



**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:	25 June 2026
Centre ID:	OSV-0000293
Fieldwork ID:	MON-0046880

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 25 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:	23
--	----

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
Thursday 25 June 2026	08:35hrs to 16:10hrs	Mary Veale	Lead
Thursday 25 June 2026	08:35hrs to 16:10hrs	Sinead Corbett	Support

What residents told us and what inspectors observed

The overall feedback from residents who spoke with the inspectors was that they were very happy living in St Teresa's Nursing Home. Residents were complementary of the centre, the staff, the food, and the quality of the care provided. During the day, the inspectors met with most of the 23 residents living in the centre and spoke to nine residents and two visitors in more detail. Inspectors spent time observing daily life in the centre to gain an insight into the lived experience of the residents in St Teresa's Nursing Home. Approximately half of all residents were living with a cognitive impairment and were unable to fully express their opinions to the inspectors. These residents appeared relaxed and content in the company of staff. Residents complemented the staff working in the centre. One resident stated that "the staff are outstanding, one is better than the next". Another resident told inspectors that the centre "is perfect" and that they "could not fault it".

St Teresa's Nursing home is a three-storey designated centre registered to provide care for 25 residents in the town of Cashel in Co. Tipperary. The building dated back to the 1800's and was a former religious convent. The provider had engaged with the office of the Chief Inspector in relation to the size and layout of some of the rooms in the centre. To address these issues the provider had ensured that the occupancy of some of the bedrooms would be limited to residents with low to medium dependency care needs. The provider had also reduced the occupancy of three twin bedrooms to single occupancy which allowed for the design and layout of the bedrooms to meet the individual dependency needs of the residents.

There were 23 residents living in the centre on the day of the inspection. All residents' communal areas were located on the ground floor with residents bedrooms located on the first and second floors. There were sufficient communal spaces for the residents which included a large day room, a sitting room, a small library and a conservatory. Each floor had a nurses station. There was a sluice room on the first floor, as well as, a store room and cleaners room on the second floor. The centres production kitchen, laundry and staff room were located on the ground floor.

Bedroom accommodation consisted of 11 single bedrooms and seven twin bedrooms. Two single bedrooms had en-suite shower, toilet and wash hand basin facilities. Nine single bedrooms had access to shared toilet, shower and wash hand basin facilities and seven twin bedrooms had a shared shower, toilet and wash hand basin facilities. The provider had engaged with the residents to decorate the bedrooms since the previous inspection. Many of the bedrooms were homely and comfortable, personalised with photographs, pictures, and art belonging to the residents. The bedrooms had a television, locked storage, and call-bell facilities. All bedrooms had large glass panel windows, and 16 bedrooms had an uninterrupted view of the Rock of Cashel.

Residents had access to a tarmacadam space to the front of the building and a garden to the side and rear of the centre. The gardens were tidy and well-maintained. The gardens had level footpaths and comfortable seating. The centres designated smoking area was to the rear of the building which was observed in use on the day of inspection.

Inspectors observed a relaxed atmosphere in the centre and residents were not rushed to get up following breakfast in their bedrooms. Residents who spoke with the inspectors, were complimentary of the home-cooked food and the dining experience in the centre, for example, one resident complimented the "beautiful breakfast" provided. A daily menu was displayed on the tables in the day room. Inspectors observed the main lunchtime meal. The lunchtime was a relaxed and sociable experience, with residents appearing to enjoy each other's company as they ate while engaging in conversation. Meals were prepared in the centre's on-site kitchen and the main lunch was served in the day room by the staff. Residents confirmed that they were offered a choice of main meal. The food served appeared nutritious and appetising. Inspectors observed drinks and snacks being offered to residents in the morning. In the afternoon, residents were served cool drinks and ice-cream which was enhanced by the music of an ice-cream van and was observed as an enjoyable sensory experience for the residents during the very warm weather.

Residents' views and opinions were sought through resident meetings and satisfaction surveys, and they informed the inspectors that they felt they could approach any member of staff if they had any issue or problem to be solved. Residents had access to advocacy services.

Friends and families were facilitated to visit residents, and the inspectors observed visitors in the centre throughout the day. Visitors who spoke with inspectors were highly positive about the staff and the care their relatives received in the centre.

Residents spoken with said they were very happy with the activities programme in the centre, and some preferred their own company but were not bored as they had access to newspapers, books, radios, the Internet, and televisions. Inspectors were told by residents that they could choose how they wished to spend their day. The daily activities programme was displayed in the day room. Inspectors observed that the daily newspaper was available to residents early on the morning of inspection. Roman Catholic mass was celebrated in the centre's once a month. Inspectors observed the residents attending a rosary recital and bingo session in the morning as well as a quiz and a sensory activity in the afternoon. The centre was also home to Oscar the resident dog who was observed in the day room with the residents.

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

Inspectors found that there had been improvements in the management systems within the centre since the last inspection, which ensured residents received a good quality of care and support from a staff team who knew them well. The provider had completed most of a compliance plan submitted following an inspection in November 2025. This inspection, found that governance and management systems and areas of the premises did not fully align to the requirements of the regulations.

This was a one-day inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 (as amended) and to follow up on the detail of a compliance plan submitted by the provider following an inspection in November 2025.

The registered provider had applied to vary the registration of St Teresa's Nursing Home. The application was made in a timely manner, appropriate fees were paid and prescribed documentation was submitted to support the application to vary registration. The detail of this application was also reviewed on this inspection.

The registered provider for St Teresa's Nursing Home is Cashel Care Limited. This company comprised of two directors. There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge worked full time in the centre, was responsible for the centre's day-to-day operations and reported to both company directors. The person in charge was supported in their management of the centre by a assistant director of nursing, a clinical nurse manager, a team of staff nurses, healthcare assistants, activities, administration, catering, household and maintenance staff.

The staffing and skill mix on the day of inspection was appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at mealtimes and responding to requests for support.

There was an ongoing schedule of training in the centre and the person in charge had good oversight of training. An extensive suite of mandatory training was available to all staff in the centre and training was up-to-date. There was a high level of staff attendance at training in areas such as safeguarding, fire safety, manual handling, and infection prevention and control. Staff with whom the inspectors spoke with, were knowledgeable regarding safeguarding and infection prevention and control procedures.

Inspectors viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Governance meetings took place monthly and staff meetings took place quarterly in the centre. Key performance indicators (KPI's) such as weights, wounds and infections were monitored on a monthly basis and discussed with the directors. An annual review for 2025 was available during the inspection. It set out the improvements completed in 2025 and improvement plans for 2026. Since the previous inspection, falls, safeguarding, care planning, call-bell response, restrictive practice, and infection prevention control audits had been completed. A schedule of audits was planned for 2026. Recent audits completed in

the areas of infection control, care plans, medication management identified areas requiring improvement and action plans were developed to address this.

Incidents, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required timeframes. Inspectors followed up on incidents that were notified since November 2025 and found these were managed in accordance with the centre's policies.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had submitted an application to vary conditions of their registration, by increasing the occupancy of the centre by two beds. The required information was submitted with the application.

Judgment: Compliant

Regulation 15: Staffing

On the inspection day, staffing levels were found to be sufficient to meet the needs of the residents. There was a minimum of one registered nurse and two health care assistants on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging, and infection prevention and control. There was an ongoing schedule of training in place to ensure that all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported by a nurse management team.

Judgment: Compliant

Regulation 21: Records

All records as set out in Schedules 2, 3 & 4, were available to the inspectors. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place did not fully ensure that the service provided to residents was effectively monitored, in particular;

- The system for monitoring resident dependency levels and ensuring appropriate bedroom accommodation is available when the resident dependency level changes did not adequately ensure that residents could transition to suitable bedroom accommodation when their care requirements changed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents, as set out in Schedule 4 of the regulations, were notified to the office of the Chief Inspector, within the required time frames.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents received good quality care. Staff and resident interactions were kind and respectful, and staff had a clear understanding of residents' needs. Residents and visitors were complimentary about the centre and the care from the staff. While acknowledging the improvements in residents' rights, personal possessions, food and nutrition, as well as infection prevention and control since the last inspection, not all areas of non-compliance that the provider had committed to completing in previous compliance plans had been addressed, specifically in the area of the premises.

Inspectors reviewed a sample of residents' care plans and good practices were noted in relation to individual assessment and care planning. Care plans were developed following an assessment of the residents' needs using a wide range of validated assessment tools to identify risks such as falls, pressure ulceration, and malnutrition. Care plans were person-centred and were reviewed at minimum intervals of four months. It was clear from the documentation that residents and families were consulted.

The registered provider had ensured that the premises was decorated appropriately, and inspectors observed that the premises was bright, well-maintained and visibly clean throughout. Since the previous inspection, flooring in a number of residents' en-suite bathrooms had been replaced, and the inspectors saw documentation that maintenance issues were discussed and actioned on an ongoing basis.

Inspectors identified 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 hand hygiene, appropriate use of personal protective equipment and safe handling and disposal of laundry and waste. Hand sanitiser dispensers were available at the point of care, thus facilitating hand hygiene at the point of care to reduce the risk of cross contamination. Bedrooms and communal rooms were observed to be clean. Household staff were knowledgeable about their role in following infection control procedures. A cleaning schedule for daily and deep cleaning was in place, with all rooms cleaned daily and deep cleaned frequently.

All staff had An Garda Síochána (police) vetting disclosures on file. Staff had completed safeguarding training. Staff spoken with were clear about their role in protecting residents from abuse, demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. All interactions between staff and residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre. The provider was not a pension agent for any of the residents living in the centre. The provider did not hold monies for residents.

There was a schedule of activities available for residents over seven days of the week. Residents were encouraged to maintain links with the community and to go out with relatives or on outings from the centre. Arrangements were in place for

consulting with residents in relation to the day-to-day operation of the centre. Resident feedback was sought in areas such as activities, meals, and mealtimes. A provider questionnaire was completed by residents in May 2026 and positive feedback in the areas of the centre's environment, food, respect and dignity, and choices were recorded. Residents had access to independent advocacy.

Regulation 10: Communication difficulties

From a review of residents records it was evident that residents who had specialist communication requirements had these recorded in their care plan. Residents' with communication difficulties were being facilitated to communicate freely. Their care plans reflected residents' personal needs with communication difficulties and were appropriately reviewed and updated. All residents had access to audiology, ophthalmology and speech and language services, as required.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspectors saw that residents were offered a choice of courses for the lunch time meal and many residents were complimentary regarding the quality and variety of food provided. Residents who required assistance received it, in an unhurried and respectful manner. It was evident that residents who required review by a dietitian

or a speech and language therapist, were referred and assessed, in a timely manner. The inspectors saw that drinks and snacks were provided to residents regularly.

Judgment: Compliant

Regulation 27: Infection control

The centre was very clean and there was adequate cleaning staff employed. Staff were observed to be adhering to good hand hygiene techniques. There were two sluicing facility on the premises which were clean and well maintained. There were two cleaning staff on duty daily. These staff members were knowledgeable about cleaning practices, processes and chemical use. Hand-washing facilities were available for staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of care plans and found that residents had a care plan developed within 48 hours of admission to the centre. Care plans reviewed were found to be person-centred and detailed to direct residents' care. Care plans reviewed were updated four monthly and when a resident's condition changed.

Judgment: Compliant

Regulation 8: Protection

The provider ensured staff were provided with training regarding safeguarding of vulnerable adults. Staff who spoke with the inspectors confirmed that they were aware how to raise concerns within the centre. Allegations of abuse were investigated and managed by the person in charge in a timely manner.

Judgment: Compliant

Regulation 9: Residents' rights

Residents living in the centre were supported to have a good quality of life through good access to meaningful activities. Residents had access to advocacy services as required. Residents views on the running of the centre were sought through regular residents' meetings and surveys. Residents who spoke with the inspectors confirmed their choices of how to spend their days and when to get up or go to bed were respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0046880

Date of inspection: 25/06/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A plan has been implemented to ensure residents are accommodated in bedrooms that are appropriate to their assessed dependency level and changing care needs. At present, three beds in shared rooms are available for residents with low to medium dependency needs. As vacancies arise in bedrooms designated for residents with high to maximum dependency needs, residents whose assessed dependency levels have increased will be relocated to the most appropriate accommodation in line with their assessed care requirements.</p> <p>In addition, the registered provider is awaiting a decision regarding approval of contracted respite beds for residents with low to medium dependency needs. Subject to approval, these respite beds will be accommodated in two single rooms currently designated for high-dependency residents. This will increase flexibility within the service and ensure that, should a long-term resident's dependency level increase, two single bedrooms suitable for high-dependency care will be available to facilitate timely transfers.</p> <p>The dependency levels of all residents will continue to be reviewed regularly through ongoing assessment and care planning, with bedroom allocation reviewed as part of this process to ensure accommodation remains appropriate to each resident's assessed needs.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2027