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:	Cashel Residential Older Persons Services
Name of provider:	Health Service Executive
Address of centre:	Our Lady's Campus, The Green, Cashel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	10 March 2026
Centre ID:	OSV-0007812
Fieldwork ID:	MON-0050414

About the designated centre

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

Cashel Residential Older Persons Service is a new centre operated by the Health Service Executive (HSE) set in the grounds of our Lady's hospital Cashel. It is set out over three floors and consists of three units providing a total of 60 beds. One of the units St Clare's is a stand alone unit for 11 female residents and specializes in dementia care. The other two units are in the main building in Our Lady's hospital one on the first floor which can accommodate 29 residents and one on the second floor that can accommodate 20 residents. The bedroom accommodation is provided in a mixture of single bedrooms, two rooms, three bedded rooms and one four bedded room. The majority of the bedrooms contained full en-suite bathrooms and additional shower rooms and toilets were located in close proximity to bedrooms. The communal space included a number of sitting rooms and dining rooms in each of the units and additional multipurpose rooms including a large sitting/activity room and an oratory were located on the ground floor. A large enclosed garden area was available at the front of the building that provided walkways and seating for residents and a smaller rooftop garden was available on the second floor. St Clare's unit have their own separate, well-maintained and enclosed garden. Cashel Residential older persons service provides 24 hour nursing care for female and male residents. It provides for residents of all dependencies from low to maximum. There is a good ratio of nurses on duty during the day and at night time. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59

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 10 March 2026	09:25hrs to 18:30hrs	Mary Veale	Lead
Tuesday 10 March 2026	09:25hrs to 18:30hrs	Yvonne O'Loughlin	Support
Tuesday 10 March 2026	09:25hrs to 18:30hrs	Niall Whelton	Support

What residents told us and what inspectors observed

Residents spoke positively about the management and staff in the centre. Interactions between staff and residents were observed to be familiar and friendly, and residents told the inspectors they were well looked after by staff. During the inspection, the inspectors met with many of the 59 residents living in the centre and spoke with 11 residents and five visitors in more detail.

After the an introductory meeting with the management team, inspectors were taken on a guided tour of the centre. During this walk around, the inspectors observed that there were signs on two of doors on one of the units outlining special precautions were required. The inspectors were informed that two residents had been unwell and had symptoms of an infection 24-48 hours previously but they were now better. Following a review of the nursing notes, an immediate action was given to the staff nurse to inform public health that a possible outbreak of infection was in progress. This is discussed further in the report.

Cashel Residential Older Persons Services is situated on the grounds of Our Lady's Hospital campus in the town of Cashel, Co.Tipperary. The centre is registered to accommodate 60 residents and comprises of two buildings. The main campus is a three-storey building. Tir na Óg unit is on the first floor and Croí Óir unit is on the second floor. St Clare's unit is a separate building providing care for residents with dementia.

There was a choice of communal spaces on all floors of the main campus and St Clare's unit, which were observed to be used thought out the day by residents. For example; in the main campus, there were two day rooms on the first and second floors, two dining rooms on the first floor and an oratory on the ground floor. St Clare's unit had two large bright day room spaces.

Bedrooms comprised of single, twin bedded, three-bedded and four-bedded bedrooms, some with en-suite facilities and others with shared toilet facilities. Residents' bedrooms were clean, suitably styled with adequate space to store personal belongings. The majority of residents had personalised their bedrooms with photographs, ornaments and other personal memorabilia. All bedrooms had a clinical hand wash sink available for staff use.

Throughout the centre there were many COVID-19 floor signs & social distance signs to help prevent the spread of Coronavirus (COVID-19) by providing guidance for social distancing. This signage from the COVID-19 pandemic period took away from the homely feel of the centre. Also, at the entrance to the centre there was a sign to wear face masks when visiting the units, however, staff were not aware of this signage or why it was in place and suggested it may have been left over from the pandemic and not removed.

Residents were observed to have access to outdoor spaces on the day of inspection. The main campus had a large enclosed garden area at the front of the building which was easily accessible. The large garden had level walkways, pergolas, a large wall mural, and seating for residents. Croí Óir unit had a small roof top garden overlooking the Rock of Cashel. There were three bedrooms with balcony areas on Tír na Óg unit. St Clare's unit had an attractive, enclosed garden space. There was two designated outdoor smoking areas from Tír na Óg and St Clare's unit. Residents who used the designated smoking area on St Clares unit could not return to the centre as the door did not have a handle. This is discussed in this report under Regulation 9: Residents rights.

Apart from a number of residents who were isolating on Tír na Óg unit, the inspectors observed residents interacting with staff and spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day and it was evident that residents had good relationships with staff. Many residents had built up friendships with each other and were observed sitting together and engaging in conversations with each other. There were many occasions throughout the day in which the inspectors observed laughter and banter between staff and residents. The inspectors observed staff treating residents with dignity during interactions throughout the day.

Residents who spoke with the inspectors were complimentary of the home cooked food and the dining experience in the centre. The daily menu was displayed in the dining rooms. Inspectors observed the main lunch time meal on St Clare's unit. The lunchtime was a relaxed and sociable experience, with residents enjoying each other's company as they ate while engaging in conversation. Meals were freshly prepared in the centre's on-site kitchen and served in the dining rooms by the staff. Residents confirmed they were offered a choice of main meal and dessert. The food served appeared nutritious and appetising. Staff were observed to be respectful and discreetly assisted the residents during the meal times. Inspectors observed drinks and snacks were offered to residents in the morning.

The centre provided a laundry service for residents. All residents' spoken with on the day of inspection were happy with the laundry service.

Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and friends, and stated that their interactions with the management and staff were positive. Visitors reported that the management team were approachable and responsive to any questions or concerns they may have. One family member said "I am satisfied with how concerns were managed". Visitors were facilitated in residents' bedrooms and in the communal areas of the centre. There were no restrictions on visits and visitors were observed visiting the centre on the day of inspection.

Residents' spoken with said they were very happy with the activities programme in the centre, and some stated that they preferred their own company but were not bored as they had access to newspapers, books, radios, the internet and televisions. The activities programme was displayed on notice boards on each floor. Inspectors

observed a number of residents leaving the centre to go shopping in a local town. Residents' views and opinions were sought through resident meetings and satisfaction surveys and they told the inspectors that they could approach any member of staff if they had any issue or problem to be solved. Residents had access to advocacy services.

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 while there were governance and management systems in place, the oversight of systems for care planning, governance and management processes, the premises, infection prevention control, fire safety and the submitting of statutory notifications were not fully aligned to the requirements of the regulations to ensure that the residents were supported and facilitated to have a good quality of life.

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

During an inspection of the centre in May 2025, changes were found to have been made to the footprint of the centre and the provider had not notified the office of the Chief Inspector. A cautionary meeting took place following this inspection and the provider was requested to submit an application to vary Condition 1 of the centres registration, outlining the changes to the footprint of the centre. As part of this application, the provider had reinstalled the baths in the bathrooms in Tír na Óg and St Clare's units. The linen room in St Clare's unit had been re-purposed to a medical records room to provide a secure store for medical records. At the time of this inspection, an application to vary condition 1 of the centres registration was in progress.

The registered provider had applied to renew the registration of Cashel Residential Older Persons Service. The application was made in a timely manner, appropriate fees were paid and prescribed documentation was submitted to support the application to renew registration.

The registered provider is the Health Service Executive (HSE). There was a management structure with identified lines of accountability and responsibility for this service. The person in charge has sole responsibility for this centre and was supported in her role by clinical nurse managers, nursing staff, health care

assistants, activity staff, kitchen staff, housekeeping, and administration staff. The person in charge was supported by the director of nursing who was a person participating in management who had oversight responsibility for this centre and a rehabilitation unit. The manager of the service, who represented the provider for regulatory matters also provided support to the person in charge.

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

There was an ongoing schedule of training in the centre. Staff spoken with, were knowledgeable regarding fire evacuation procedures, and safeguarding procedures. The centre had three infection prevention control (IPC) link practitioners who had completed a national IPC course and were supported by the community IPC team. Two member of the nursing management team had completed training to be instructors in vertical evacuation training and were providing practical training to staff in the centre on vertical evacuation procedures. Training was planned for staff training in the use of the newly installed baths in the centre. However, a training record viewed by the inspectors identified gaps in fire safety, safeguarding and infection control training. In addition this inspection found that staff were not appropriately supervised in relation to care planning, infection prevention control and fire safety practices. This is discussed further under Regulation 16: Training and staff development.

Management systems in place to ensure resident's safety within the centre, in particular relating to infection prevention and control and fire safety procedures. Inspectors found that the provider did not comply with Regulation 27: Infection control or the National Standards for Infection prevention and control in community services (2018). Non-compliance was identified in IPC, environment and equipment management. For example; an outbreak of infection, subsequently confirmed by public health, was not identified, reported, or managed in a timely manner. Four immediate compliance actions relating to infection prevention control and fire safety were issued on the day of inspection. These immediate actions are discussed further in this report under Regulation 23: Governance and management.

Inspectors viewed records of governance meetings, and staff meetings which had taken place quarterly in the centre since the previous inspection. There was evidence of trending of fall incidents, infections and antibiotic use which identified contributing factors such as the location of falls and times of falls, and types of infections and recurrence. Since the previous inspection, falls, safeguarding, care planning, medication, infection prevention control audits had been completed. Notwithstanding the good practices identified in the audit schedule, not all audits had an associated action plan developed to drive quality improvement. This is discussed further under Regulation 23: Governance and Management.

A detailed annual review for 2025 was available, outlining the improvements completed in 2025 and improvement plans for 2026.

There was a record of accidents and incidents that took place in the centre. Required notifications were submitted appropriately to the office of the Chief Inspector. However, there was one, two day notification that had not been submitted. Subsequent to the inspection this notification was submitted retrospectively. This is discussed further in this report under Regulation 31.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

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 Condition1 of their registration following the previous inspection. 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 residents' needs. There was a minimum of three registered nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Not all staff had access to appropriate training to support them to perform their respective roles. For example from a review of the centre's training matrix;

- 15% of staff were due refresher training in the management of behaviours that are challenging,
- 25% of staff were due refresher training in fire safety.

The registered provider did not ensure that effective systems were in place for the appropriate supervision of staff to ensure the assessed needs of residents were supported. For example the supervisory processes in place did not ensure;

- The early identification of an outbreak of infection in the centre. This is discussed further under Regulation 27: Infection prevention and control.
- That care plans contained the necessary information to guide staff to effectively delivery specific care to the residents.

Judgment: Substantially compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

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

- The systems in place for communication between the ward and senior nursing management were not effective. For example, the signs or symptoms of infection for two residents were not identified and escalated to facilitate, early detection and to control the spread of infection.
- The centre had a policy for managing outbreaks of infection. This inspection found that the provider did not adhere to their own policy. For example; a suspected outbreak of infection was not promptly notified to the medical officer of health in the Department of Public Health, in line with legislation.
- While an ongoing continuous cycle of audits were conducted to monitor the quality of care delivered, the actions identified from some audits were not specific to drive quality improvement on a system wide level. A significant number of audits viewed had no corrective action plan developed.
- Four immediate compliance actions were issued on the day of this inspection. These immediate actions were to ensure that;
    - A window in the visitors room on Tír na Óg unit was safely secured.
    - 30 bottles of hand gel, labelled as highly flammable, were requested to be removed from a room which did not have an appropriate fire rated doorset.

- That a working call-bell was available to residents in the designated smoking area on Tír na Óg unit.
- An urgent review of residents who were experiencing symptoms of infection to determine if the centre had an outbreak of infection.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of the records in relation to incidents in the centre showed that there was an incident where a resident who had a fall required admission to hospital. This was not notified to the office of the Chief Inspector within the required time frames.

Judgment: Not compliant

Quality and safety

Residents who could express a view were satisfied with the quality of the care they received and inspectors observed pleasant engagement between staff and residents throughout the inspection. Inspectors found that care planning, residents' rights, premises, infection prevention and control, and fire safety did not align fully with the requirements of the regulations.

Inspectors viewed a sample of residents' nursing notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Care planning documentation was available for each resident in the centre. However, a review of a sample of care plans found that there was insufficient information. Care plans were not always developed based on a comprehensive assessment of the residents needs recorded to effectively guide and direct the care of these residents. Details of issues identified are set out under Regulation 5.

Residents had timely access to a medical officer and specialist services, such as psychiatry of old age, physiotherapy, and speech and language, as required. A mobile x-ray service was available to residents, through referral by the medical officer which reduced the need for trips to hospital. Residents also had access to nurse specialist services such as advanced nurse practitioners, community mental health nurses, and tissue viability nurses. A local dental and pharmacy service were also available. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

Assurances were received that all staff had An Garda Síochána (police) vetting disclosures on file. Staff spoken with were clear about their role in protecting residents from abuse and 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 acting as a pension agent for 26 residents living in the centre. Records viewed found that the pension was paid into a separate account for each resident to ensure residents' finances were safeguarded. The provider audited the balances of the account on a regular basis in line with the centre's policies. The provider held quantities of monies in safe keeping for a number residents. The provider had a transparent system in place where all lodgements and withdrawals of residents' personal monies were signed by two staff and logged.

Since the previous inspection, the provider had installed Wi-Fi boosters to enable the residents to have mobile phone and internet access throughout the centre. All communal space, including the oratory, were observed to be available to residents on the day of inspection. There were staff assigned to the provision of social activities in the centre. Residents were provided with recreational opportunities, including games, music, exercise, bingo and art. 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 and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services were displayed in the centre. Residents had access to local and national newspapers, internet, televisions and radios. Notwithstanding these good practices, the provider did not fully ensure the residents choice to undertake activities in private which is discussed further under Regulation 9: Residents rights.

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas were observed to be in a poor state of repair, and were not in full compliance with Schedule 6 requirements. This is detailed under Regulation 17: Premises.

A review of infection prevention and control systems found that hand hygiene facilities for staff were in line with best practice guidelines. For example, staff had access to clinical hand wash basins and alcohol gel was available at the point of care for each resident. However, poor practices were found in relation to the early identification of an outbreak of infection, which are set out under Regulation 27.

In response to the findings of the previous inspection, the provider had carried out fire safety upgrade works and had addressed a number of the risks identified, including;

- construction of a fire rated lobby between the kitchen and the escape stairs
- provision of additional fire doors along corridors at the upper level to prevent the spread of smoke along the corridors, improving conditions for egress

- widening of an exit and improved means of escape to the rear escape stairs from Tir na Nog
- relocation of an exit and provision of a sloped route to replace a portable unsuitable ramp. This improved access to the escape route through the second floor terrace and also improved escape from the multi-occupied bedroom in the same location.
- enclosing a nurse station in Tir na Nog with fire rated construction
- procured and arranged training of, additional evacuation aids, to improve the means of escape on the stairways

Notwithstanding the improvements made, the provider had not come into full compliance with Regulation 28: fire precautions.

Regulation 11: Visits

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

Judgment: Compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- There was no call bell in one of the toilets.
- Areas of the centre were showing signs of wear and tear, for example, door frames and doors were scuffed and damaged from equipment and walls in some bedrooms were damaged.
- an assisted shower was not fitted with appropriate support rails
- The baths which had been re-installed on Tír na Óg and St Clares units were not fully working following installation. The toilet and sink in these rooms were not yet installed, and there was no appropriate support rails
- There was no fire safety equipment in the outdoor designated smoking area in St Clare's unit.
- A loose water tap was found on St Clare's unit.
- A sink within a resident's toilet did not have hot water
- Residents' sinks did not have a means to retain water in the sink if a resident wished to use this for personal hygiene

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Inspectors reviewed residents' records and observed that, where a resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon the residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 27: Infection control

The registered provider did not ensure guidance, published by appropriate national authorities in relation to IPC and outbreak management, was implemented. For example;

- There was a failure to recognise the early start of an outbreak of infection which resulted in the transmission of infection from two residents to 11 residents and five staff.

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

- Two residents experiencing symptoms of infection did not have their own toilet facilities. This meant that the virus could easily spread from an infected person to a healthy person.
- One member of staff was observed to care for residents without appropriate personal protective equipment (PPE).
- When the outbreak was confirmed by public health, the cleaning staff were not promptly informed that enhanced cleaning was required in the affected area, nor was there timely implementation of an appropriate disinfectant cleaning product.
- There was incorrect signage at the entrance to the unit to alert staff and visitors to the appropriate precautions that were required.

Judgment: Not compliant

Regulation 28: Fire precautions

Inspectors found significant work had been completed to improve fire safety in the centre, however the provider was not in full compliance with the regulations.

The provider was not taking adequate precautions against the risk of fire;

- Two areas used by residents for smoking, were not fitted with appropriate fire safety equipment. The call bell in the smoking areas were not operating effectively.
- Equipment, such as blood pressure monitors were being charged along the protected escape corridor, introducing a risk of fire to the escape route.
- Access to the fire alarm panel in the main building was obstructed by a table; fire alarm panels should have clear unobstructed access.
- There were poor practices regarding the use of air fryers. Inspectors observed air fryers being operated on top of other electrical appliances which was poor practice.
- A shower room in Tir na Nog was being used to store equipment such as hoists, motorised wheelchairs and other mobility equipment. This room had heat detection and not smoke detection that would be required for store rooms and did not have a fire door in place to contain fire.

The provider was not ensuring an adequate means of escape was provided, including emergency lighting. For example;

- The exit signage in a number of areas was ineffective. Inspectors noted some areas where exit signage was not visible, in particular, where new cross-corridor fire doors were fitted.

The system in place to ensure adequate containment and detection of fire, for example;

- Doors to some risk rooms in Clare's unit, opening onto the central corridor dining area, were not fire doors, for example, the treatment room, and a linen store. This was a repeated finding on the previous inspection.
- Rooms previously used as bathrooms were being used for storage and were not fitted with a fire door to contain fire. This was a repeated finding on the previous inspection.
- A store room for storage of chemicals was not fitted with a fire-rated door set; this room contained excessive storage of hand gel labelled as highly flammable. These were removed during the inspection following the issue of an immediate action to the provider.
- Fire resistant cover to the dumb waiter lift from the kitchen had been removed to review the fabric of the element of construction. This was due to be re-instated to sustain the fire resistance of the lift.
- A number of fire doors, such as those to clinical nurse managers offices, were not fitted with automatic self-closing devices.
- The new lobby to the kitchen, constructed to protect the central escape stairs, was not fitted with a smoke detector.

The arrangements in place for maintaining fire equipment, means of escape, building fabric and building services were not adequate, for example;

- There had been improvements to the condition of fire rated doorsets, however, some maintenance deficits were still identified, including gaps and seals which were damaged or missing.
- The annual service report for the identified areas that required additional coverage of emergency lighting, and a number of lighting units did not function.
- The periodic inspection of the electrical installation was overdue since last year.

The provider did not ensure that staff received suitable fire safety training, for example;

- Fire safety training rotated between online training and in person training every two years. This did not align with the centre's policy which indicated that staff must participate in fire safety training and evacuation drills annually. This was a repeated finding on the previous inspection.

The provider did not have adequate procedures for the safe evacuation of residents in the event of a fire emergency. Since the previous inspection, the provider had taken action to ensure that there were measures in place to facilitate assisting residents vertically down the escape stairs; a number of alternative evacuation aids had been purchased and staff were trained in the use of the various types of evacuation aids. However, it was not clear from the personal emergency evacuation plans (PEEPs) which evacuation should be used.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were not always developed from a comprehensive assessment of resident needs. For example;

- Residents assessed as requiring a specific number of carers to assist them with their needs did not have this intervention described in their care plan. In addition,
- A resident been assessed, as requiring care interventions for their skin, did not have and appropriate care plan developed to meet their needs.

This was a repeating finding following the previous inspection.

Judgment: Not compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. A medical officer routinely attended the centre and was available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights to privacy and dignity were not always upheld by the provider. For example;

- All bedroom doors had vision panels which did not always uphold the residents privacy and dignity. Inspectors observed that curtains were not always drawn around residents who were sleeping or partly dressed. This was a repeated finding from the previous inspection.

Residents did not have unrestricted access to and from the secure garden in St Clare's unit. The doors from the dining room to the secure garden had a digi-lock mechanism from the inside with no door handle on the outside. This meant that residents could not open the door from inside unless the resident knew the code to open the door. In addition, the resident could not open the door from the outside in order to return back into the centre. There was no doorbell or means of contacting staff from the garden, should a resident require assistance.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cashel Residential Older Persons Services OSV-0007812

Inspection ID: MON-0050414

Date of inspection: 10/03/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training in Management of Behaviours completed Fire Safety Training 25% refresher completed. All staff have now completed mandatory fire safety general awareness module on Hseland. Onsite training dates booked for July, September and October. Evacuation training onsite taking place on 13th June and dates set for August and October 26.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Lack of Communication : Daily ward Rounds with structured focus on Resident Status/Outbreak of Infection/Staff Shortages undertaken by ADON/DON/Person in Charge commenced 14/05/2026 Notification to Public health within the first hour of suspected concerns relating to any Outbreak of infection /Development of Standard Operating Procedure of when Outbreak Occurs 13/03/2026 Cycle of Audits : Audit register review over previous six months to be completed to identify missing or incomplete action plans on the System 28/05/2026 Audit Meeting to share and address short comings with Clinical Nurse Mangers in relation to commentary/action plans and ADON to provide guidance in relation to entries .	

14/05/2026
Window repaired on Tir na nog 13/03/2026
Hand Gel removed 13/03/2026
Call bell installed on Tir na nog in designated smoking area 13/03/2026

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Incident was retrospectively notified to HIQA in relation to Resident who was admitted to acute hospital and R.I.P during hospital stay 12/03/2026

New folder implemented and held in ADOn office for copies of NIMS that require notification to HIQA. Also with the newly implemented daily ward round being carried out by ADON/ DON any new incidents that may require notification to HIQA will be highlighted and reported quicker.

Regulation 17: Premises	Substantially Compliant

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

Call bell installed into bathroom23/03/2026
All doors that were scuffed and damaged were repaired and repainted 22/05/2026
Assissted shower to be reviewed by Occupational Therapist 12/06/2026 in relation to providing advisement on best location for support rails and most suitable type of bedrails for that area. On advisement from OT support rails will be installed by 12/07/2026 .
The bath on Tir na nog is now fully installed and working . The toilet and sink are now fitted and support rails in place 24/03/2026
Fire safety Equipment in the outdoor designated smoking area in St Clares Unit now installed 23/03/2026
Loose Water tap now replaced in St Clares Unit .23/03/2026
Hot water restored
Residents sinks now have a means to retain water if a Resident wished to use for Personal Hygiene

Regulation 27: Infection control	Not Compliant

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

Review of Current Policy /Preparedness plan 24/03/2026
Education /Training in relation to Manging Outbreak for all staff including cleaning Staff 24/06/2026
Development of Standard Operating Procedure for Cleaners in event of Outbreak of Infection24/06/2026.
C.N.M'/Senior Nurse to give update daily post morning report to Cleaners in relation to any concern of outbreak or issue relating to cleaning of Nursing unit .
IPC link Nurse Identified to role out specific training including Out Break i.e Training in the management of an infectious outbreak)
Cleaning/Decontamination etc. to cleaners to be completed 23/06/2026.
Incorrect signage removed at entrance to unit to alert staff and visitors to the appropriate precautions that were required. All Covid Signange removed from stairwell and floor areas 14/03/2026.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Two areas used by Residents for smoking now have appropriate fire safety equipment 15/03/2026
Call Bell in the smoking areas now operating effectively 16/03/2026
Blood Pressure monitors were removed from area and put into safe storage area 13/03/2026
Table removed so that Fire Panel is no longer obstructed 14/03/2026
Air Fryers removed with specific area for storage and use 14/03/2026
All medical equipment removed from shower room on Tir na Nog .14/03/2026
Smoke detection installed in this room and fire door installed 23/04/2026
Exit signage now in place and in new cross-corridor fire doors area 23/04/2026
Fire doors installed in St Clares treatment Room and linen Room 23/04/2026
Fire Doors installed into storage Areas 23/04/2026
Fire Door installed into Chemical Storage room where excess hand gel was removed also 23/04/2026.
Fire resistant cover to be re instated into dumb waiter in main kitchen 25/06/2026
Fire doors to be fitted with automatic self closing devices ie Clinical Nurse Managers Office 25/06/2026
Smoke detector installed into the new lobby to the kitchen 25/06/2026
All Fire Doors to be reviewed in relation to gaps and seals which were damaged or missing to be completed by 30/06/2026
Annual Service Report emergency lighting and lighting units to be completed by 10/10/2026

Periodic inspection of electrical installation to be completed 20/10/2026
Review of PEEPS with specific to type of evacuation used 16/06/2026
Review of all Sliding Sheets/Evacuation Mats/Evacuation Chairs for all Units to be completed by 31/05/2026.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Care Plans under review in relation to the number of carers required to assist them with their needs and this intervention to be described in their care plan to be completed by 11/06/2026.
Care Plan to be opened in relation to care interventions for Residents.15/03/2026
Demonstration of a Digital System on 2/06/2026 for Cashel Residential Older Persons Services being provided to DON/ADON and C.N.M's. Business Case to be submitted and approval to be sought for to purchase the digital system 23/06/2027 within resources that are available .

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Vision panel blinds installed on the 11/04/2026
Residents have unrestricted access from dining room in St Clares to outside area by use of door handle and can return to inside of building 20/05/2026
Doorbell installed outside in garden area in event of Resident needing assistance 26/05/2026

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	07/06/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	17/03/2026
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	22/05/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Not Compliant	Orange	16/06/2026

	effectively monitored.			
Regulation 27(b)	The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.	Not Compliant	Orange	25/05/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	27/05/2026
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	10/10/2026
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	07/06/2026
Regulation 28(1)(d)	The registered provider shall make	Not Compliant	Orange	06/06/2026

	arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
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.	Not Compliant	Orange	14/07/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/05/2026

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	06/06/2026
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	13/03/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	11/06/2026
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	20/05/2026

Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	11/04/2026