



**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 John's House
Name of provider:	St John's House
Address of centre:	202 Merrion Road, Ballsbridge, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	26 June 2025
Centre ID:	OSV-0000101
Fieldwork ID:	MON-0047500

About the designated centre

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

St John's House is a purpose built nursing home which can accommodate 58 residents, both male and female over the age of 18 years. Care is provided for residents with low, medium, high and maximum dependencies, and with a variety of conditions, including dementia, stroke, cardiovascular needs, and diabetes. Both long term and respite care is provided by twenty four hour nursing care. Bedrooms with accessible en suite shower rooms are situated over the two upper floors with the ground floor provides a large concourse, hairdressing salon, medical and treatment centre, offices and reception. There are many outdoor spaces provided throughout the building, including a courtyard garden, a large outdoor space to the rear and a large terrace on the first floor. St. John's House is close to many amenities including a shopping centre, cafes, bars, and restaurants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 26 June 2025	08:10hrs to 15:50hrs	Sarah Armstrong	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 whilst living in St. John's House. Residents were supported by a team of attentive staff who were responsive to their individual needs. Feedback from residents was all positive. Residents spoken with expressed their satisfaction with the staff in particular. One resident told the inspector "the staff are just gorgeous. I love them all". Another resident said that the staff were "very accommodating" and that they always had their needs met in a timely manner. Residents told the inspector they felt that they knew the staff working in the centre and felt that the staff knew and understood them also. Residents also expressed satisfaction with the activities on offer in the centre and many were complimentary of the food provided. One resident told the inspector that the food was "very good and very well presented". Other residents commented that they had different choices for their meals and in the rare event they didn't like what was on the menu, staff would accommodate them with an alternative option.

On arrival to the centre, the inspector completed a walk about of the premises which was facilitated by the general manager and the person in charge. This provided the inspector with an opportunity to meet with residents and staff as they got organised for the day. The inspector observed residents being offered choice as to what time they wished to get up in the morning and where they wished to eat their meals, with some residents opting to dine in communal areas and others requesting to dine in their rooms. Many residents on the day of inspection were observed relaxing in communal areas. Some residents were observed having quiet reflection in some of the smaller seating areas in the centre, and others were seen spending time in their bedrooms which staff respected.

Overall, on the day of inspection the atmosphere in the centre was calm and relaxed. This was also reflected in the feedback provided to the inspector from residents and relatives. The inspector observed a number of staff and resident interactions throughout the day, all of which were found to be courteous, kind and respectful. Interactions also demonstrated that staff had a good knowledge of the residents and their life stories and this was contributing to positive care experiences for the residents in St. John's House. Many staff working in the centre told the inspector that they had worked in the service for a long number of years and that St. John's House was a nice place to work. Staff working in the centre on the day of inspection appeared to have a good rapport with each other and this further promoted a peaceful, pleasant atmosphere in the centre.

St. John's House is a two-storey building which is registered to provide care to 58 residents. Residents' accommodation is situated on the first floor. Bedrooms were tastefully decorated with well thought out décor and were well maintained. Residents' bedroom doors were recessed from the corridor and the walls surrounding the doors were painted in different colours to guide residents to their own rooms. One resident told the inspector "I'm very lucky with my bedroom. It is

very bright". Residents' bedrooms were personalised with items of meaning to them, such as photographs, ornaments and soft furnishings. Residents also had sufficient storage space to keep their personal belongings within their rooms. The ground floor consists of communal areas, a chapel and offices.

The inspector found that the centre was well maintained throughout. There was sufficient amount of comfortable seating in both communal rooms and along corridors, where residents could sit and relax. There were many pieces of well-maintained antique furniture, such as dressers and cabinets within the centre, some of which were displaying decorative ornaments which created a homely feel. Residents had unrestricted access to a chapel within the designated centre, and to secure outdoor courtyards and balconies which were maintained with well cared for walkways, plants and seating areas. The ground floor provided access to a secure, road facing courtyard which included a sensory garden for residents to enjoy. This courtyard also had raised planter boxes which the residents had planted and were involved in maintaining.

The inspector observed a number of visitors attending the centre on the day of inspection and residents were supported to receive visitors in areas of their own preference, including in communal areas, quiet areas and in their bedrooms. The inspector also observed staff and visitors to know each other well. The inspector spoke with a number of visitors on the day and all spoke positively about the service provided to residents and communication they received from the staff in the centre.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered to residents.

Capacity and capability

This was an unannounced inspection carried out by an inspector of social services over the course of one day, to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). During this inspection, the inspector followed up on the compliance plan from the previous inspection conducted in June 2024, and found that the provider had completed all actions committed to as part of the compliance plan.

Overall, this inspection found that this was a well-managed centre where residents were receiving good standards of person-centred, safe care. The registered provider had ensured that there were effective management systems in place to oversee and maintain these standards.

There were adequate resources available on the day of inspection to ensure that residents' needs were met in a timely manner. There was evidence of consistent governance and oversight in the centre, with clinical governance meetings being

held on a regular basis. There was an annual review completed for 2024 where the provider had identified areas for service improvement and there was a clear action plan established to ensure improvements were implemented. An audit schedule was also in place to ensure that key areas of care provision were reviewed on a regular basis. Examples of audits completed included audits of residents' care plans, restrictive practices and infection control practices. These audits clearly set out the audit findings and where required, quality improvement plans were put in place to ensure high standards of care were provided to residents on an ongoing basis.

The inspector found that there were an appropriate number of nursing and care staff on duty in the centre to ensure that the service provided to residents was safe, and that residents' assessed needs were met in a timely manner. There were no current staff vacancies and the inspector found that there was a high level of staff retention. A number of staff spoken with on the day of inspection told the inspector that they enjoyed working in St. John's House and that they were very fond of the residents and their families, many of whom they had gotten to know over the years. Staff spoken with on inspection had a good awareness of their defined roles and responsibilities and felt supported by the management team. Staff also felt that they had good access to training in the centre, and referenced how they attended routine staff appraisals with the person in charge which they felt promoted their development within their roles. There was a comprehensive training programme in place for staff which incorporated both online and in person training sessions. A review of training records demonstrated good levels of compliance with mandatory training in fire safety, manual handling and safeguarding.

The inspector reviewed a sample of residents' contracts for the provision of services. These contracts clearly described the service to be provided to residents and set out the fees associated with the provided service.

Regulation 15: Staffing

There was a good number and skill mix of staff working in the centre, which took into account the needs of the residents and the layout of the centre. There was a registered nurse on duty in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff have access to appropriate training and there were arrangements in place to ensure staff working in the centre were appropriately supervised.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of three staff files and all records were found to meet the requirements of schedule 2 of the Regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had in place a valid contract of insurance against injury to residents. This contract was also displayed in a prominent location within the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that there was sufficient resources available to ensure the effective delivery of care to residents. There was a clearly defined management structure in place which set out clear lines of authority and accountability, and staff told the inspector that they felt supported in their roles. Management systems were in place to ensure that the service provided to residents was safe. There was a clear audit schedule in place and from a review of completed audits, the registered provider was self-identifying areas for service improvement and had a clear action plan in place to address audit findings. An annual review had been completed for 2024 and a quality improvement plan had been implemented to address the issues highlighted within the review.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of four residents contracts were reviewed by the inspector, including the contract for one resident who was recently admitted to the centre. All contracts reviewed were found to meet the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents and care records demonstrated that Schedule 4 incidents were notified to the Chief Inspector within the required timeframes.

Judgment: Compliant

Quality and safety

Residents living in St. John's House were receiving a high standard of care, where a dedicated team of staff promoted their rights and preferences. This ensured that residents had a good quality of life whilst living in the centre. Residents' needs were being met through well-established access to healthcare services and good opportunities for meaningful social engagements.

Residents' had their needs comprehensively assessed on admission to the centre, and again at regular intervals and where there were changes in their condition. Care plans were written in a person-centred manner and contained detailed information about the resident to guide the staff team in providing appropriate and good quality care. Where residents were unable to fully participate in their care planning, there was evidence of family involvement in the process. This was also confirmed by the inspector through discussions with relatives on the day of inspection. Relatives also told the inspector that they were very satisfied with the care being provided and said they felt involved and listened to in respect of the care planning process.

The premises was well-designed and laid out to meet the needs of the residents living in the centre. On the day of inspection, the centre was well-lit, warm and homely. Residents' bedrooms were spacious, nicely furnished and personalised. Overall, all areas of the centre were visibly clean, including common areas, staff areas, resident bedrooms and equipment for use by residents.

On the day of inspection, residents were participating in meaningful activities which were suited to their interests and capacities. The inspector observed approximately 20 residents participating in a morning exercise class facilitated by the activities co-ordinator. Residents attending the class had mixed physical abilities, and were supported to take part in the different exercises in line with their individual strengths and limitations. The staff member knew each resident well and referred to residents by their names, providing gentle encouragement throughout. Residents were also observed to participate in a music session, where some sang along and played musical bells. Residents also participated in reciting poetry and proverbs together and were seen enjoying discussing their meanings. Residents also had access to a

large collection of books, which were provided on a rotating system from the local library. This service also allowed for residents to request specific books that they wished to read and these would be delivered to the centre at regular intervals.

Residents' council meetings were held once per quarter in the designated centre. The inspector reviewed a sample of minutes from these meetings and found that these meetings provided residents with an opportunity to participate in the running of the centre and to inform the day to day lived experience.

The meal time experience was found to be an overall very enjoyable one for residents. On the day of inspection, tables were set with menus displayed, wine glasses and vases of flowers. Residents had a choice of both food and drinks at meal times. For lunch on the day of inspection, residents could have cream of tomato soup, a choice of roast chicken, beef stroganoff or baked haddock with white sauce, all served with creamed potatoes and vegetables and for desert there was a choice of pear and peach crumble, jelly and ice-cream, fresh fruit salad or pureed peaches. The inspector observed meals provided to residents to be well presented and appealing to eat. Staff were seen to be adhering to residents' individual diet sheets when preparing meals, and the inspector confirmed through a review of nutritional care plans, that residents were receiving meals in line with their assessed needs. The inspector observed the supervision arrangements in place for residents dining in both communal areas and in their bedrooms and found that there was a sufficient number of staff available to assist at meal times. Residents who required additional support with meals were receiving gentle and discreet assistance from staff. In addition, staff were present and attentive to residents eating meals in their rooms, and were observed to be checking in with residents regularly and monitoring how much residents were eating to ensure good nutritional intake.

Residents who spoke with the inspector said they felt safe and secure living in St. John's House. Independent advocacy services were available to residents should they wish to avail of them, and information about advocacy support was available in prominent locations in the centre. The provider had ensured that there were robust procedures in place to protect residents' belongings in the centre, including the protection of residents' valuables maintained in safe keeping.

Regulation 17: Premises

The inspector found that the premises was appropriate to the number and needs of the residents living in the centre and conformed to the matters set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had good access to a safe supply of drinking water at all times and were offered a choice of food at mealtimes. Residents with special dietary requirements were found to have their needs met in line with their care plans and there was an appropriate number of staff available to supervise residents at mealtimes in both communal dining areas and in their own bedrooms.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The person in charge had ensured that comprehensive assessments were carried out for each resident on their admission to the centre and care plans were prepared within 48 hours of admission. The inspector reviewed a sample of 10 care plans. All were found to have been reviewed in line with the timeframe set out in the regulations and reflected the current needs of the residents. Care plans were found to be person-centred and sufficiently detailed in order to guide staff in providing good quality, safe care.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed that residents had suitable facilities for occupation and recreation within the centre. Residents had access to a range of meaningful activities, suited to their capacities and interests. Residents were supported to exercise choice in their daily lives and had access to radio, television, newspapers and private phone facilities. Independent advocacy services were available to residents should they choose to use them. Residents' forum meetings were held quarterly and residents were supported to participate in the organisation 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 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant