



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Anthony's Nursing Home
Name of provider:	Kilduff Care Co. Limited
Address of centre:	Kilduff Castle, Pallasgreen, Limerick
Type of inspection:	Unannounced
Date of inspection:	20 November 2025
Centre ID:	OSV-0000428
Fieldwork ID:	MON-0048867

About the designated centre

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

St. Anthony's Nursing Home is a 61-bedded nursing home situated in Pallasgreen, Co. Limerick. The centre is family owned and operated and was first established in 1969. The centre has undergone a number of renovations and extensions in the intervening period. It is a two storey premises with residents accommodated on both floors in twelve twin bedrooms and thirty six single bedrooms. All bedrooms are en suite with shower, toilet and wash hand basin. St. Anthony's provides a 24-hour nursing care with the support of a team of healthcare assistants. The centre is registered to provide care to both male and female adults over the age of 18 years of age with varying conditions, abilities and disabilities. The centre provides long-term, respite and convalescence care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61
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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
Thursday 20 November 2025	09:30hrs to 17:45hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a good quality of life, by a team of staff who were caring and responsive to their needs. The atmosphere in the centre was relaxed and welcoming. The consistent feedback from residents was that they were 'very happy' with the care they received, and staff were described by many residents as 'very good'.

The inspector was met by a member of staff upon arrival to the centre. Following an introductory meeting with the person in charge, the inspector walked around the centre, giving an opportunity to meet with residents and observe their living environment.

St Anthony's Nursing home is a family owned and operated centre, located in the village of Pallasgreen, Co. Tipperary. The designated centre is registered to provide care to 61 residents. The centre is laid out over two floors, with stairs and passenger lift access between floors. Resident living and bedroom accommodation was provided on both floors. On the day of the inspection, the centre was fully occupied.

The entrance to the centre opened into a reception area leading to an office, a staff room and several communal rooms. The majority of residents were observed spending time in the main communal sitting room on the ground floor. The communal sitting room was arranged into various seating areas and residents were seen engaging in activities, such as a group exercise class and rosary. Some residents enjoyed watching television and receiving visitors to the communal sitting room during the day. There was constant activity in the sitting room and the atmosphere was sociable. A small number of residents preferred to spend time in a quieter sitting room, known as the parlour, which was located beside the main reception. The inspector observed that some residents in this room were being supported with individual physiotherapy activities. The atmosphere in the parlour room was relaxed and peaceful. Other communal areas included a visitors room, a dining room and communal sitting rooms on the first floor of the centre.

Residents' bedroom accommodation was provided in single and shared bedrooms, all with ensuite facilities. The inspector observed that resident bedrooms were clean and tidy. Many resident bedrooms were personalised with items of significance such as photographs, ornaments and soft furnishings. Call bells and televisions were provided in all bedrooms. A number of residents told the inspector that they were happy with their bedroom accommodation. One resident described how grateful they were to have a single room, so they could have 'their own space'. A resident told the inspector how much they enjoyed the views from their bedroom window. Several residents who were accommodated in shared bedrooms told the inspector

that they were happy with their accommodations arrangements, as they had developed friendships with residents with whom they shared their bedrooms.

Several residents described how they liked to socialise in the communal areas and attend activities in the centre. There was a schedule of activities displayed for resident information which included shopping trips, musical activities, exercises and outings. The inspector observed photographs of a fashion show which took place recently in the centre. A resident told the inspector that they had enjoyed modelling at this event. The inspector heard positive feedback about the variety of activities available. A resident spoke about going for regular outings, including drives in the countryside and trips to a local hotel. The inspector was informed that the exercise activity was very enjoyable. Several residents stated that they preferred to spend time in the comfort of their own bedrooms. They said that they could choose to attend activities if they wished, and this choice was respected. The inspector observed staff checking upon residents who were spending time in their rooms, throughout the day of the inspection.

The inspector spoke with residents who they had met on previous inspections, and to residents who had come to live in the centre more recently. Residents said that they could speak freely with staff if they had any concerns. One resident told the inspector that the staff 'really listened to them'. The inspector observed staff engaged in friendly conversation with residents.

Residents were complimentary of the quality of food provided and the choice of menu offered. In conversation with a resident, they showed the inspector the daily menu, to support their comments regarding the variety of options available. The inspector was informed by another resident that they could get a cup of tea or a snack at any time of night, and several residents several residents said that they could always get an alternative to the menu, if they wished. A snack vending machine was located on the ground floor of the centre and portable facilities for making tea and coffee were located in several communal rooms.

Information for residents was displayed throughout the centre, including information regarding advocacy services, and residents were supported to access this service, if required. Booklets, for resident information, were displayed in the reception area, regarding falls prevention, restrictive practices and safeguarding.

There was sufficient space for residents to meet with visitors in private. The inspector observed a number of residents receiving visitors during the inspection and found that there were flexible visiting arrangements in place.

The next two sections of the report detail the findings in relation to the capacity and capability of the centre and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations.

Capacity and capability

This was an unannounced inspection conducted by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended) and to follow up on the findings of the previous inspection in November 2024. Overall, this inspection found evidence of sustained improvements in many aspects of the service and the management team demonstrated a commitment towards achieving compliance. However, premises and fire precautions were not fully aligned with the requirements of the regulations.

The registered provider for St Anthony's Nursing Home was Kilduff Care Centre Limited. There was a clearly defined management structure. There were two company directors who worked full-time in the centre, with one director working as the director of operations, and the second director being the person in charge. The person in charge was supported in their role by an assistant director of nurse and a team of clinical nurse managers. Additional management support was provided by an operations manager. Nurses, healthcare assistants, catering, housekeeping, activity and maintenance staff made up the staffing compliment.

The centre had sufficient resources to ensure effective delivery of care and support to residents. There were 61 residents accommodated in the centre on the day of the inspection. The inspectors' observations were that staffing levels on the day of the inspection were sufficient to meet the assessed needs and dependencies of residents. Communal areas were appropriately supervised. Records showed that there was a minimum of two registered nurses on duty at all times, to oversee the clinical care of the residents.

Training records reviewed demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of residents. Records viewed indicated that staff were up-to-date with the centre's mandatory training requirements. Staff also had access to additional training to inform their practice, which included infection prevention and control, falls prevention, care planning, and cardio pulmonary resuscitation (CPR) training. A food hygiene training programme took place on the day of inspection. Several care staff were also participating in a physiotherapy assistant training programme.

There were communication systems in place and records demonstrated that regular meetings were used as opportunities to discuss topics such as complaints, incidents accidents and key performance indicators. There were management systems in place to monitor the quality of care and service provided. Members of the clinical management team were allocated responsibilities for specific care areas which included wound management, infection control, dementia care and the management of responsive behaviours. Clinical key performance indicators (KPIs) were monitored in areas including nutrition, wounds, and the use restrictive practices. There was a schedule of audits in clinical care areas including infection control, falls, health and safety, and call bell response times. A review of completed audits found that they were effectively used to identify risks and deficits in the service. Quality

improvement plans were developed and corrective actions were completed, where required. Meeting records demonstrated that audit results were communicated with the wider team, such those relating to call bell response times, to drive quality improvement.

Accidents and incidents were analysed, and clinical and environmental risks were recorded the centres' risk register and monitored regularly.

A review of the complaints records found that complaints and concerns were responded to promptly, and managed in line with the requirements of Regulation 34: Complaints procedures.

Records were seen to be stored securely in the designated centre. There was evidence that staff were appropriately vetted prior to commencing employment in the centre. An Garda Siochana (police) vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were available in the designated centre for each member of staff.

An annual report on the quality of the service had been completed for 2024 and had been completed in consultation with residents. The annual review set out the service's level of compliance with the regulations, as assessed by the management team.

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the current residents, and the size and layout of the designated centre

Judgment: Compliant

Regulation 16: Training and staff development

There was a training and development programme in place and records demonstrated that staff were facilitated to attend mandatory training in areas such as patient moving and handling, fire training and safeguarding of vulnerable adults. Additional training was also provided in cardiopulmonary resuscitation and restrictive practices.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was provided with sufficient resources to ensure effective delivery of care in line with the centre's statement of purpose. There was a clearly defined management structure in place with identified lines of accountability and authority.

The provider had management systems in place to ensure the quality of the service was monitored.

An annual review of the service was completed.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible procedure for dealing with complaints which included a review process, which was displayed prominently within the centre.

A review of the complaint management system found that complaints were recorded, responded to, and managed in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Residents living in the centre were satisfied with the quality of the care they received and they expressed that staff were very kind. Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services. Residents voiced high levels of satisfaction with the programme of activities and the choice and quality of food available. However, premises and fire precautions did not align fully with the requirements of the regulations.

The design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. Residents' bedroom accommodation was individually personalised. A programme of maintenance work was ongoing. However, the organisation of external storage areas did not align with the requirements of Regulation 17: Premises.

The provider had a number of measures in place to ensure that residents were protected in the event of a fire emergency. These included regular servicing of fire safety equipment, fire training and weekly fire evacuation drills. However, the

inspector found that the arrangements for the detection of smoke and fire in several external areas were not adequate. This meant that staff may not be alerted to a fire in these areas. These findings are addressed under Regulation 28: Fire precautions.

Residents were supported to access the General Practitioner (GP) of their choice. There were systems in place to ensure that residents were referred to allied health and social care professionals as required, such as speech and language therapist and tissue viability nurse specialists. A physiotherapist attended the centre twice weekly.

The inspector reviewed a sample of residents' care records, which were recorded on an electronic documentation system. Residents had a comprehensive assessment of their needs completed prior to admission to the centre, to ensure the service could meet their health and social care needs. Following admission to the centre, a range of validated clinical assessment tools were used to identify potential risks to residents in relation to skin integrity, nutrition and mobility, among other areas. The outcomes of assessments were used to develop a care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements.

The centre employed three staff who were dedicated to the provision of resident activities. The programme of activities included music, exercises, and outings. The centre had its own transport service and resident trips outside of the centre were encouraged. The centre had well-established links with the local community. Residents were supported to attend local events including a recent Halloween bonfire. Community groups and local schools were welcomed into the centre, to provide musical entertainment. Residents were supported to practice their religious faiths. There were advocacy services available for residents, if they wished to avail of them. Residents had access to internet, local television, radio and newspapers. Residents' views on the quality of the service provided were sought through satisfaction surveys. Residents' meetings were convened regularly and meeting records indicated that residents were consulted about a variety of topics, including the menu, falls prevention, fire safety, and advocacy services.

Inspectors found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished. Visitors were observed attending the centre on the day of inspection.

Regulation 17: Premises

Three large external storage areas were cluttered with mixed items of equipment and supplies. Household, maintenance and clinical items were not segregated, and many items were stored on the floor of these rooms, preventing it from being appropriately cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some inadequate fire precautions were observed on this inspection. For example:

- Fire detection was not provided in three large external storage units and an external visitors room. Therefore staff may not be alerted in the event of a fire in this area.
- Personal evacuation plans (PEEPS) were in recorded for all residents', however they were not located in individual resident bedrooms. This arrangement may pose a delay the direction of residents and staff, if information isn't readily available, in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment was in place for each resident prior to or on admission to the centre. The care plans reviewed were individualised, and reflected residents' needs and the daily supports they required. Care plans were reviewed in line with regulatory requirements, or where changes occurred.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP), and GPs were visiting the centre as required.

Residents had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life, and palliative care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected by staff. There were arrangements in place to ensure that their privacy and dignity was maintained at all times.

There was a varied programme of meaningful activities in the centre for residents to participate in, if they chose to.

The registered provider had ensured that residents were consulted about the management of the designated centre through participation in residents meetings' and undertaking resident surveys.

Resident had access to an independent advocacy service.

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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Anthony's Nursing Home OSV-0000428

Inspection ID: MON-0048867

Date of inspection: 20/11/2025

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Storage areas have been decluttered, segregated and some items disposed of. Less stock will be held onsite from our suppliers.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire Alarm System were reviewed in conjunction with our Fire Safety Consultant. A fire detection system is now fitted to the external store.</p> <p>PEEPS are now located at each Fire Repeater panel (3 locations) following consultation with our local Fire Station Officer. Peeps will be accessible as one full document printed from our Care Plan System. These folders will be reviewed regularly as care needs of our residents change or at a minimum of 3 monthly.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/12/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2025