



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

Issued by the Chief Inspector

Name of designated centre:	Cahereen Residential Care Centre
Name of provider:	Cahereen Residential Care Limited
Address of centre:	Codrum, Macroom, Cork
Type of inspection:	Unannounced
Date of inspection:	23 January 2025
Centre ID:	OSV-0000208
Fieldwork ID:	MON-0041997

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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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 23 January 2025	09:45hrs to 16:15hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

There was a warm and welcoming atmosphere in Cahereen Nursing Home, which was apparent to the inspector when they arrived, unannounced, at the centre. During the day, the inspector spoke with all residents, and with five residents in more detail. In addition, the inspector met with three family members, who were visiting on the day. The inspector spent time observing residents' daily lives and care practices, in order to gain insight into the lived experience of residents. Residents reported that they felt very well cared for by staff and said that staff were "like family" to them. All residents were observed to be nicely, and appropriately, dressed on the day of inspection. Family member said they felt that their relatives had a "lovely" quality of life in the centre.

The designated centre is located near Macroom, in a picturesque, scenic rural setting. There was adequate car parking space for staff and visitors, in front of the single-storey building. On the day of inspection, there were 27 residents living there, with no vacant beds. Following an introductory meeting, with the person in charge, the inspector was accompanied on a walk around the premises and external garden areas. Bedroom accommodation consisted of nine spacious single rooms and nine twin rooms. Most bedrooms had full en-suite facilities and were upgraded and renovated on an annual basis. In addition, there was sufficient, shared, shower, toilet and bathroom access for all residents. The inspector saw that each resident had adequate wardrobe space in their bedroom. All bedrooms were seen to be decorated with, for example, flowers, photographs, items of art and other memorabilia from home, such as, small ornaments, radios and books.

Residents had access to a spacious, large, sitting, dining room combination, as well as a lovely, bright conservatory, leading to the garden, through double patio-doors. The inspector observed that the centre was decorated in a fresh, homely style, with colourful soft furnishings, flat screen televisions, wooden flooring, suitable armchairs and specialised chairs.

The inspector found that there was a lively atmosphere in the centre throughout the day and kind interactions were noticed between staff and residents. Residents stated that their choices were respected and that the activities on offer to them, were enjoyable. Residents told the inspector that they felt their opinions were listened to, and that their rights were respected. Minutes of residents' meetings confirmed that actions were followed up on, and these were discussed at the next meeting. Throughout the day staff members were seen to accompany residents to the dining room and sitting room, to attend singing sessions, games, bingo, one to one conversation and family visits. Residents praised the physiotherapist for their support on his weekly visit. Staff informed the inspector that he undertook individual consultations for residents, as well as assessments on admission, and a group exercise class. Residents, who were present at the activities, were observed to be fully engaged with each other, and with staff.

A number of residents said they were supported to go on outings, for example, to Gougane Barra, on shopping trips, to restaurants and to avail of overnight stays at home, during celebratory weekends. They had really enjoyed the multi-cultural day, where staff from various cultural backgrounds had introduced residents to their music, national costumes and samples of the different foods. Residents told the inspector that they were happy with the laundry service, which was done in the centre. Laundry personnel were described as "very good" and there were no complaints about the service. Residents informed the inspector that they knew to approach if they had a complaint and they said they "felt safe" in the centre.

Residents were very impressed with the quality of the food. Assistance was seen to be readily available at mealtimes and staff also encouraging independence. Residents said that they appreciated the relaxed approach to dining and they felt they could take time to enjoy the food, over the two sittings. Meals were fresh and home cooked, with a number of choices available. The food was described as "tasty" by residents, who were seen to be served with care and respect.

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

Capacity and capability

This was an unannounced inspection carried out over one day, to follow up on information received, and to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013 (as amended). Overall, findings of this inspection were that this was a good service and a well-managed centre, run by a management team and staff, who worked hard to ensure that residents received good quality, person centred care and support. The management team were proactive in response to issues as they arose and improvements were ongoing.

The registered provider of the centre is Cahereen Residential Care Ltd, a company which comprises two directors. The directors are also involved in the operation of another nursing home. One director, who represents the provider, attends the centre every week and was present for the feedback meeting, at the end of the inspection day. The person in charge stated that they were also available to them on a daily basis, over the phone. The management team was observed to have strong communication channels and a team-based approach to care delivery.

On a daily basis care was directed by the person in charge, who was well-known to residents. They were supported in the role by two clinical nurse managers and a team of nurses, care assistants, catering, maintenance, administration, activity and household staff. The management team communicated with staff daily during handover meetings, and at formal staff meetings. The management structure was clearly set out and staff were aware of their roles and responsibilities. The inspector

found that the provider ensured the service was resourced and effectively monitored, with the result that residents received good quality, safe care and services.

The inspector reviewed the rosters and discussed staffing levels with residents and staff. It was found that there was an appropriate number and skill mix of staff available, to meet the needs of the 27 residents living in the centre, taking into account the size and layout of the centre. Staff members spoken with were knowledgeable of residents' life histories and of their individual needs. A relevant training programme was in place and staff demonstrated awareness of key aspects of their training, in particular with regard to safeguarding residents from abuse, infection prevention and control and responsive behaviours. A sample of staff personnel files were reviewed by the inspector. There was evidence available that each staff member had Garda vetting clearance, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, prior to commencing employment.

A range of policies and procedures, as set out in Schedule 5 of the regulations, were available to underpin practice. A sample checked by the inspector was up to date. Complaints were recorded and managed in line with the regulations. A comprehensive annual review of the quality and safety of care for 2024 had been prepared, in consultation with residents. It was evident that feedback from residents and families was encouraged and used to inform ongoing quality improvements in the centre.

Comprehensive systems had been developed, including clinical and environmental audits and a weekly collection of data, on the incidences of pressure wounds, restrictive practice, infections and falls. A review of this data indicated that the audit system was effective, in supporting the identification of areas for improvement and the development of time-bound, action plans. These were discussed at governance and staff meetings and disseminated among staff. This underpinned safe, clinical care and ensured that the safety, and quality of life for residents was optimised.

Regulation 14: Persons in charge

The person in charge was a registered nurse, working full time in the post and had the necessary experience and qualifications, as required by regulation.

She was supernumerary to other nursing staff and was actively engaged in the governance and operational management of the service.

Judgment: Compliant

Regulation 16: Training and staff development

According to records seen, mandatory and appropriate training was delivered in the centre, and attendance at the sessions was recorded on the training matrix.

In-house, face-to-face training was delivered, by an external provider, in areas requiring staff discussion, for example, safeguarding and dementia care training.

One senior staff member had been facilitated to complete the 'infection control link practitioner' course, while another staff member was currently undertaking a course on 'activities for older adults'. This meant that staff had access to best evidence-based practice.

Staff were appropriately supervised and supported to perform their respective roles. There was a comprehensive induction and appraisal programme in place, to support robust recruitment and retention of staff. For example, staff were seen to have annual performance appraisals on file, which the person in charge said, supported improvement and identified learning requirements.

Judgment: Compliant

Regulation 21: Records

All records, as set out in schedules 2, 3 and 4 of the regulations, were made available to the inspector.

Retention periods were in line with the centre's policy and the regulatory requirements.

Records were stored in a safe and accessible manner.

A sample of staff files reviewed by the inspector were seen to contain the documents set out in schedule 2.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had an established governance and management structure in place where lines of authority and accountability were clearly defined.

Effective monitoring and oversight systems were in place, to ensure the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were well managed in the centre.

There was a comprehensive complaints policy in place and this was displayed at the entrance to the designated centre. Residents and families were made aware of the complaints policy and said they knew how to make a complaint if they wished to do so.

Records of complaints were well maintained and investigated, in line with the centre's complaints policy. These records were viewed by the inspector, including those awaiting resolution.

Residents informed the inspector that they were advised to make a complaint if they were unhappy.

The person in charge stated that any complainant would be supported to access an appeals process and an external advocacy service, where necessary.

Judgment: Compliant

Quality and safety

Overall, residents in Cahereen Nursing Home were found to be supported to have a good quality of life, which was respectful of their wishes and preferences. There was timely access to healthcare services and appropriate social engagement, A human rights-based approach to care was seen to be promoted, and the person in charge confirmed that all staff undertook training modules, in applying a human rights-based approach to care. Findings on this inspection, demonstrated good compliance with the regulations for the sector.

The inspector was assured that residents' health-care needs were met to a high standard. There was weekly access to the general practitioners (GPs), who were described as "available, when required" and they reviewed residents' medicines on a three-monthly basis. Systems were in place for referral to specialist services as described under Regulation 6: Health-care. Residents' records evidenced that a

comprehensive assessment was carried out for each resident, prior to admission, which formed the basis for the development of a relevant plan of care.

The registered provider had invested in upgrading and improving the premises, which had a positive impact on residents' quality of life. Painting of the centre was currently underway. Laundry of bed linen, and residents' personal clothes were well managed, in the in-house laundry. The centre was observed to be clean and staff were seen to adhere to good infection control practices, in relation to hand hygiene protocol.

There was good practice observed in the area of fire safety management within the centre in general. Certification was available, in relation to servicing of fire safety equipment. Fire safety checks were comprehensive. Advisory signage was displayed in the event of a fire. Training records evidenced that drills were completed, taking into account times when staffing levels were lowest. This meant that staff became familiar with the challenge of evacuating a number of residents at times of higher risk.

A safeguarding policy provided guidance to staff, with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and their related responsibilities. The provider did not act as pension agent for any residents, and receipts were issued for individual spending.

Residents' nutritional and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu, based on their individual food preferences and dietetic requirements, such as, gluten free diet or modified diets.

The inspector found that residents were free to exercise choice on how they spent their day. It was evident that residents were consulted about the running of the centre, formally, at residents' meetings every three months and informally through the daily interactions with the management team. A number of individual conversations were seen to be facilitated, between staff and residents, during the inspection. Activities and social interaction were described in more detail under regulation 9.

Regulation 17: Premises

In general the premises was kept in good order by the maintenance personnel, who attended daily.

There was a programme in place to address issues as they arose.

By way of example:

Floor covering was seen to be damaged in a store room. The inspector was informed that this had already been identified and scheduled for replacement. Documentation to this effect was seen.

Where paint touch-ups were required this was underway, when the inspector arrived at the premises.

A damaged chair was replaced immediately.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutrition and hydration needs were met.

Home baked desserts and cakes were a daily feature of mealtimes, and the kitchen was clean and well equipped.

Residents were seen to be consulted about their likes and dislikes. They were very complimentary about the personal attention and kindness from the chef and her staff.

Systems were in place, to ensure residents received a varied and nutritious menu, and dietetic requirements such as, gluten free diet or modified diets were accommodated.

Residents' nutritional status was assessed monthly, weights were recorded and a dietitian was consulted, where necessary.

Judgment: Compliant

Regulation 27: Infection control

Infection control process were well maintained and practices were audited by the link nurse practitioner.

The centre was very clean and there were adequate cleaning and laundry staff employed.

There was a sluicing facility on the premises with a bedpan washer.

Cleaning and laundry staff were on duty daily. These staff members were found to be knowledgeable about cleaning practices and chemical use.

Hand washing facilities and sanitising gel were available for staff, and the person in charge stated that there were plans in place to update another sink to a clinical hand washing sink, when pipe work was laid.

The judicious use of antibiotics was audited, as part of the antimicrobial stewardship programme. This ensured that appropriate antibiotics were used, which meant these were more effective in treating a specific infection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were well managed.

A review of a sample of residents' care plans indicated that they were completed within 48 hours of admission, and reviewed four monthly, in accordance with regulatory requirements.

Assessments of need were completed using a range of validated, evidence-based, risk assessment tools, such as, the MUST tool (malnutrition universal screening tool).

Care plans were developed in a personalised manner, to provide guidance on meeting residents' social and healthcare needs.

The system was currently being transferred to a computer-based system.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents had access to appropriate medical care and associated health and social care professionals, to meet their needs.

Residents had access to a range of professional experts, such as the dietitian, the speech and language therapist (SALT), the physiotherapist, the occupational therapist (OT), the chiropodist, the pharmacist, dental care, the optician, palliative and wound care expertise.

This meant that care issues were quickly identified and addressed, which led to improved health care outcomes for residents.

For example, residents with weight loss were identified, and referred to a dietitian or speech and language therapist (SALT), where necessary.

Judgment: Compliant

Regulation 8: Protection

The provider had taken all reasonable measures to protect residents from abuse:

Staff interactions with residents were seen to be kind and supportive.

All staff had received training in the prevention, detection and response to abuse.

Staff, spoken with, were aware of key aspects of their training and how to make their concerns known to management.

Where any allegations had been made, appropriate steps were taken to address this.

Finances were well managed and the centre did not act as a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Management and staff promoted and respected the rights and choices of residents, living in the centre.

There was evidence of consultation with residents in the planning and running of the centre, and in the development of the annual review of the quality and safety of care.

Regular resident meetings were held and resident satisfaction questionnaires completed, to help inform ongoing improvements in the centre. Evidence was seen, that issues identified at these consultation processes, were addressed.

A dedicated activity staff member implemented a varied, and interesting, schedule of activities throughout the week, supported by staff and external providers, such as music groups, the physiotherapist, Irish therapy dogs, prayer groups and choirs.

Residents had access to independent advocacy services. They availed of a variety of media such as, daily papers, radio, television, personal phones, computer and internet access.

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 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant