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:	Caherciveen Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Caherciveen, Kerry
Type of inspection:	Unannounced
Date of inspection:	21 May 2026
Centre ID:	OSV-0000562
Fieldwork ID:	MON-0049960

About the designated centre

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

Caherciveen Community Hospital is a 33 bedded facility situated on the outskirts of the Cahersiveen town, in South Kerry. Bedroom accommodation comprises eleven single bedrooms, five twin bedrooms and four triple bedrooms. Two of the single bedrooms are reserved for palliative care purposes and are self-contained in a separate wing that also includes a bedroom for relatives and a small sitting room with tea/coffee making facilities. The centre has a large recreational/sitting room, a dining room and two internal courtyards. The service provides care for residents requiring long-term care, respite, convalescent or palliative care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27

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 21 May 2026	09:00hrs to 17:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This was a one day unannounced inspection to monitor compliance with the regulations. The inspector greeted all residents during the inspection and spoke to nine residents in more detail, who all spoke positively about the care they received and the exceptional kindness of staff. The inspector also had the opportunity to meet three visitors throughout the day, who reported easy access to visit their family members and they stated that they were satisfied with the care their love one received. The inspector spent time observing residents' daily lives and care practices in the centre in order to gain insight into the experience of those living there. Overall, feedback from the residents was very positive about their life in the centre and the care they received from staff. One resident told the inspector "you couldn't get better" and another described the staff as "exceptional".

Cahersiveen Community Hospital is situated in the town of Cahersiveen, in South Kerry. The centre is registered to accommodate 33 residents in 11 single and nine multi-occupancy bedrooms. There were 27 residents living in the centre on the day of the inspection and six vacant beds. The inspector was informed that four of the beds were not open to admissions currently. The centre was attached to community health services such as day care, physiotherapy and speech and language. There was a secure door between the designated centre and these facilities. Two of the residents living in the centre attend the day care services.

There was sufficient communal space in the centre to offer residents choice. This included a large sitting room where many residents were seen to spend their day as well as a dining room and a visitor's room. There was open access to two internal courtyards, which were easily accessible and contained flowers and seating for residents to enjoy the fresh air and a secure garden to the front of the centre where residents could sit and watch the activity on the main street into the town. Communal space was observed to be tastefully decorated with comfortable seating, homely decor and they had large televisions.

Residents appeared well-cared for, neatly dressed and groomed in accordance with their preferences. The inspector spent time observing care delivery and staff interactions with residents throughout the day. It was evident that staff knew residents well and were familiar with the residents' daily routines and preferences for care and support. The inspectors observed staff engaging in kind and positive way with the residents. The inspector observed that staff and resident interactions were respectful and empathetic. Staff demonstrated genuine respect in their interactions with residents, and as a result, care was very person centred. Residents who chose to stay in their bedrooms were checked regularly. Staff knew the residents well, and were knowledgeable about the levels of support and interventions that were needed, to engage with residents effectively.

Communal areas were supervised at all times and call bells were observed to be attended to in a timely manner. There was a person assigned to activities on the day and they were observed serving drinks to residents in the morning and informing them of what was planned for the day. Residents were seen to engage in numerous activities throughout the day such as newspaper readings and bingo. The local priest visited the centre and said mass in the afternoon, which occurred every Wednesday. The inspector saw that some families and people who used the adjoining day care facilities also attended. Overall, staff were knowledgeable about the residents and were familiar with their preferences for activities, and their ability to participate.

Lunchtime was a sociable and relaxed experience, with 20 residents choosing to dine in the main dining room. Meals were freshly prepared on site in the centre's kitchen and served to residents, as gentle music played in the background. A menu was displayed on each table and residents confirmed that they were always offered a choice of main meal. The food served appeared nutritious and appetising. There were ample drinks available for residents at mealtimes and throughout the day. Staff provided discreet and respectful assistance to several residents who required this support. Discussions with the staff working in the kitchen evidenced that they knew residents individual food preferences well and took pride in ensuring that residents enjoyed their meals and that they were always served food they enjoyed.

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

The findings of this inspection was that there were effective systems in place to ensure residents received a safe and quality service in Cahersiveen Community Hospital. Those systems were implemented and monitored by a defined management structure that was responsible and accountable for the oversight of the quality and safety of person-centred care provided to residents.

The registered provider of Cahersiveen Community Hospital is the Health Service Executive (HSE). There was a clearly defined management structure in place, with identified lines of accountability and authority. Staff were aware of their individual roles and responsibilities. The senior management team with responsibility for the centre included a General Manager, an Integrated Healthcare Area Service Lead for Older Persons and a Integrated Healthcare Area Manager for Kerry. The person in charge reported to the General Manager.

The person in charge worked full time in the centre and were supported in their management role by a clinical nurse manager. There was also a team of nursing, health care, household, catering, activity and maintenance staff. The service is also

supported by national centralised departments, such as human resources, fire and estates and practice development.

The provider had been granted a certificate of renewal of registration of the centre, effective from April 2024. As part of this process the Chief Inspector assesses the governance and management arrangements of the registered provider. Although it was evident that there was a defined management structure in place and the lines of authority and accountability were outlined in the centre's statement of purpose, the senior managers with responsibility for the centre were not named as persons participating in management (PPIM) on the centre's registration. The provider was required to review these arrangements and was afforded until October 31st, 2024 to do so. This is actioned under Regulation 23.

The internal management team were proactive in response to issues as they arose and improvements required from the previous inspection in areas such as fire evacuation drills, wound management and infection control had been addressed. Funding had been sought to address the premises issues in the laundry and the inspector was informed that this was agreed and would be completed in the coming months.

On the day of the inspection there were adequate staffing resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. Staff had the required skills, competencies and experience to fulfil their roles. Training was being appropriately monitored and it was evident that staff had access to education and training appropriate to their role.

There were good record management systems in place. Records as requested during the inspection were made readily available to the inspector. Each resident had a written contract of care that detailed the services provided and the fees to be charged, including fees for additional services. The statement of purpose was reviewed and found to contain all components as required by the regulations. There was a comprehensive record of all accidents and incidents that took place in the centre, and all had been notified to the Chief Inspector as required by the regulations. The oversight of incidents had improved since the previous inspection and these were now being tracked and trended to inform quality improvement.

The provider had effective management systems to monitor the quality and safety of the service through a comprehensive auditing system and the collection of key performance indicators in areas such as pressure ulcers, restraint, falls, weights and infections. These systems ensured a high standard of clinical oversight, thus ensuring the standard of clinical care and quality of life for residents was optimised in the centre. An annual review had been compiled for 2025 which included feedback from residents and pictures of activities that took place throughout the year.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience specified in the regulations. They were actively engaged in the governance and day-to-day operational management, and administration of the service. The person in charge was knowledgeable of the regulations, national standards and of her statutory obligations. They demonstrated a strong commitment to the provision of a safe and effective service.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff on duty was appropriate, for the number of residents living in the centre. Staff were knowledgeable and demonstrated competence in their work. Rosters showed that there was a registered nurse on duty in the designated centre at all times, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not complied with the restrictive condition placed on the centres registration. This condition stated that: "The registered provider shall, by 31 October 2024, submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 as amended in relation to any person who participates or will participate in the management of the designated centre". Although the Chief Inspector had been notified of the appointment of a PPIM, all required information had not yet to be submitted to proceed.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of the contracts of care were reviewed and they outlined the terms on which the residents shall reside in the centre. They were seen to include, the room to be occupied and number of other occupants in that room, the fee for the service, details of any additional fees to be charged that are not included in the fee.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose which contained all of the information as set out in Schedule 1. This included the conditions of registration and information regarding the services and facilities in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge submitted all required notifications to the Chief Inspector within the required time frames, as stipulated in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) 2025.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures required by Schedule 5 of the regulations were available and were reviewed and updated in line with best-practice and emerging guidance at a minimum every three years at a minimum. There was evidence that these policies and procedures were accessible to staff, as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents living in Cahersiveen Community Hospital received a good standard of healthcare and had a good quality of life. Residents reported they felt safe in the centre and they were respected. The inspector observed residents being supported throughout the inspection and this support was considerate of the needs of residents. Care was person-centred, and it upheld the resident's dignity and privacy.

Pre-admission assessments were completed to ensure the service could provide appropriate care and facilities to individual residents. The inspector reviewed a selection of care records for residents with a range of health and social care needs. The care plans reviewed were person-centred, and reflected residents' needs and the interventions in place to manage identified risks such as those associated with impaired skin integrity, risk of falls and risk of malnutrition. There was sufficient information to guide the staff in the provision of health and social care to residents based on resident's individual needs and preferences.

The inspector found that the residents had very good access to medical assessments and treatment by their general practitioners (GP). Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech & language therapy and palliative care. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines.

Staff had received training and had implemented IRESTORE (Irish Recognise Early Soft-signs, Take Observations, Respond, Escalate). This Early Warning System (EWS) was developed by the HSE for long-term residential care and older persons' services. It standardizes the identification and management of deteriorating patients to improve early intervention and prevent unnecessary hospital admissions. Staff had also received additional training from Caru, which is an initiative of Irish Hospice Foundation. This continuous learning programme supports staff working in nursing homes in the delivery of person-centred palliative, end-of-life, and bereavement care to residents.

Residents' nutrition and hydration needs were comprehensively assessed and monitored. A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. It was evident that residents' weights were closely monitored and resident were referred to allied health professionals or there general practitioner if required.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse and residents reported they felt safe in the centre and could bring concerns to any member of staff. The inspector found that there were good opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. Facilities promoted the privacy of residents and they were regularly consulted with about the organisation of the service via residents meetings, where their suggestions with regards to activities and food were addressed. Residents were consulted every two months via residents meetings where their suggestions with regards to activities and food were addressed.

Regulation 13: End of life

There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The centre had a dedicated area of the centre which consisted of two bedrooms and family room allocated to palliative care residents. Staff had received additional training in caring for residents at the end of their life and there was access to palliative care support from services in University Hospital Kerry. Residents' care preferences for their end of life were discussed with them and recorded in their care plan.

Judgment: Compliant

Regulation 17: Premises

As found on the previous inspection the external laundry area was in a poor state of repair and did not support effective infection prevention and control. The flooring and some equipment were visibly damaged, which increased the risk of cross contamination. The provider had plans in place to carry out a refurbishment project in this area which the inspector was informed would be completed by October 2026.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutrition and hydration needs were comprehensively assessed. A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. It was evident that residents' weights were closely monitored and there was appropriate intervention by residents' general practitioners, the dietitian and speech and language therapist. There were sufficient staff available in the dining room and to assist residents as required with their meals.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice. The inspector spoke with a member of the nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management. Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for

medicines that required specific temperature control. The pharmacist attended the centre every Wednesday and provided additional training to staff where appropriate.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Resident care records were maintained on a paper based record system. Following admission, a range of clinical assessments were carried out, using validated assessment tools to identify areas of risk specific to each resident. The outcomes of these assessments were used to develop an individualised care plan for each resident, which addressed their individual abilities and assessed needs. Care plan documentation was being audited monthly to identify areas for improvement and monitor trends in practice.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to access a range of health and social care expertise. Where residents required further health and social care expertise, they were supported to access these services such as community psychiatry, palliative care, ophthalmology and diabetic nurse specialists. Due to the location of the centre, in close proximity to community services residents had the availability of a physiotherapist daily as well as speech and language and dietetics services. There was a low incidence of pressure ulcer development in the centre and improvements were found in the assessment of wounds.

Judgment: Compliant

Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. Safeguarding training was provided for all staff working in the centre every two years.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to lead their lives as they wished and their choices, privacy and dignity were respected. Staff provided person-centred care and were found to be knowledgeable about residents' needs and preferences. Residents could communicate freely and had access to telephones and Internet services throughout the centre. Residents also had access to independent advocacy services. Activities were observed to be provided daily with the support of health care staff. Residents told the inspector that they were satisfied with the activities on offer. Mass took place in the centre weekly.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Caherciveen Community Hospital OSV-0000562

Inspection ID: MON-0049960

Date of inspection: 21/05/2026

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All documentation required for the PPIM has now been submitted to HIQA. The PPIM has also completed the PPIM Fitness Interview	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: In relation to the laundry, New flooring with coving to walls, white rock to walls and removal of obsolete equipment will be undertaken by the end of October 2026.	

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.	Substantially Compliant	Yellow	31/10/2026
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	12/06/2026