



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

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| Name of designated centre: | Cahereen Residential Care Centre |
| Name of provider: | Cahereen Residential Care Limited |
| Address of centre: | Codrum, Macroom, Cork |
| Type of inspection: | Unannounced |
| Date of inspection: | 01 December 2025 |
| Centre ID: | OSV-0000208 |
| Fieldwork ID: | MON-0041985 |

About the designated centre

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

Cahereen Care Centre is a purpose built 27-bedded care facility with 18 bedrooms which was taken over as a nursing home and further developed by the current owners in 2003. The bedroom accommodation is laid out in nine single en-suite bedrooms, three twin en-suite bedrooms, and six other twin bedrooms, with adjacent shower and toilet facilities. All bedrooms are situated on the ground floor. In addition to the bedroom accommodation there is a large day lounge, conservatory, and a large dining room for residents' use. There is a suitable, spacious enclosed back garden and front garden area with adequate outdoor seating. The management and governance of Cahereen Care Centre is directed by a team of dedicated and committed members of staff with a nurse in the centre on a 24-hour basis. Cahereen Care Centre caters for individuals requiring long or short term nursing or personal care.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 25 |
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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 |
|---------------------------|-------------------------|---------------|------|
| Monday 1 December 2025 | 09:15hrs to 16:00hrs | Louise O'Hare | Lead |

What residents told us and what inspectors observed

Overall, residents in Cahereen Care Centre told the inspector that they were happy and content with the care in the centre. The inspector met several of the residents during the inspection, and spoke with nine residents and three visitors in more detail during the day to get an insight into their experience of the centre. One resident told the inspector that "this is gold standard", and another praised the activities programme saying that they "love all of it". Visitors who spoke with the inspector said "I'd recommend them to anybody" and "it's fantastic here."

Cahereen Residential Care Centre is located close to the town of Macroom, with views over the surrounding countryside. On the day of inspection it provided accommodation for 27 residents. Bedroom accommodation consisted of nine single bedrooms and nine twin bedrooms. Twelve of the bedrooms had en-suite facilities. Residents' linen and clothing were laundered on site.

On arrival the inspector was greeted by the person in charge who accompanied them on a walk around of the centre followed by an introductory meeting. Some residents were in bed or receiving personal care, and some residents were in the sitting room watching mass streamed from the local church on the television. The entrance to the centre had a nicely decorated seating area leading to the reception. There were photoboards of residents enjoying activities displayed throughout the centre. There was a painted mural of Macroom in the corridor leading to the sitting room, as well as a "best advice" board from residents. The centre was visibly clean throughout and there were alcohol gel dispensers outside each bedroom. Corridors had handrails to aid resident's mobility which were painted in a contrasting colour making them easier for residents to see and use safely. The centre had a large open plan dayroom and dining room, as well as a sunroom for residents. There was a secure garden accessible from the dayroom and sunroom: however, these doors were locked on the day of inspection and residents who wished to go outside needed to ask staff to unlock them. This is discussed further under Regulation 7: Managing behaviour that is challenging.

On the day of inspection the majority of residents sat in the dayroom. During the midday meal some residents moved to the dining area, some took their meals in their bedrooms and the remainder stayed in the dayroom. Residents who spoke to the inspector said that this was their choice. There was a large picture based menu displayed in the dining room, and the person in charge had ensured that residents were shown pictures when being offered menu choice to facilitate those with communication difficulties to make an informed decision. Tables were laid with placemats and cutlery. Staff were available to assist residents as needed in a discreet and respectful manner. Residents who took their meals in the sitting room, and one resident who ate in the dining room, had their meals served on trays and all courses were served at one time. The midday meal was served at noon and this

was noted by the inspector to be very early. These points are discussed further in Regulation 18. Food & nutrition.

Preparations were underway for the upcoming Christmas party and the inspector observed the activities coordinator preparing gifts for each of the residents. Christmas decorations were being put up on the day of inspection which contributed to the warm, homely atmosphere. A number of events had been planned for the festive period, including carol singing, irish dancing and music, and these were displayed on a poster for residents. The daily activities schedule was displayed in the dayroom, and four residents told the inspector how much they enjoyed the activities. A physiotherapist attended the centre weekly. Musicians also attended the centre regularly and residents received weekly visits from a therapy dog. In the afternoon, the inspector observed residents enjoying a game of bingo followed by a quiz. There was a lively atmosphere, with residents, staff and visitors all participating in the fun.

Residents told the inspector that they could choose how to spend their day and this was respected by staff. The inspector observed a number of kind and caring interactions between staff and residents throughout the inspection. Staff clearly knew residents well and their individual preferences. Call-bells were seen to be answered promptly. Residents knew the person in charge and one resident said they were comfortable bringing any worries to her.

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

Capacity and capability

Overall, the inspector found that this was a well-managed centre with sufficient staffing levels to deliver a good quality service to residents. This was a one day unannounced inspection, carried out by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, as amended. The inspector also followed up on information received since the previous inspection.

Cahereen Residential Care Limited is the registered provider of Cahereen Residential Care Centre. The company was comprised of two directors, who were also involved in the management of one other designated centre. The management structure in the centre was clearly defined. The centre was managed on a day-to-day basis by the person in charge who worked full-time in the centre. They had been in post for four years and were supported in their role by two clinical nurse managers (CNMs), one of whom deputised for them when absent. One CNM also had the role of the infection prevention and control (IPC) link practitioner and thus could support staff to implement effective infection prevention and control practices in the centre.

Governance meetings took place regularly and focused on topics including staff training and IPC issues.

Key performance indicators were recorded on topics including vaccines, falls, pressure sores and wounds. A comprehensive audit tool was used to oversee audits of topics including safeguarding, complaints and care planning. The external pharmacist also conducted a biannual audit of medication management in the centre. The inspector saw that learning from audits and action taken had been recorded. Quality improvement plans had been implemented in a number of areas including falls management. The annual review of the quality and safety of care was made available and the inspector saw that it incorporated feedback from residents and family members. Surveys of both residents and family had been completed during the year and feedback was largely positive.

Staff meetings took place regularly in the centre and the inspector saw meeting minutes that indicated the safety and quality of care delivered to residents was actively promoted, and that staff were facilitated to raise concerns. From a review of the roster, and observation on the day of inspection, there was a sufficient number and skill-mix of staff on duty to meet the needs of residents. Staff were observed to respond promptly to calls for assistance and there was sufficient staffing to assist residents during mealtimes. There was a registered nurse rostered to be on duty at all times. The person in charge had good oversight of staff training in the centre. Staff had completed the vast majority of mandatory training with a small number due to complete training that month. The inspector observed from the training matrix that staff were also facilitated to receive training on additional topics, such as restrictive practice and assisted decision making, to support care delivered to residents.

Complaints were recorded on a paper based system. The inspector reviewed a sample of complaints and found they were recorded, followed up and actioned appropriately in line with the requirements of the regulation. The complaints policy was up-to-date and the complaints procedure was displayed prominently in the centre in the reception area. Copies of the procedure were also available in residents' rooms. Incident records were maintained electronically and those which required notification were submitted in a timely manner.

The inspector reviewed a sample of four contracts of care and they were found to contain the information required in the regulations, including terms relating to the bedroom provided to residents, services to be provided and the fees to be charged for such services.

Regulation 15: Staffing

There was a sufficient number and skill-mix of staff on the day of inspection, with regard to the assessed needs of residents and the size and layout of the centre. There was a registered nurse on duty in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff were facilitated to access mandatory training as required by the regulations and were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the centre had sufficient resources to ensure the effective delivery of care. There were effective management systems in place to ensure the service provided was safe, consistent and effectively monitored. Staff were facilitated to raise concerns about the quality and safety of care delivered to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of four contracts of care were reviewed and found to contain the information required in the regulations, including terms relating to the bedroom provided to residents, services to be provided and the fees to be charged for such services.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were recorded and maintained on an electronic record system. Incidents were submitted in writing to the the office of the Chief Inspector in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was prominently displayed in the centre. There was a nominated complaints officer and review officer. Complaints submitted were documented appropriately including outcomes and actions taken. Where appropriate a written response was provided to the complainant.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were supported to have a good quality of life in the centre. Some improvements were required in the areas of food and nutrition and restrictive practice, and these are discussed under the relevant regulations.

Visiting was not restricted to the centre and visitors were seen throughout the day of inspection. There was a written visitors policy in place, which had been updated in line with regulations. Visitors who spoke with the inspector were positive in their feedback, with one visitor saying that "staff go above and beyond."

The inspector saw that information on independent advocacy services was displayed in the centre. Residents meetings took place approximately every three months and the inspector noted from minutes that residents had requested an increase in the number of bingo sessions per week, and the activities coordinator said that this had been accommodated. Residents told the inspector that they enjoyed activities in the centre. Mass was streamed from the local church, and residents had access to media including television and radio. The hairdresser attended the centre every month.

Care planning documentation was recorded using a dedicated software system. A sample of resident care plans were reviewed and those were found to be person-centred with detailed information on topics including residents' preferences for activities, social interaction and communication. Care plans were updated at intervals not exceeding four months or as required. Validated assessment tools were used to inform topics such as resident's nutrition and skin integrity, the outcomes of which were used to inform care.

A restraint register was maintained in the centre. Staff had completed training on dementia care and the use of restrictive practice. When restrictive practices, such as bedrails, were used a comprehensive risk assessment had been completed and there was clear documentation that alternatives to bedrails had been considered. Therefore the inspector was assured that the least restrictive option was in use.

However, further action was needed in regards to environmental restrictions as detailed in Regulation 7: Managing behaviour that is challenging.

Residents spoke highly of the quality and choice of food on offer and meals appeared to be appetising and nutritious. Staff were available to assist residents as needed during mealtimes and when offering refreshments and snacks.

Recommendations of dietitians' assessments were recorded in residents' care plans and systems were in place to ensure accurate communication of residents' dietary needs. However, further action was required to ensure that meals were offered at reasonable times, and to improve the dining experience of the resident as detailed in Regulation 18: Food and nutrition.

Access to health and social care professionals was facilitated, and a number of residents were seen by the chiropodist on the day of inspection. Residents had access to a general practitioner of their choosing.

Regulation 11: Visits

The provider had ensured that there was a written visitors policy in place which met the requirements of the regulations. Visiting was not restricted to the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

While residents praised the quality and choice of food available, action was required to improved the dining experience of the resident:

- The midday meal was served at 12:00, which meant residents may have a very short time between breakfast and lunch and were not afforded the choice to have their meal at a reasonable time.
- The inspector saw that a number of residents were served starter, main course and dessert at the same time on a tray, which meant meals were unlikely to be at the optimum temperature for residents to enjoy.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy had been updated and contained the information specified in the regulations. There was a plan in place for responding to major incidents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were recorded and updated in a timely manner. A range of validated assessment tools were used to inform care planning and assess residents needs. Care plans were sufficiently detailed to direct care.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that residents had access to appropriate medical and health care. The person in charge facilitated GP access and residents also had access to a range of health and social care professionals. A physiotherapy and chiropodist visited the centre on a regular basis.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While there were a number of good practices in place action was required to ensure restrictive practice was in line with national policy, as both doors accessing the secure garden were locked on the day of inspection so residents could not freely access it if they wished to do so.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents meetings were held regularly in the centre. Information on access to independent advocacy services was displayed in the centre. Residents had access to a varied activities programme in line with their interests.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 18: Food and nutrition | Substantially compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Substantially compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Cahereen Residential Care Centre OSV-0000208

Inspection ID: MON-0041985

Date of inspection: 01/12/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 18: Food and nutrition | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>We implemented an immediate change to our lunch time. Lunch time has been changed to 12:30. This change ensures a more appropriate and comfortable interval between breakfast and lunch.</p> <p>The residents dining in the dining room were already being served one course at a time. Those residents having lunch in the day room are now also being provided with their courses one by one to ensure that all meals are served at optimum temperature. On the day of the inspection one resident who had been served with a tray in his bedroom changed his mind and asked to go to the dining room, hence he had a tray.</p> | |
| Regulation 7: Managing behaviour that is challenging | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>While our previous practice was to leave these doors open primarily during the summer months, we recognize this does not ensure consistent access. Therefore, we will now ensure that both door accessing the secure garden are left open every day, allowing residents free access to the garden whenever they wish.</p> | |

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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 18(1)(c)(i) | The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served. | Substantially Compliant | Yellow | 02/12/2025 |
| Regulation 18(2) | The person in charge shall provide meals, refreshments and snacks at all reasonable times. | Substantially Compliant | Yellow | 02/12/2025 |
| Regulation 7(3) | The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time. | Substantially Compliant | Yellow | 02/12/2025 |

