



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

Issued by the Chief Inspector

Name of designated centre:	St Teresa's Nursing Home
Name of provider:	Cashel Care Limited
Address of centre:	Friar Street, Cashel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	25 November 2025
Centre ID:	OSV-0000293
Fieldwork ID:	MON-0048878

About the designated centre

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

St. Teresa's Nursing Home is centrally located in the town of Cashel, Co. Tipperary and is in close proximity to all facilities such as the church, shops and restaurants. The original premises dates back to the 1800's and was formerly a convent that had been refurbished and modernised. The centre originally opened to provide residential care in 2003 and caters for both male and female residents over the age of 18 years and is registered to provide care to 30 residents. Twenty four hour nursing care is provided with a registered nurse on duty at all times. The centre accommodates low, medium, high and maximum levels of dependency including residents that may be ambulant and confused. Communal accommodation in the form of dining and day rooms are on the ground floor and bedroom accommodation is on the first and second floors. There are three single bedrooms and six twin bedrooms on each floor. The registered provider is a limited company called Cashel Care Ltd and employs approximately 30 staff. Staff employed in the centre include registered nurses, care assistants, an activities co-coordinator, maintenance, laundry, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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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
Tuesday 25 November 2025	09:40hrs to 17:55hrs	Mary Veale	Lead
Tuesday 25 November 2025	09:40hrs to 17:55hrs	Brid McGoldrick	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day by two inspectors. Over the course of the inspection, the inspectors spoke with six residents and staff to gain insight into what it was like to live in St Teresa's Nursing Home. The inspectors spent time observing the residents daily life in the centre in order to understand the lived experience of the residents. 60 % of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspectors. These residents appeared appropriately dressed and well-groomed. Residents whom the inspectors spoke with said that they were content living in the centre and were satisfied with staffing levels, the quality of the food, and attention to personal care.

St Teresa's Nursing home is a three storey designated centre registered to provide care for 30 residents in the town of Cashel in Co. Tipperary. The building dates back to the 1800's and was a former religious convent. There are challenges relating to the older building infrastructure such as narrow corridors and the narrowness of some bedrooms which impacted on the movement and placement of modern day furniture such as electric adjustable beds, armchairs and manual handling equipment. The design and layout of the premises did not meet the individual needs of the residents' in two of the bedrooms in the centre. This is discussed further under Regulation 17: Premises.

The inspectors met with one visitor who gave very positive feedback on the care provided to their relative.

There were 19 residents living in the centre on the day of the inspection. All residents' communal areas were located on the ground floor with residents bedrooms were located on the first and second floors. Each floor had a nurses station. There was a sluice room on the first floor, and a store room and cleaners room on the second floor. The centres production kitchen, laundry and staff room were located on the ground floor. There was an outdoor smoking shelter to the rear of the centre for residents who chose to smoke.

There were sufficient communal spaces for the residents which included a large day room, a sitting room, a small library and a conservatory. The sitting room was dimly lit and both the library and conservatory areas were cold on the morning of the inspection day. The majority of residents were observed to use the large day room throughout the day. Outside of this rooms' use three residents were observed attending a sensory activity in the sitting room in the afternoon. Some residents chatted about Tipperary's Senior Hurling championship win and were hoping that members of the team might visit with their winning trophy.

The provider had made improvements to the décor of the premises in the last number of years. There had been upgrades to vinyl flooring, vinyl armchair

coverings and areas of the centre had been painted. Notwithstanding the challenges to the premises as already outlined in this report, the décor of the centre required review to create a more person-centred homely place to live in. The historical character and the functional updates to the building with some old fashioned soft furnishings and features lead to a sense of disconnection between the large day room and the rest of the building. Some of the bedrooms were a clinical space rather than being personalised and cosy. This is discussed further under Regulation 9: Residents rights

Residents had access to a tarmacadam space to the front of the building and a garden to the side and rear of the centre. The gardens were tidy and well-maintained.

The inspectors observed the dining experience at lunch time. 15 residents had their dinner meal in the day room. 8 residents sat at a long table, 2 residents sat at separate tables and 5 residents ate from bed tables in the dining area. Lunchtime at 12:30pm in the dining rooms was observed to be a relaxed and sociable experience, with residents enjoying each other's company as they ate and staff and residents engaging in conversation. Meals were prepared in the centre's on-site kitchen. The menu, with the choice of two starters, two main courses and two dessert options, was displayed in the dining room. Residents confirmed they were offered a choice of starter, main meal and dessert. The food served appeared nutritious and appetising. There were drinks available for residents at mealtimes and further drinks accompanied by snacks throughout the inspection day. Residents expressed high praise for the food. Not withstanding an area of improvement was required and is detailed under Regulation 18: Food and Nutrition.

Residents were observed taking part in a game of skittles in the day room on the morning of inspection. The weekly activities programme was displayed in the day room. The inspectors observed staff and residents having good humoured banter throughout the day and observed staff chatting with residents about their personal interests and family members. The inspectors observed residents reading newspapers, watching television, and engaging in conversation. Books, games and magazines were available to residents. Further improvement was required for residents to have access to community events and resources, this is discussed further under Regulation 9: Residents rights.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts the quality and safety of the service being delivered.

Capacity and capability

This unannounced inspection was carried out by inspectors of social services to;

- Follow up on the actions to be taken by the provider to address issues of non-compliance identified on the last inspection in July 2025, where by poor levels of regulatory compliance was found in regard to governance and management, residents rights, personal possessions, the premises, infection control and fire safety.
- Follow up statutory notifications received by the Chief Inspector of Social Services since the previous inspection of July 2025.
- To review an application submitted by the provider to vary a restrictive condition currently attached to the registration. This application is to extend the date to facilitate the provider to reconfigure all twin bedrooms to ensure that each resident in these bedrooms shall have an area of not less than 7.4 m² of floor space as required by the regulations.
- Follow up an application to remove part of a restrictive condition which had been applied to the centres registration to cease admissions until the provider has sustained compliance with key regulations (Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) which underpin the quality and safety of care specifically regulations 9, 14, 15, 16, 17, 23, 27 and 28. The provider had applied to remove Regulations 14: Person in Charge and Regulation 16: Training and staff development from condition 4 as the provider had come into compliance with Regulation 14 and Regulation 16 of the centres registration.

The provider had progressed areas of the compliance plan response submitted following the July 2025 inspection. Some improvements were found to care planning, the premises, governance and management, and infection prevention. However, further action was required to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

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

Improvements in staffing were evident since the previous inspection. The provider had successfully recruited additional catering and laundry staff, and there were sufficient housekeeping and laundry personnel rostered to meet operational needs. Staffing levels and the overall skill mix on the day of inspection were appropriate to support the care needs of the 19 residents living in the centre.

Staff members who engaged with inspectors demonstrated a clear understanding of their defined roles and responsibilities. Inspectors also observed that appropriate supervision arrangements were in place to support staff in their duties.

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

Staff records, as set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), were available to the inspectors. Improvements were required in relation to staff files, to ensure that full employment histories were in place. This will be addressed under Regulation 21: records.

Improvements were found in the centres management systems since the previous inspection. Progress was also noted in relation to fire safety risks. A fire assessment had been completed for a closed room near the main entrance door which was not part of the designated centre. A smoke detector had been installed to this room and was connected to the main fire panel. The whole time equivalent numbers of staff as outlined in the centres statement of purpose correlated with the rosters.

Records of meetings which had taken place since the previous inspection were viewed on this inspection. Agenda items on meeting minutes included key performance indicators (KPI's), fire safety, training, staffing and infection prevention. There was evidence of an ongoing schedule of audits in the centre, for example; falls, restrictive practice and infection control audits. Notwithstanding the good practices identified in oversight of systems further improvements were required to the centres audit system and meeting records, this is discussed further under Regulation 23: Governance and Management.

There was a record of accidents and incidents that took place in the centre. Most notifications were submitted appropriately to the Chief Inspector. However, following a serious incident a number of three day notifications had not been identified which required submission to the office of the Chief Inspector. Subsequent to the inspection this notification was submitted retrospectively. This is discussed further in this report under Regulation 31.

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

An application to vary conditions 1, and restrictive conditions 4 and 5 of the centres registration were in progress and under review at the time of inspection.

Judgment: Compliant

Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. A minimum of one registered nurse on duty at all times, which was appropriate for the number of residents living in the centre at the time of inspection. One shift on the day of inspection had not been filled due to sick leave. Recruitment was in progress for household staff, provider advised that they would start following completion of garda vetting process.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in key areas such as fire safety, safe guarding, managing behaviours that are challenging and, infection prevention and control. An ongoing schedule of training was in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported by nurse management team.

Judgment: Compliant

Regulation 21: Records

Improvements were required with staff records. In a sample of four staff files reviewed, two files did not have a satisfactory history of gaps in employment in line with schedule 2 requirements.

A review was required on how information was documented following medical reviews, as some information was not available on site for inspectors to review. This presented a risk should the residents involved be required to be transferred to hospital as the most up to date clinical information would not be available.

There were no records to demonstrate the assessment and effectiveness of pain medication. Senior Nursing staff gave a verbal commitment to explore and implement a monitoring tool following this inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The overall governance and management of the centre was not fully effective. Management systems were not sufficiently robust to ensure the service was safe, appropriate, consistent and effectively monitored. For example:

- Systems of communication were not sufficiently robust. For example: minutes of senior management meetings did not specify who was responsible for the actions not did they include a time bound bound action plans to inform and support ongoing quality and safety improvements in the centre. Furthermore, the agenda was limited, for example it did not include risk and complaints.
- The centres audit system required review. Several audits viewed were not measured to inform ongoing quality and safety improvements in the centre. The falls audit required strengthening, for example one of the actions was to increase resident safety checks however there were no detail on what the current time period and how it was to be increased and by whom.
- The oversight and monitoring of incidents and accidents required review. Notifications were not submitted in accordance with the requirements of Schedule 4 of the regulations. For example, a number of allegations of abuse of residents were not submitted.
- Improvements and a review of medication management systems were required. 4 bottles of laxative medication which were labelled as been issued to residents in January 2025 were observed not stored in a locked press at a nurses station. This posed a risk to the safety of residents.
- Further oversight was required of issues pertinent to premises as outlined further under Regulation 17: premises.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose did not contain all the information required under Schedule 1 and required review in respect of:

- Deputising arrangements for the person in charge.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the records in relation to incidents in the centre showed that there were three incidents as set out in Schedule 4 of the regulations that were not notified to

the office of the Chief Inspector within the required time frames. The person in charge was requested to submit these notifications following the inspection, relating to safeguarding concerns.

Judgment: Not compliant

Quality and safety

The inspectors found that the provider was, in general, delivering a good standard of nursing care. However, gaps in the oversight of governance and management were impacting on the quality of life and the safety of the residents. As part of this inspection further improvements were required to comply with residents rights, personal possessions, food and nutrition, the premises, and infection control.

Staff demonstrated a good knowledge of residents' assessed needs. Care plan documentation reviewed was found to be person-centred and suitably detailed to guide staff in providing good quality, safe care aligned to residents' needs and preferences. The inspectors reviewed a variety of assessments and care plans including mobility, social and recreational, wound care and basic care plans. Care plans were updated every four months or when the residents care needs changed.

One resident was receiving end of life care. While the overall standard of care was good, an improvement was identified in the assessment and documentation of the effectiveness of pain medication. This issue was addressed promptly when brought to the attention of staff.

Some improvements were found to personal possessions since the previous inspection, wardrobes were available for all residents in their bedroom space. Notwithstanding these improvements, further action was required to comply with personal possessions as outlined under Regulation 12 of this report.

While there had been improvements to the premises since the previous inspection such as, residents could now access the overhead light switch in their bedrooms. The design of the building is a former convent which was not designed for the use manual handling equipment or specialist sitting equipment due to its narrow corridors. Some twin bedrooms were restricted in width which limited access to equipment and meant that furniture had to be moved into the opposite bed space to manoeuvre manual handling equipment. This is discussed under Regulation 17: premises.

Improvements were found in the area of infection prevention and control. Torn pillows had been replaced. A janitorial unit, a separate hand wash basin and door had been installed to the cleaners store room. All torn chairs had been recovered. There were appropriate sluicing and storage facilities. Oversight of cleaning practices had improved and the centre was observed to be clean. There was good

work routines and schedules for cleaning and decontamination. Intensive cleaning schedules had been incorporated into the regular cleaning programme in the centre. Alcohol hand gel was available in all communal rooms and corridors. Personal protective equipment (PPE) stations were available on corridors to store PPE. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centre's staff meetings. IPC audits were carried out by the person in charge. There was an up to date IPC policies which included guidance on COVID-19 and multi-drug resistant organism (MDRO) infections. Notwithstanding the many good practices observed, improvements were required to the layout of the laundry. This is discussed under Regulation 27: Infection prevention and control.

An activity schedule was available and activities were available from Monday to Sunday. Residents had access to radios, televisions, and newspapers. Mass was live-streamed in the centre daily. Access to independent advocacy was available. The centre was also home to a dog. The dog was observed with the residents in the day room on the afternoon of inspection. However; areas for improvement were required to ensure that activities were person-centred and that residents had access to the community. This is discussed under Regulation 9: Residents rights.

Regulation 12: Personal possessions

Residents bedrooms were generally personalised with their own belongings, including photographs and pictures. There was also a lockable space for residents to store valuable items. However, a number of areas required review for example a shelf in one residents bedroom was at a height which the resident could not reach. In some shared en-suites, there was lack of separate storage for toiletries.

Judgment: Substantially compliant

Regulation 17: Premises

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

- Twin bedroom 3 and 12 required reconfiguration as the curtains alignment did not provide privacy to both residents when using the bathroom.
- The position of the wash hand sinks in the shared bathrooms in bedrooms 3 and 12 did not allow access with the use of mobility aids such as zimmer frames or wheelchairs.
- Twin bedrooms 6, 7, 9, 15, 16, 18, were only suitable for one resident who had a high- maximum dependency level and one resident who was a low-medium dependency due to the constraints of using manual handling equipment in these bedrooms.

- Twin bedrooms 8 and 17 were only suitable as a single use bedroom until such time as the bedroom could be reconfigured. These bedrooms were narrow, the bed space nearest the door posed a risk of a difficult evacuation for the residents near the window as the space between the end of the bed in the first bed space and the wall was very narrow. Residents using mobility aids would have difficulty accessing the bed space near the window area.
- The bathroom floor in room 16 was stained.
- A call- bell was required in the outdoor smoking area.
- A review of the shower drainage was required in the centre. For example: The shower in the shared bathroom between bedrooms 1 & 2 was not draining correctly, resulting in water flowing very close to the door of bedroom 2.
- An assessment and review of the equipment that may be required for residents was required, there was no automated emergency defibrillator available in the centre for use.

Judgment: Not compliant

Regulation 18: Food and nutrition

While there were improvements noted in the dining experience and in choice of menu, inspectors observed that food was not properly and safely prepared. Egg sandwiches were left on the kitchen counter in the early afternoon for the evening meal.

Judgment: Substantially compliant

Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

- The flooring in the shower area of the shared bathroom for bedrooms 12 and 13 was damaged. This posed a risk of cross-contamination as staff could not effectively clean the parts of the flooring.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Not all aspects of Regulation 28 were reviewed on this inspection. Measures were in place to ensure residents' safety in the event of a fire in the centre and these measures were kept under review. Fire safety management servicing and checking procedures were in place to ensure all fire safety equipment was operational and effective at all times. Daily checks were completed to ensure fire exits were clear of any obstruction that may potentially hinder effective and safe emergency evacuation. Each resident's evacuation needs were regularly assessed and the provider assured themselves that residents' evacuation needs would be met with completion of regular effective emergency evacuation drills. All staff had completed annual fire safety training specific to St Teresa's Nursing home and were provided with opportunities to participate in the evacuation drills.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' right to privacy and dignity was not upheld by the registered provider. For example;

- In some twin bedrooms, the layout of the room meant that if special mobility equipment were required, it would be difficult to maintain residents privacy. In bedrooms 3 and 12 for example; the privacy curtain was in close proximity to the bed, leaving little space for personal activities to be carried out in private. Furthermore, it was observed in bedrooms 8 and 17 twin rooms that there inadequate space within the residents private area to fit a chair if they wish to sit in private. The layout meant there would be difficulty to perform safe evacuation in an emergency.

The arrangements for a person centred approach for residents did not fully uphold their rights. For example:

- A review of residents bedrooms was required. Many bedrooms were not decorated in a homely manner. Most of the bedrooms lacked a feeling of warmth, comfort, or a sense of being belonged by residents.

- While there was an activity schedule in place it could be strengthened by developing links with the community.
- The quality of the bed linen and towels provided to residents was worn and required replacement. This was a repeated finding on the previous inspection.
- A review of the Television remote controls was required as some were observed missing from bedrooms on the day of inspection.
- The inspectors observed that there were no door handles on any of the bedroom doors. This had the potential to impact the residents privacy and dignity in the bedrooms.

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 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Not compliant

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

Inspection ID: MON-0048878

Date of inspection: 25/11/2025

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>All files have been reviewed by PIC and any gaps in employment have been rectified with staff.</p> <p>One surgery refuses to write in residents notes. The nurse in charge on the day a resident is reviewed follows up with GP via phone and email to ensure we receive written documentation as soon as possible.</p> <p>A pain monitoring tool is now in place. We are using the Wong Baker Faces Pain Rating Scale for residents with cognitive impairment, and we are using the Numeric Pain Intensity Scale for residents that are compos mentis. All staff nurses are aware and document a resident's pain scale via these pain management tools when giving PRN analgesia.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Our documentation of meetings has been enhanced to provide time-bound action plans. Risks and complaints have also been included on the agenda for each meeting.</p> <p>Documentation following our audits now includes a timeline for the completion of tasks,</p>	

clear action plans and the person responsible for completing them.
These actions are reviewed and signed off prior to the following audit.

All safeguarding incidents are being reported in the timeframe required. Learning from inspection was that a new safeguarding needed to be submitted regardless of it being the same residents that were reported prior to this.

All medications are in locked cupboards. It is the nurse in charge responsibility to ensure medications are locked away at all times.

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Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

Deputising arrangements have now been included in the statement of purpose. In the absence of the Director of Nursing, the ADON, provides cover, and in the Assistant Director of Nursing the CNM provides cover. There is always management cover in place over the 7 days of the week.

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Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Three incidents were submitted following inspection as set out in Schedule 4 relating to the safeguarding concerns. Learning from this inspection was to ensure safeguarding notifications are submitted when relating to the same residents after each incident.

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The shelf in room was lowered and is now within the residents reach. The resident asked for some of her items to be stored on the top of her wardrobe so she could look up at them when in the bed.</p> <p>Additional storage units have been purchased for shared bathrooms. Some residents wish to keep their toiletries in their own personal locker by their bed and their wishes are respected.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Residents bedrooms have been reconfigured and clearly state the dependency level of residents that reside in each room as follows:</p> <p>BedRoom 1 single occupancy with shared bathroom with Bedroom 2 single occupancy Shared Bathroom consists of wash hand basin toilet and shower. A resident with low, medium, high or maximum dependancy can be accomodated in Bedroom 1 and 2.</p> <p>BedRoom 3 twin room shared bathroom with Bedroom 4 twin room Shared Bathroom consists of wash hand basin toilet and shower Bedroom 3 accomodates residents with low to medium dependancy levels and will not accommodate residents who require the use of a wheelchair due to the layout of the bathroom. Bedroom 4 can accommodate a resident with low, medium, high or maximum dependancy can be accomodated in</p> <p>BedRoom 5 single occupancy with own ensuite which consists of wash hand basin toilet and shower. A resident with low, medium, high or maximum dependancy can be accomodated in Bedroom 5.</p> <p>BedRoom 6 Twin room with shared bathroom which consists of wash hand basin toilet and shower. Bedroom 6 accomodates maximum one resident with high to maximum dependancy level and one resident with low to medium dependancy level</p> <p>BedRoom 7 Twin room with shared bathroom which consists of wash hand basin toilet and shower. Bedroom 7 accomodates maximum one resident with high to maximum dependancy level and one resident with low to medium dependancy levels</p> <p>BedRoom 8 Single occupancy with shared bathroom with Bedroom 9 twin room Shared Bathroom consists of wash hand basin toilet and shower Bedroom 9 accomodates maximum one resident with high to maximum dependancy level and one</p>	

resident with low to medium dependency level. A resident with low, medium, high or maximum dependency can be accommodated in Bedroom 8.

BedRoom 10 single occupancy shared bathroom with Bedroom 11 single occupancy Shared Bathroom consists of wash hand basin toilet and shower. A resident with low, medium, high or maximum dependency can be accommodated in Bedroom 10 and 11.

BedRoom 12 twin room shared bathroom with Bedroom 13 twin room Shared Bathroom consists of wash hand basin toilet and shower. Bedroom 12 accommodates residents with low to medium dependency level and will not accommodate residents who require the use of a wheelchair due to the layout of the bathroom. A resident with low, medium, high or maximum dependency can be accommodated in Bedroom 13.

BedRoom 14 single occupancy with private ensuite which consists of wash hand basin toilet and shower. A resident with low, medium, high or maximum dependency can be accommodated in Bedroom 14.

BedRoom 15 Twin room with shared bathroom which consists of wash hand basin toilet and shower. Bedroom 15 accommodates maximum one resident with high to maximum dependency level and one resident with low to medium dependency level

BedRoom 16 Twin room with shared bathroom which consists of wash hand basin toilet and shower. Room 16 accommodates maximum one resident with high to maximum dependency level and one resident with low to medium dependency levels

BedRoom 17 Single occupancy with shared bathroom with BedRoom 18 twin room Shared Bathroom consists of wash hand basin toilet and shower. Bedroom 18 accommodates maximum one resident with high to maximum dependency level and one resident with low to medium dependency level. A resident with low, medium, high or maximum dependency can be accommodated in Bedroom 17.

A bell has been put in place for the outdoor smoking area.

The nursing home shower drainage is under review and shower panels are being sought to avoid any shower overflow.

There is no defibrillator available in the nursing home, however, there is one available in the publican house across the road and one available in Our Lady's and Supervalu.

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

All kitchen staff ensure all food that should be refrigerated following preparation is done so immediately, this is supervised by the management team.

Regulation 27: Infection control

Substantially Compliant

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

The flooring in shared bathroom 12 and 13 is being replaced. We obtained quotes for this to be completed and are awaiting a completion date.

Regulation 9: Residents' rights

Not Compliant

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

In Bedrooms 3 and 12 the curtain rails have been repositioned to allow for personal activities to be carried out.

Bedrooms 8 and 17 have now been converted into single rooms to allow for resident's safe evacuation and privacy and dignity.

Residents' rooms are being decorated in a homely manner. Residents own pictures are being hung on the walls if they wish and we are sourcing wall decals to create an improved homely environment.

We continue to develop links with the community. The residents attend the St Patricks Day parade, the town library when they have relevant days for residents interests, shows in Brian Boru.

Any worn bed linen and towels have been replaced and worn ones have been discarded following audit completed 12.02.2026.

Our residents' bedrooms entrance doors are fire doors, and no handles are in place. The PIC has sourced laminated signage for each door to improve privacy and dignity. We now have do not disturb signs and personal care in progress signage. All bathroom doors

have handles in place.

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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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Not Compliant	Orange	10/02/2026
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	01/02/2026

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.	Not Compliant	Orange	05/02/2026
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	10/12/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	09/01/2026
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 effectively monitored.	Not Compliant	Orange	24/11/2025
Regulation 27(a)	The registered provider shall ensure that	Not Compliant	Orange	31/03/2026

	infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	01/12/2025
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	01/12/2025
Regulation 9(3)(c)(iv)	A registered provider shall, in so far as is reasonably practical, ensure that a resident is facilitated to communicate freely and in particular have access to voluntary groups, community resources and events.	Not Compliant	Orange	09/01/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is	Not Compliant	Orange	03/03/2026

	reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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	30/03/2026