Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Anthony's Unit
Name of provider:	Health Service Executive
Address of centre:	Glenconnor Road, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	09 December 2025
Centre ID:	OSV-0007836
Fieldwork ID:	MON-0048446

About the designated centre

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

St. Anthony's unit is owned and operated by the HSE and is registered to provide care to 18 residents. It is located on the outskirts of the town of Clonmel on an elevated site with beautiful views of the mountains and local area. The centre is a single storey facility and bedroom accommodation is provided in four single rooms, a twin room and three four-bedded rooms. There is a very large communal room at one end of the building that provides lounge, dining room and activities facilities. The service caters for the health and social care needs of residents both female and male, aged 18 years and over. St Anthony's unit provides long term care, dementia care, respite care, convalescent care and general care in the range of dependencies low / medium / high and maximum. The service provides 24-hour nursing care. Two designated palliative care beds are a recent addition to the care provided in the unit.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17

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 9 December 2025	09:20hrs to 16:35hrs	Catherine Furey	Lead
Tuesday 9 December 2025	09:20hrs to 16:35hrs	Sinead Corbett	Support

What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, residents were happy living in St. Anthony's Unit. It was clear that their views were listened to and they were supported by the staff. For example, the inspector observed kind and respectful interactions between staff and residents throughout the day. Staff respected residents' choices with regards to when they wished to get out of bed, participation in activities, and where they wished to eat their meals.

The centre is registered for 18 residents, and there were 17 residents living in the centre on the day of the inspection. Inspectors engaged in conversations with four residents to gain insight into the residents' lived experiences in the centre. The inspector also spent time observing interactions between staff and residents and reviewing a range of documentation. Residents were complimentary about living in the centre and the staff. One resident told the inspector that they were very happy living in the centre and she complimented the staff and a second resident told inspectors that they were happy with the care from staff and with the food in the centre. Ten provider-led resident surveys completed in October 2025 were largely positive about the lived experience of residents in the centre, including the facility, food and mealtimes, and visiting arrangements. Two areas for improvement regarding the serving temperature of meals and laundry were identified in the surveys, these were discussed at a residents' meeting in November 2025 and an action plan was implemented to address both issues.

St. Anthony's Unit is located in Clonmel. It is planned that the residents will transfer to a new purpose-built 60-bedded new building onsite in 2026. Currently, the centre is laid out over one floor, with a large dayroom/dining room and a separate family/visitor's room at one end. Bedrooms are a mix of single, twin and four-bed occupancy. Each resident has access to a wardrobe and a locker beside their bed. The size of each bedroom and bed space was sufficient to allow for privacy for each resident.

The centre was bright, warm and clean. The centre was decorated for Christmas, with some beautiful decorations made by a resident on display. Residents mobilised freely around the centre where possible The premises was well maintained overall. However, inappropriate storage of items was seen in the centre, for example, storage trollies, bottled water and wheelchairs were stored in the family/visitors' room; this impacted on the homeliness of the room for the residents.

Main meals are prepared off-site in the local acute hospital, approximately one kilometre away, and are transported to the centre daily. Inspectors were told that breakfast, small meals and snacks are prepared in the on-site kitchenette. Inspectors observed meals arriving from the main kitchen which were then unloaded into the heated catering trolley and plated and served according to the residents' preferences. Residents were generally served their lunch in the day room and if they

chose to stay in their rooms, this was facilitated.. Meals were well presented and appeared appetising. The daily menu was displayed in the dining room in written and picture format. Residents who required assistance were attended to by staff in a relaxed and dignified manner. Catering staff confirmed that requests from residents for particular foods was communicated to the main kitchen. Residents' dietary modifications and individual preferences were displayed on a whiteboard in the kitchenette to ensure all staff were kept up-to-date with any changing preferences or needs. Inspectors were told that there was a boiled water notice in the area, this affected the centre's supply of potable tap water. This did not impact on residents as bottled water was provided in the centre.

Visitors were observed in the centre throughout the day, visiting residents in the family/visitor's room, the dayroom and in residents' bedrooms. One visitor spoke with inspectors and expressed positive views about the centre and the service delivered by the staff. They said they were looking forward to seeing the new nursing home and for the resident to have their own bedroom decorated to their own personal preference.

On the day of the inspection, residents participated in activities facilitated by an activities co-ordinator, this included a game activity that residents appeared to enjoy. Inspectors were told that activities are scheduled in the centre six days per week. Residents who spoke with the inspector said they were very happy with the schedule on offer. This was echoed in the feedback from surveys and residents' meetings. Residents told the inspectors that they engage in activities according to their own interests and that they can do as they wish; one resident was observed spending time alone engaging in their own craft work and another resident told an inspector that they like to spend time watching Mass on TV. One resident told an inspector that the Wi-Fi access in their bedroom had improved since the previous inspection.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations

Capacity and capability

Overall, the local governance and management systems in the centre facilitated the delivery of good quality care. However, further oversight of outstanding issues relating to fire safety and care planning and access to healthcare professionals was required.

This was a one-day unannounced inspection. The purpose of the inspection was to monitor compliance with the regulations and to follow up on actions outlined in the

centre's compliance plan following the previous inspection on 4 December 2024. Improvements were seen in the overall governance and management of the centre, including the areas of infection control, fire precautions and residents' rights. For example, a fire alarm system was installed in the hairdressing room, fire doors were reviewed by a competent person and the fire evacuation maps were updated. Also, Wi-Fi access in the residents' bedrooms had improved.

The Health Service Executive (HSE) is the registered provider for St. Anthony's Unit. There are shared centralised departments including maintenance, human resources and training. Within the centre, the delivery of care is organised by the person in charge, who is a clinical nurse manager 2 (CNM2) with support from the Director of Nursing (DON), who is also responsible for another, larger designated centre. The DON deputises for the person in charge during any planned absences.

Staffing levels in the centre were adequate to meet the needs of the residents. On the morning of the inspection, the person in charge, three registered nurses, three care staff, one activity co-ordinator, one household cleaning staff, and a kitchen assistant were on duty. There was some use of agency staff when required, however these were predominantly long-term agency staff who knew the centre and the residents well. Inspectors were told that recent recruitment had taken place in preparation for the move to the new centre.

The person in charge collects and analyses information to inform quality improvement; this was evident in the schedule of audits reviewed by inspectors. A software programme is utilised to complete audits and a hardcopy of the audits are filed. Audits include medication management, hygiene and restrictive practice. Quality improvement plans are developed and implemented where an audit identifies an issue or oversight. Record management in the centre was good, and all resident files were maintained securely in the centre and available for review by inspectors, for example, the directory of residents and residents' contracts of care.

Regulation 15: Staffing

A review of planned and worked staff rosters identified that there were sufficient staff, of an appropriate skill-mix to meet the assessed needs of the residents in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was comprehensively maintained in line with Schedule 3 requirements.

Judgment: Compliant

Regulation 21: Records

A sample of staff employment files and found that they contained all of the information required under Schedule 2 of the regulations, for example references and evidence of relevant qualifications.

Records required under Schedules 3 and 4 of the regulations were maintained, for example, a register of restrictive practices, and a daily note of residents' health and treatments given.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place with clearly identified deputising arrangements for key management roles. Inspectors spoke with various staff who demonstrated an awareness of their roles and responsibilities. Systems were in place to ensure that the care provided to residents was safe, effective and regularly monitored. For example, weekly data was collated in relation to a number of key indicators including restrictive practice, wounds and falls. There was a low level of incidents and falls occurring, nonetheless the data continued to be collected and analysed to identify if there were any areas for improvement.

The person in charge had prepared a comprehensive annual review of the quality and safety of care delivered to residents in 2024. This included targeted improvement plans for a variety of areas based on the analysis of key areas of care and support provided to residents, and upgrades to the premises during the year. The annual review was made available to residents in the centre. The annual review for 2025 was in the process of being prepared.

The centre was well-resourced by the registered provider to allow a high level of care to be provided to the residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care were agreed in writing with each resident on their admission to the centre. Contracts detailed the services to be provided, whether under the

Nursing Homes Support Scheme or otherwise, the fees to be charged for such services, and the terms relating to the bedroom to be provided to the resident.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which was prominently displayed in the reception area for residents' and relatives' information and contained all of the information required by the regulation. Details on display included the name of the nominated complaints officer in the centre, the investigation procedure, the appeals process and contact details of Advocacy services and the Ombudsman.

Judgment: Compliant

Quality and safety

Residents' well-being and welfare was maintained by a good standard of evidence based care and support. While improvements have been noted in the areas of residents' rights and fire safety since the previous inspection, further action is required by the registered provider to fully comply with regulatory requirements, in respect of care planning, fire precautions and healthcare.

The centre was noted to be bright and cleaned to a good standard. In shared bedrooms, privacy was afforded to the residents by the use of curtains. Residents had access to a lockable drawer and storage for their personal belongings and call bells were available in bedrooms and bathrooms throughout the centre.

Residents had a choice of menu at mealtimes, with their requests fulfilled insofar as possible. Despite a boil water notice in operation, residents had adequate access to bottled water. Residents could avail of food, drinks and snacks at times outside of regular mealtimes. Dietary needs of residents were communicated to kitchen staff and displayed in the kitchen.

Generally, good practice was observed in relation to resident assessment and care planning. A review of residents' records identified that residents' needs were frequently assessed and documented. A broad range of assessment tools were utilised to assess for various clinical risks such as falls, frailty and depression. Assessments informed the residents' care plans, which were person-centred and comprehensive. However, to ensure continuity of care and communication of

residents' needs some improvements are required in relation to care-planning and these are discussed under Regulation 5: Individual assessment and care plan.

Residents were provided with evidence-based nursing care and consistent medical care is provided by a General Practitioner (GP). Residents were supported to access vaccinations, such as the flu vaccine, if they chose. Records reviewed by an inspector identified that the input from a range of other disciplines was sought and adhered to, for example, psychiatry of old age, physiotherapy and speech and language therapy. However, there was no access to dietetics or to occupational therapy which impacts on the provision of holistic care to the residents.

The centre had an activities programme that took place over 6 days per week. In addition, residents were supported to participate in their own interests and hobbies. The day/dining room provided adequate space and facilities for residents to undertake activities. Inspectors were told that the centre has use of a minibus one day per fortnight and that residents are welcome to go on an outing, for example to the local town and to an arboretum. Resident meetings take place bi-monthly to discuss and suggest plans for activities and outings. A sample of minutes reviewed by an inspector show that the number of attendees varies between three and eleven people. Inspectors were told of the plans for festive celebrations taking place in the centre on the following week, which included a Christmas party, visits from local groups and the local school, and a Catholic mass. Patient advocacy information was displayed in the front lobby of the centre. Wi-Fi access had improved since the previous inspection.

Local systems were in place for the monitoring of fire safety precautions within the centre and improvements were noted in this regard since the previous inspection. Up-to-date fire evacuation plans were displayed throughout the centre and a fire protection certificate detailing the annual servicing of fire-fighting equipment was up to date and displayed. The servicing record for the emergency lighting system documented that the system was last serviced in October 2025. Signage alerting the location of the oxygen storage area was noted. The fire panel is located inside the front door of the centre, the inspector observed that there were no faults displayed on the panel and it was serviced in October 2025. The fire drill evacuation procedure requires improvement to ensure that all staff are aware of the correct fire evacuation procedure and that this aligns with the evacuation maps displayed in the centre. These areas for improvement are discussed further under Regulation 28: Fire precautions.

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

The lack of access to a dietitian is discussed under Regulation 6: Healthcare.

Judgment: Compliant

Regulation 28: Fire precautions

Further action is required to address the following fire safety concerns:

- An evacuation route, marked on the evacuation map displayed in the centre, can only be accessed via a closed fire door with keypad access.
- Staff that spoke with an inspector were unclear of which evacuation route to use from one of the multi-occupancy bedrooms.
- Personal evacuation plans for residents in the multi-occupancy room include the use of ski-sheets, however, this has not formed part of the evacuation drills through the nearest evacuation route. Therefore, it is not clear if this evacuation route can accommodate the use of ski-sheets.
- While there were arrangements in place to manage the risk of fire, it was noted that Portable Appliance Testing (PAT) testing for hoist chargers had not been completed since February 2024, which could cause an increased risk in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of five care plans were reviewed, they were seen to be detailed and based on a holistic and comprehensive assessment. Each were prepared within 48 hours of the resident's admission to the centre. Action is required to ensure full regulatory compliance, for example:

- Two care plans were not updated to take into account changes in the residents' care needs, for example a care plan relating to a choking risk and a seizure management care plan.
- While the assessment tools such as dependency level assessments and malnutrition screening tools were updated at intervals not exceeding four months, two care plans were not updated within this timeline, as required by the regulation.
- It was not consistently recorded that residents were involved or consulted in their in their care plan reviews.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors observed that residents are provided with evidence-based nursing care according to their care needs. Residents have access to health care services, such as GP services, speech and language therapy, and psychiatry of old age. Inspectors were informed that currently there was no access to dietetics or to occupational therapy under the general medical services (GMS) Scheme. In relation to dietetic access this is a repeat finding.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Overall, residents' rights were well supported in the centre. A schedule of activities and outings were agreed by the residents at bi-monthly meetings. Residents have access to television and internet, and Wi-Fi access has improved since the previous inspection. Information on advocacy services was displayed in the front lobby of the centre.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Anthony's Unit OSV-0007836

Inspection ID: MON-0048446

Date of inspection: 09/12/2025

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • The keypad previously installed on the fire door has been removed. This had the potential to obstruct access to the designated escape route. The obstruction has now been eliminated. Action completed: 02.02.2026. • A site-specific fire evacuation drill and staff training sessions with a qualified fire instructor have been organised. The training will specifically highlight evacuation routes from all rooms, including the multi-occupancy bedroom and use of evacuation aids. Scheduled completion date: 30.04.2026. • Evacuation routes are incorporated into staff induction and shift handover discussions to ensure all staff are familiar with escape routes at all times. • The PEEP template has been reviewed to ensure it captures all required information. PEEPs will be reviewed every 4 months and whenever a resident's condition changes. Completion date: 30.03.2026. • Daytime and night-time evacuation drills, including the use of fire evacuation equipment, have commenced and will continue on an ongoing basis to maintain staff competency. • PAT testing for all hoist chargers within the Centre has been requested. Scheduled completion date: 15.04.2026.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:	

• Staff have been provided with refresher guidance on the regulatory requirement to review and update care plans at least every four months, or sooner where a resident's condition or assessed needs change at the staff meeting conducted on 10.02.26
• CNM2 completed a full-day Care Planning and Documentation training programme on 23.02.2026 and is coordinating refresher training for all nursing staff. All relevant staff are expected to complete this training by 30.04.2026.
• Three nurses, including the CNM1, are scheduled to attend a full-day Care Planning training programme on 02.04.2026 to further strengthen knowledge and compliance with Regulation 5 – Individual Assessment and Care Plan.
• Care planning and documentation have been included as a standing agenda item at Nurses' Meetings to support ongoing discussion, learning and quality improvement.
• Care planning and documentation practices are incorporated into the staff induction programme to ensure new staff receive appropriate guidance from the outset.
• A Documentation Committee has been established within the Centre to support improvements in clinical documentation and care planning practices.
• Staff have been reminded of the requirement to consult with residents, and where appropriate their representatives, during the development and review of care plans, and guidance has been provided on documenting evidence of resident involvement.
• A Care Plan Audit process has been implemented to monitor the quality, accuracy and timeliness of care plans, with ongoing monitoring and review in place to ensure regulatory compliance and continuous improvement.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
• A Speech and Language Therapist (1 WTE) has been in post since 05.01.2026, and staff are aware of the referral pathways and available services.
• A Dietitian (0.5 WTE) will commence on 19 March 2026. In the interim, where residents are identified as at risk of malnutrition or requiring specialist nutritional advice, referrals will be made through medical officer to receive alternative dietetic supports from community where available.
• Nutritional care will continue to be monitored using validated assessment tool (MUST), alongside regular weight monitoring and ongoing care plan review.

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 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	02/02/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/04/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	30/04/2026

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant		30/05/2026