a sink for cleaning equipment and mixing products, however there was no janitorial unit to dispose of water and for hand hygiene. Areas for improvement in relation to infection prevention and control are outlined in detail under Regulation 27: Infection Control.

Fire safety equipment had preventative maintenance conducted at appropriate intervals. An additional person had been rostered on night duty following the last inspection to support the evacuation of residents in the event of an emergency. Personal emergency evacuation plans (PEEPs) were updated since the last inspection to accurately reflect the needs of each residents, such as the number of staff required and evacuation aids needed for each resident, should there be a need to evacuate residents in the event of an emergency. While fire drills were conducted on a regular basis, further drills were required to ensure that high risk scenarios were simulated, such as on night duty, to confirm that residents could be evacuated in a timely manner. Actions required in relation to fire safety are detailed under Regulation 28 of this report.

Activities for residents were predominantly facilitated by designated activity staff and there was usually one member of staff designated to activities each day over seven days of the week. Residents were seen to enthusiastically participate in activities over the course of the day of the inspection. Some improvements were noted in the dining experience, with salt and pepper condiments and a menu now available on dining tables. The design and layout of the premises, however, particularly the twin bedrooms, continued to negatively impact on the rights of residents. Areas requiring

action in relation to residents' rights are outlined in more detail under Regulation 9: Residents' rights.

Regulation 12: Personal possessions

While wardrobes were provided for all residents, some residents accommodated in twin bedrooms could not maintain control of their possessions in their wardrobe as it could be accessed by the others without their knowledge and consent.

Due to the design and layout of some bedrooms, the beds were positioned very close to the wardrobes. This prevented the wardrobe doors from opening fully and posed a significant obstruction to residents from accessing their clothes.

Judgment: Not compliant

Regulation 17: Premises

The layout of four of the twin-occupancy bedrooms on each floor did not ensure the personal space available for each resident met their needs. The inspectors observed that:

- the location of the beds in four twin-occupancy bedrooms did not facilitate both residents to sit in a chair by their beds if they wished, without obstructing their access to their bedside lockers.
- the circulation area available in rooms 3, 12, meant that assistive equipment such as a wheelchair could not be used to access the en suite toilet facility
- the location of the beds in rooms 8 and 17 meant that the resident in the inner bed could not be supported with the use of assistive equipment such a hoist or wheelchair, as the space between the foot of the outer bed and the wall was approximately 0.51 metres This would not allow a hoist or wheelchair to pass to the inner bed. Additionally, neither of the residents could be assisted to the bathroom using a wheelchair as the door to the en suite was prevented from opening fully by the position of the wardrobe
- due to the narrowness of rooms 9 and 18 and the position of the beds, particularly the outer bed, there was inadequate space to support good manual handling practice when using manual handling equipment such as a hoist. The use of a hoist would significantly disturb the residents in both beds due to the need to manoeuvre the furniture
- the design and layout of rooms 7 and 16 was such that the wardrobe could not be accessed due to the proximity of the bed to the wardrobe doors that prevented them from opening. Additionally the light switch for the overhead light was behind the headboard and not accessible by the resident while in bed.

Judgment: Not compliant

Regulation 27: Infection control

The provider did not meet 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. For example;

- a room which was cleaned and ready for occupation had personal items left in a drawer.
- a small number of residents' equipment were unclean such as a shower chair and two commode basins
- Two urinals were left soaking in a sluice sink this practice is not in line with evidenced based infection Prevention and Control
- A small number of residents experienced similar symptoms of respiratory tract infections concurrently, an assessment for e SARS-CoV-2 (Covid-19) had not been completed.
- a small number of pillows viewed were torn and should be discarded. All full audit of pillows supplied is required to remove those which are damaged.
- a reconfigured store room presented a risk of cross contamination. There was no janitorial unit to dispose of water and for hand hygiene. The space was too small to have clear lines to prevent cross infection.
- a number of chairs in the centre were worn and could not be effectively cleaned.

Judgment: Not compliant

Regulation 28: Fire precautions

The inspectors were not assured that the registered provider had taken all reasonable actions to ensure that residents were appropriately protected from the risk of fire. For example:

- During the inspection, it was not clear as to the size and extent of fire compartment boundaries to facilitate progressive horizontal evacuation. The drawings displayed indicated each floor was a single fire compartment. Further assurance was requested from the provider in this regard.
- While fire drills were being carried out in the centre, the reports seen by the inspectors did not give assurance that the largest fire compartment could be safely evacuated in a reasonable time

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Staff used a variety of accredited assessment tools to assess each resident's needs, which included assessment of risk of falling, malnutrition, pressure related skin damage and residents' support needs to ensure their safe mobility among others. These assessments did not always inform residents' care plans. For example, a resident assessed as at high risk of malnutrition did not have their care intervention altered to reflect their recent weight loss. As a result, monthly weights monitoring was in place while weekly monitoring would enable staff to make necessary changes to her care needs. The recommendation was that if this residents weight did not improve that they should be re-reviewed again by a dietitian, this had not occurred. There was no evidence that this information was shared with the General Practitioner. Management confirmed that they would would address both these matters. A second resident also had a recent weight loss of 9 per cent over a three month period, the frequency for monitoring continued to be carried out monthly.

A resident was observed using a aid to mobilise, the resident was observed leaning forward as the aid did not align with their height. This resident had no recent assessment by a physiotherapist, last seen in 2022. The person in charge undertook to initiate this referral.

From a sample of missing person profiles viewed, they were no up to date to reflect current mobility status. There was no photograph affixed to the sheet, staff would be required to view a different sheet for a photograph, this could contribute to delay in locating a resident.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to health care specialist services and timely referrals and consults with allied health professionals such as physiotherapy, speech and language therapist; associated plans of care were in place along with recommendations to support residents to have a better quality of life.

Judgment: Compliant

Regulation 9: Residents' rights

A number of actions were required to uphold residents' right to privacy and dignity. This was evidenced by:

- residents in some twin rooms did not have access to a chair by their bedside if they wanted to sit beside their bed. They would be required to request for a staff to locate and bring a chair if needed
- the light switch for residents' bedrooms were located on the wall outside the bedroom in the corridor. This meant that a resident would be required to come out of their room to switch on or off the light, impacting the resident's privacy and dignity.
- The position of some reading lights were near the end of the bed and would not provide adequate lighting should a resident wish to read in bed.
- there was insufficient space for residents in some twin rooms to carry out activities in private in their private bed space. For example, the beds in one twin room were very close together which compromises the privacy and dignity of residents in both beds

The arrangements for residents to dine did not fully uphold their rights. The table settings had improved with tablecloth provided and condiments available on request, however, the chair alarms for two residents sounded on a number of occasions which impacted on dining experience for all residents.

While a review of meal time had occurred and an additional snack provided a 7pm, input from a suitably qualified nutritionist to ensure menu plan addressed the nutritional needs of the residents. This was also identified at the last inspection.

The quality of bed linen and towels provided was poor and required replacement.

Judgment: Not 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Teresa's Nursing Home OSV-0000293

Inspection ID: MON-0047279

Date of inspection: 22/07/2025

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A Catering Assistant commenced a full-time role on 02.09.25 and is currently completing a two-week induction. A Laundry Assistant was interviewed on 27.09.25. Once Garda vetting and reference checks are complete, she will commence her role. At that point, we will be fully staffed in both Laundry and Catering, with no gaps in these areas. Continuous recruitment is ongoing for HCAs to support the increase in occupancy.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The Nurse in Charge is now responsible for communicating with the kitchen chef each morning following handover to update any changes in residents' dietary requirements. The residents' diet sheet for the kitchen has been revised to include: • MUST scores • Special dietary requirements • Fluid levels • Dietitian recommendations This diet sheet is updated weekly by the Nurse in Charge.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
A fire risk assessment has been completed for the closed-up room on the ground floor. A smoke detector is installed in this room and is linked to the main fire panel.
The new smoking shelter was reviewed by a structural engineer on 08.08.2025. He confirmed that the materials used in its construction are adequate to ensure the safety of residents and that the arrangements in place by the PIC are appropriate to safeguard residents using the shelter.
The eight twin bedrooms in the nursing home are currently being redecorated, with new furniture provided. Curtain rails, wardrobes, and bedside lockers are being repositioned to ensure residents' privacy and dignity are respected.
The SOP submitted by the previous PIC did not accurately reflect the WTE staff numbers outlined. A new, up-to-date SOP will be submitted with this compliance response.
The CNM role is now included in the staff roster under the Management section.
A room previously vacant and designated as a sluice room was repurposed into an office for the PIC. An application to vary should have been submitted prior to this change.
A wall was erected in the store room to convert it into two areas: a cleaning store on the right-hand side and a store room for supplies on the left-hand side. A variation application should also have been submitted prior to this change. This has been a learning process for the PIC and proprietors, reinforcing the requirement to submit applications for all future room changes.

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
New wardrobes are currently being purchased for all twin bedrooms.
Each wardrobe will be fitted with a lock, ensuring that only the resident using it can access their belongings.
The new design will also allow residents to open their wardrobes fully without restrictions, improving accessibility and ease of use.

Regulation 17: Premises	Not Compliant

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

The twin rooms have been reconfigured to allow residents to sit comfortably by their bedsides without obstructing access to their lockers.
In Rooms 3 and 12, the new wardrobes currently being purchased will provide sufficient space to allow wheelchairs and hoists to access the en suite toilet facilities.
In Rooms 8, 9, 17, and 18, beds will be repositioned once the new wardrobes and lockers are installed. This will ensure adequate access for the use of assistive equipment and will enhance manual handling practices for staff.
In Rooms 7 and 16, the new wardrobes will allow residents to open them fully without restrictions, improving accessibility and ease of use.

To support personal space and dignity, curtain rails in all rooms will be adjusted as part of the reconfiguration. This will ensure each resident's bed, wardrobe, bedside locker, and chair remain within their own defined personal space.
Additionally, light switches and overhead lights in all twin rooms will be repositioned to be within residents' reach, further improving accessibility and independence

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The PIC has reminded cleaning staff that no personal possessions are to remain in a room following a deep clean after a resident's discharge. Compliance will be monitored by management during deep cleans and through IPC audits.
All staff have been reminded to fully clean commodes and shower chairs, with adherence monitored in IPC audits.
Staff have been reminded to place urinals into the sluice machine immediately upon entering the sluice room. An additional steel surface has been installed in the sluice room, meeting IPC requirements, for use if the sluice machine is occupied.
All staff have been reminded that if a resident displays COVID-19 symptoms, an antigen test must be completed.
A pillow audit has been completed, and all torn pillows have been replaced.
In the new cleaning cupboard, a janitorial unit is being installed to allow for the safe disposal of wastewater, along with a separate sink for hand hygiene.

A door is being installed in the new cleaning room and storeroom to

reduce any risk of cross-contamination.
All chairs in the nursing home have been reviewed, and any that are worn or torn are being replaced.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
New fire compartment plan drawings have been completed, and these now clearly reflect the identified sub-compartments.
A fire drill was carried out on 28.07.2025 in the largest compartment on the first floor with 3 staff on night duty, as requested by HIQA. The results were returned to HIQA and demonstrated that this sub-compartment can be safely evacuated within a reasonable time frame.

A full premises evacuation was carried out on 19.08.2025, led by the PIC. The evacuation was completed within a reasonable timeframe.
This exercise was conducted as additional reassurance to the PIC, confirming that all residents in the premises could be safely evacuated in the event of a full evacuation being required.

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:
Changes in residents' conditions are updated daily in their care plans to ensure care needs are accurately reflected. Where a resident experiences weight loss or a change in their MUST score, they are placed on weekly weights to enable close monitoring. Referrals are made to the dietician and GP as required to help prevent further weight loss. The kitchen team is updated daily regarding any dietary changes.
On the day of inspection, a referral was sent to physiotherapy for a resident whose walking stick appeared too short. The resident was reviewed by the physiotherapist on 29.08.25 and was provided with a zimmer frame. The resident's care plan has been updated to reflect these changes.
All missing person profiles are currently being reviewed and updated to

reflect any changes, and a recent photograph is being included for each resident.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
As previously advised, adjustments have been made to improve accessibility and compliance with Regulation 17:
Twin Rooms: Reconfigured to allow residents to sit comfortably at their bedsides without obstructing access to lockers.
Rooms 3 and 12: New wardrobes currently being purchased will provide sufficient space to allow wheelchair and hoist access to en suite toilet facilities.
Rooms 8, 9, 17, and 18: Beds will be repositioned following installation of new wardrobes and lockers. This will ensure adequate access for assistive equipment and enhance safe manual handling practices for staff.
Rooms 7 and 16: New wardrobes will allow residents to open them fully without restriction, improving accessibility and ease of use.
Lighting: Light switches and overhead lights in all twin rooms will be repositioned within residents' reach, further enhancing accessibility and independence.
A four-week menu plan was submitted to our qualified dietitian to ensure that it addressed the nutritional needs of the residents. The dietitian assessed the plan and confirmed a 97% compliance rate with HIQA standards.
The menus on each table have been revised to reflect the daily menu. In addition, the fortnightly menu plan is updated every two weeks and displayed in the main dining area for residents' reference.

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Not Compliant	Orange	30/09/2025
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	15/10/2025
Regulation 17(1)	The registered provider shall	Not Compliant	Orange	30/09/2025

	ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
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	30/09/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	01/09/2025
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	08/08/2025
Regulation 23(1)(d)	The registered provider shall	Not Compliant	Orange	30/09/2025

	ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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	30/09/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	27/08/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	27/07/2025

Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	19/08/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/09/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	30/09/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake	Not Compliant	Orange	30/09/2025

	personal activities in private.			