



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

## Issued by the Chief Inspector

Name of designated centre:	Rathkeevan Nursing Home
Name of provider:	Drescator Limited
Address of centre:	Rathkeevin, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	10 June 2025
Centre ID:	OSV-0000271
Fieldwork ID:	MON-0047252

## About the designated centre

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

The centre was purpose built in 2001 and the premises is laid out in four parallel and interconnected blocks on a spacious site. The registered provider for the centre is called Drescator Limited and this centre has been managed by the provider since it opened. The centre is located in a rural setting approximately eight kilometers from Clonmel town. The centre provides care and support for both female and male residents aged over 18 years. The centre provides care for residents with the following care needs: frailty of old age, physical disability, convalescent care, palliative care, and dementia care. The centre can care for residents with percutaneous endoscopic gastrostomy (PEG) tubes, urinary catheters and also for residents with tracheotomy tubes. However, residents presenting with extreme behaviours that challenge will not be admitted to the centre. The centre caters for residents of all dependencies; low, medium, high and maximum dependencies. The centre currently employs approximately 54 staff and provides 24-hour care.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	60
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## 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 June 2025	07:00hrs to 15:40hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

This unannounced inspection was conducted with a focus on safeguarding and the measures the provider had in place to safeguard residents from abuse. The purpose of the inspection was to ensure that residents felt safe in the centre and their human rights were respected and promoted.

The inspector arrived to the centre at 07:00am. At that time, there were four staff members on duty, two healthcare assistants and two nurses. The inspector spoke with staff and outlined the basis for the inspection and gathered brief details including the number of residents in the centre. The inspector then conducted a walkaround of the premises. Later in the morning, the inspector met with the person in charge and clinical nurse manager. The inspector requested a number of documents and these were all provided for review.

There were 60 residents residing in the centre with one vacancy. One resident was in hospital during the inspection. On first arriving to the centre, the inspector observed that most residents were still in bed sleeping. One resident was up, dressed and walking through the corridor. A small number of residents were pottering about in their rooms. The inspector spoke to residents who were awake and they told the inspector it was their choice to get up and dressed. The inspector noted that call bells were answered by staff present promptly at this time.

Day staff came on duty at 08:00am. All staff gathered together in the day room with the doors closed to take the handover from the night nurses. This meant that no staff were supervising residents during the handover meeting. The inspector observed one resident, who's bedroom was located close to the day room, was banging on their table and calling for assistance. Night healthcare staff were leaving the premises at the time and all other staff were at handover. The resident was attended to six minutes later by a member of staff who left the handover upon hearing the resident calling.

As the inspector continued to walk through the premises, it became clear that the organisation of staff on duty required review. For example, a second resident was observed by the inspector to repeatedly call for assistance but due to their bedroom being located far from the day room, staff could not hear them. The inspector observed that no staff member entered this corridor for 25 minutes. The inspector brought this to the attention of staff who attended to the resident, and to the management team, who agreed to review the arrangements for handover and supervision, to ensure that residents were safeguarded at all times.

Throughout the day, the inspector spoke with 12 residents and six visitors, to gain an insight into how residents lived their lives in the centre, and to determine if residents felt safe and supported. The inspector spoke to residents who had been living in the centre for a long time, and residents who had recently been admitted. The feedback from residents in relation to staff and management was excellent. All

residents were highly complimentary of the staff and said that they were supportive and kind. One resident said "It's my home from home", another said "there's something special about the place". Some residents gave mixed feedback about aspects of life in the centre. Four residents said the environment was too noisy and they wished bells would stop ringing. Another said the lights were left on at night despite asking for them to be turned off. One resident said "they need to give us time to eat, they are too quick at taking the plates away". All residents said that they felt safe and that they would be confident to voice their concerns should they need to.

There were a number of residents who were unable to voice their feedback on the service clearly due to a cognitive or communication issue. The inspector observed that these residents generally appeared comfortable and were well-dressed and groomed for the most part. In the absence of sufficient information in assessment and care plans, it was unclear if two residents with cognitive impairments, who were not assisted to get up and dressed until lunchtime, were attended to at this time because it was their own choice.

Visitors who spoke with the inspector gave generally good feedback. All visitors said that the staff and management were helpful, attentive and kind. One said "They will drop everything to help", and another said "I know they look after them well", among other nice comments. In relation to the safety of their loved ones in the centre, all visitors said that they felt confident that the residents were safe and well-cared for. One visitor said they never felt uneasy leaving the centre and they could tell that the residents were treated well. Some visitors felt that communication from staff could be quicker, and clearer. One visitor said they wanted to see more varied activities on offer. Another was not satisfied with the level of care and was seeking alternative accommodation for the resident. This visitor felt that at times, they and the resident were not listened to about minor concerns, and they were not sure that the resident's needs were being fully met.

The inspector observed staff and resident interactions in communal areas including the dining room, day rooms and corridors throughout the day. Residents were approached in a caring yet professional manner. There were many examples of connected and meaningful care, and nice conversation and camaraderie between staff and residents.

Mid-morning there was a planned in-person advocacy campaign from the Patient Advocacy Service. This was attended by a small number of residents and visitors. The inspector also saw that a separate advocate was visiting a resident privately.

The inspector attended the main dining room when lunch was being served. The meals provided were wholesome, nutritious and nicely presented. There was a choice of two options for lunch and dessert. The inspector observed small groups of residents seated together at dining tables who were engaged in chatter with each other. Residents said that the food was always delicious and if they didn't like what was on offer, they could have something else. Before lunch, a small day room was set as a dining room with tables and chairs and a number of residents enjoyed this quieter environment for lunch. The tables and chairs were removed from the room

after lunch so that residents could use it as a sitting room again. The inspector observed that staff, on two occasions, did ask residents if they could take their dinner plate, when they were clearly still eating. For the most part, however, the dining experience was not overly rushed.

There was a member of staff on duty on the day of inspection who was dedicated to providing activities. On the day, while the inspector was present in the centre, residents watched Mass on TV in the morning and during this time, the activities staff conducted one-to-one activities in bedrooms. In the afternoon there was chair-based exercises in one sitting room, and a music appreciation group in another sitting room. The weather turned brighter in the afternoon and the inspector saw that residents were encouraged to go out to one of the secure courtyards to spend time in the fresh air.

Overall, the inspector saw that residents for the most part were happy and felt safe in the centre. The morning routine in the centre required review to ensure that residents needs were attended to promptly, and in line with their assessed needs. This would strengthen the systems in place to ensure that residents were appropriately safeguarded.

The next two sections of the report discuss the capacity and capability of the provider, and how the managements systems in the centre support, and impact upon, the quality and safety of care residents.

## Capacity and capability

Overall, the inspector found that there was a clearly defined management structure in the centre, which included the arrangement to report safeguarding concerns if they arose. However, as this was a new management team since the previous inspection in November 2024, the management systems in place were not fully embedded. The findings of the inspection identified that improvements were required in a number of areas including overall governance and management, residents' rights and person-centred care planning.

The numbers and skill-mix of staff across all departments, for example, nursing, healthcare assistant, management and cleaning staff, was in line with the provider's statement of purpose. Drescator Limited is the registered provider of Rathkeevan Nursing Home. The inspector reviewed governance meetings with the provider and the management which detailed discussions regarding the required levels of staff. The management team informed the inspector that following this engagement with the registered provider, staffing levels on day shifts had increased, with a plan to review the night-time staffing levels. Rotas reviewed by the inspector confirmed this increase.

Staff were provided with appropriate training, in relation to identifying, reporting and supporting residents in a safeguarding incident. Staff were knowledgeable about

the care and support needs of each resident, and of the reporting procedures in place should a safeguarding concern arise in the centre.

The next two sections of the report describes the governance and management arrangements and how effective these were in ensuring a good quality and safe service.

### Regulation 15: Staffing

The inspector reviewed the staff rotas, and this identified that there had been a recent increase in the number of healthcare staff on duty during the day. At 08:00am there were 11 healthcare staff, two nurses, a clinical nurse manager and the person in charge on duty. Based on the individual and collectively assessed needs of the residents, and having regard for the layout of the centre, the inspector found that this level of staffing was sufficient to ensure that care was attended to appropriately.

As described under Regulation 23: Governance and management, further oversight of the deployment and allocation of staff was required, to ensure that the organisation and management of the workforce reduces the risk of harm and promotes the rights, health and wellbeing of each resident.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of the centre's training record identified that a high level of relevant training was undertaken by staff. This provided evidence that the service was striving to support staff to reduce the risk of harm and promote the rights, health and wellbeing of residents.

All staff had completed training in safeguarding of vulnerable residents. This was completed by all staff via an online platform, and management had begun completing further in-person sessions in the centre to enhance the knowledge base in this area.

Other relevant training such as the management of responsive behaviours and moving and handling of residents was also completed. New staff confirmed that they completed this training as part of their induction. New staff were scheduled to work in a supernumerary capacity while on induction.

Additional relevant training modules were being completed by some staff member such as the fundamentals of advocacy and dementia-specific therapies.



Judgment: Compliant

## Regulation 23: Governance and management

The management systems in the centre required review, to ensure that the care provided to residents is safe, effective and consistently monitored. The current system of auditing practice, though improved since the previous inspection, was not strong enough to identify deficits in the provision and organisation of care delivery that were observed during the inspection. For example;

Care planning audits had not identified that the system of individual assessment and care planning was not person-centred.

Restrictive practice audits had not identified that the system of using restrictive practices, for example bedrails, was not in line with national guidance.

- From a safeguarding perspective, the oversight of the deployment of staff duties was not consistently monitored. This led to unacceptable delays in a small number of residents receiving assistance in a timely manner. For example;  
All staff convened together to take handover in the morning. This left parts of the centre unsupervised. The inspector witnessed one resident, unable to use a call bell, calling out for assistance multiple times during a 25 minute window in the morning.
- Two high-dependency residents received their breakfast in bed, and remained in their beds until lunchtime. The inspector observed these two residents being assisted with their personal care at 1:00pm, while their lunch trays arrived outside their rooms. This meant that there was a delay in the residents receiving their meals.

Judgment: Not compliant

## Quality and safety

Residents who spoke with the inspector reported with clarity that they felt safe and secure. Some residents were very vocal about their individual rights and said that they were supported to live their lives as they wished. For example, residents who chose to smoke, or to go outside by themselves were supported to do so by staff.

Seven safeguarding incidents had been notified to the Chief Inspector since the previous inspection. Six of these related to interactions of a physical nature between residents. One related to alleged neglect of a resident by staff. The inspector followed up on each of these and found that where required, safeguarding plans had been put in place in response to these incidents. As described under Regulation

5: Individual assessment and care plan, it was noted that one of these was not accessible to staff on the day of the inspection.

Many of the safeguarding incidents between residents were being managed in the centre through monitoring of residents with known responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Nonetheless, the management of these behaviours required review to ensure that residents were responded to appropriately and in a person-centred manner, ensuring their safety, and the safety of all residents.

Action was required to ensure that residents' individual care plans were individualised, person-centred and accurate. Some care plans were devoid of important basic information such as when a resident liked to get up and what their interests were. Care plans did not always include the essential directions following specialist assessment. This could pose safeguarding concerns and lead to poor outcomes.

Residents reported, and records identified, a recent improvement in the provision of meaningful activities in the centre. Following the previous inspection, a full review of the activities programme was carried out. This review included an analysis of each resident's engagement with different activities. The review identified that some of the activities were not in line with residents' interests and capacities. Work was ongoing through the activities staff and management team to identify each resident's preferences for activities.

## Regulation 5: Individual assessment and care plan

A sample of residents' individual assessment and care planning documentation was reviewed by the inspector. This review did not provide full assurance that residents' care was delivered in accordance with their needs and preferences, which could lead to omissions in care delivery.

- The two residents, whom the inspector observed in bed until 1:00pm, had no detail in their care plan in relation to their preferred routine, including what time they preferred to get up in the morning.
- A resident who was the subject of a safeguarding concern, had a detailed formal safeguarding plan in place, which had been reviewed and accepted by the local safeguarding and protection team. Nonetheless, this plan was held in hard copy in a file, and was not incorporated into the electronic care planning system in place. Assurance could not be provided that all staff had access to this plan.
- A resident was not attended to in line with their assessed needs. Following a specialist wound assessment, it was recommended that the resident be repositioned every two hours. This was observed by the inspector to not have occurred on the morning of the inspection.

- In the sample of care plans reviewed, none had sufficient assessment and documentation of the residents past lives and interests. This presented lost opportunities to plan care holistically, and anticipate any potential safeguarding concerns.

Judgment: Not compliant

## Regulation 7: Managing behaviour that is challenging

Action was required to ensure that residents using a restrictive device, and those displaying responsive behaviours were appropriately safeguarded and protected. For example;

- The use of bedrails, and other potentially restrictive devices such as lap belts and sensor alarms, was not always subject to a thorough risk assessment. This is not in line with national guidance.
- The use of medications to manage responsive behaviours required significant review. The inspector found evidence in residents' daily care notes that these medications were administered as a first resort, rather than as a last resort, and there was no evidence that any attempts had been made to identify the underlying cause or triggers to the behaviour.

Judgment: Substantially compliant

## Regulation 8: Protection

Overall, the provider has taken reasonable measures to protect residents from harm. This included the following;

- All staff had completed training in relation to the detection, prevention and responses to abuse.
- Any incidents which were deemed to be a safeguarding concern, were investigated by the person in charge with the involvement of appropriate agencies including, where required the safeguarding and protection team and advocacy services.
- Staff were supported by an up-to-date safeguarding policy and procedure. The staff with whom the inspector spoke were knowledgeable about what constitutes abuse, and were aware of how to report an allegation in the centre.

A documented safeguarding plan was not easily available for staff to view. This is actioned under Regulation 5: Individual assessment and care plan

Judgment: Compliant

## Regulation 9: Residents' rights

While overall improvements were seen in many areas relating to this regulation, for example, the enhancement of the activities programme, further action was required to ensure that residents can fully exercise their rights to choice in their everyday lives.

Four of the 12 residents spoken with told inspectors that they wished they could turn off the bells at night, and that they were too loud. The inspector also found that the level of noise in the centre was excessive at times, for example, sensor alarm mats and the doorbell were so loud they were intrusive.

Residents were not always supported to assess risks associated with their care. For example, one resident had a bedrail applied on admission following request from a family member. There was no evidence of consultation with the resident involved. The consent form was signed by the residents' family member. This is not in line with a rights-based approach to care and does not promote residents' welfare.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Rathkeevan Nursing Home OSV-0000271

Inspection ID: MON-0047252

Date of inspection: 10/06/2025

## 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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All day staff are no longer present in the morning for the main handover. One Senior HCA from each of the three wings attends the handover and also the supervising Senior HCA. This ensures that there is a minimum of seven HCA's on the floor during the handover to supervise the floor, answer call bells etc. Once the handover is finished, the nurse on duty in the wing and the Senior HCA will then give the handover to the remaining HCA's on the floor, to include any changes, concerns or instructions for the day.	
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: All nurses have received care plan training. All care plans are being reviewed and updated to ensure that they are person centred. Safeguarding care plans have been updated to include any preliminary screening information, plan and outcomes. All residents will have their daily routines and preferences clearly documented in their care plans, kitchen staff will be kept updated of same to ensure that meals are served at a time that suits the resident. DON and CNM will ensure care plans are audited regularly to monitor continued compliance with plan. Nurses will ensure that the repositioning of a resident where indicated are strictly adhered to. Nurses are working with the Activity Coordinators to develop recreational care plans that	

are person centred. All residents will have 'A Key To Me' completed that will include information on their past lives and interests. This will be incorporated into their recreational care plan.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Restraint practice documentation has been reviewed, a new consent form has been commenced to include full details of all alternatives trialed prior to a restraint being initiated. The oversight and application of bedrails will be subject to thorough risk assessment in line with National Guidance and all assessment findings will be clearly documented in the residents restraint care plan.

Nurses when administering any medications that manage responsive behaviours will complete a behaviour mapping tool that clearly documents alternatives and interventions trialed before a drug is administered.



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	12/06/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	01/09/2025
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge	Substantially Compliant	Yellow	31/07/2025

	shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
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	31/07/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	10/07/2025