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 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:	06 July 2026
Centre ID:	OSV-0000101
Fieldwork ID:	MON-0049308

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:	56

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
Monday 6 July 2026	08:30hrs to 17:00hrs	Laurena Guinan	Lead

What residents told us and what inspectors observed

The inspector found that this was a well-run centre where residents were supported by a team of staff who were kind and caring. From what the inspectors observed and from what residents told them, residents were happy with the care and support they received. Those residents who could not articulate for themselves appeared comfortable and content. The centre had a relaxed and friendly atmosphere.

St John's House is set in an older building that has been extended over time. It is spread over four floors with resident accommodation on the upper two floors. The inspector conducted a walk around of the centre, then had an introductory meeting with the person in charge before speaking with residents, visitors and staff.

The ground and lower ground floors consisted of communal areas, offices, stores, staff rooms, the kitchen and the laundry. The communal areas for residents included a concourse area with seating and a coffee dock, a hairdressing salon, a tea room, and an oratory. All the areas were decorated with pictures, comfortable seating, plants and soft furnishings. The concourse area and the tea room gave access to secure outdoor areas. These areas were well-maintained, and had comfortable seating and covered areas so that residents could safely enjoy the outdoors.

The first and second floors were of a similar layout to each other, and had resident bedrooms, shared washing and toilet facilities, dining and seating areas, store rooms, sluice rooms, clinical rooms and nurses' stations. On the first floor, there was a library and a snoozeleen room, and on the second floor there was a bar and a quiet room. Each floor also had a spa with a jacuzzi bath. The corridors had handrails and seating nooks with armchairs to facilitate residents to mobilise with ease throughout the centre. Each floor also had access to balcony areas that had seating and planting, and a balcony on the second floor had an appropriately equipped smoking area. Residents had personalised their bedrooms with photographs, cushions and ornaments, and residents spoken with said that they were very happy with their room. There was a high standard of cleanliness and attention to detail in all areas, which made the centre aesthetically pleasing and homely.

The inspector saw breakfast and lunch being served, and residents had the choice to dine in the dining areas or in their bedrooms. Meals were seen to be individually prepared, and there were condiments and drinks readily available. Residents spoken with described the food as 'very good' and 'excellent'. They told the inspector that there was a good choice available and that staff accommodated their preferences. There was ample staff to assist residents, and they were seen to do so in a respectful manner.

The atmosphere throughout the centre was calm and relaxed, and call-bells were answered promptly. Communal areas were well-supervised by staff, and staff were

seen to engage residents in conversation and one-to-one activities such as jigsaws. Residents told the inspector that staff were very attentive, with a number of residents saying that staff were 'friendly' and 'nice to chat to'. A number of residents took part in an exercise programme on the morning of the inspection, and other residents said they enjoyed bingo and quizzes. Residents were seen receiving visitors in a number of areas during the day, and visitors spoken with said that they were always made to feel welcome.

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

Capacity and capability

St John's House was a well-resourced centre with a stable management structure. This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also followed up on statutory notifications submitted to the Chief Inspector since the last inspection in June 2025.

There was a person in charge who worked full-time in the centre. They were supported in their role by a general manager who also worked full-time in the centre. Clinical nurse managers, staff nurses, healthcare assistants, activities coordinators, household, catering and maintenance staff made up the remainder of the staff team in the centre.

The inspector reviewed a sample of audits that indicated a good level of compliance in many areas such as nutrition, the premises, falls management, and restraint. Where areas for improvement were identified, an action plan was in place to address the concern and these were seen to be completed. Minutes of staff and management meetings showed good communication systems in the centre, and items raised at the meetings that required attention were seen to have action plans in place. There was an annual review for 2025 that had been developed in consultation with residents and their families. A corresponding quality improvement plan was in place, and this was being implemented.

Policies and procedures required under Schedule 5 of the regulations were reviewed. These had been updated within the required time frame of three years and were readily available to staff.

There was a complaints procedure on display in the centre and this was in line with the regulations. The inspector reviewed a sample of complaints and saw that they were handled in line with the procedure. Both the complaints officer and the review officer had completed training in managing complaints.

The inspector found that all staff who worked in the centre as a nurse held a valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

Regulation 19: Directory of residents

The registered provider had maintained a Directory of Residents that contained all the information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a valid insurance contract in place.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that there were sufficient resources, and there was a clearly defined management structure in the centre. The management systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an accessible and effective procedure for dealing with complaints which was in line with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had policies and procedures that were up-to-date and available to staff and the inspectors.

Judgment: Compliant

Quality and safety

Residents living in St John's House told the inspector that the staff were caring and attentive, and the inspector saw many interactions during the day where staff displayed a good understanding of residents' individual needs and abilities.

The inspector reviewed a sample of care plans and saw that assessments were carried out, with corresponding care plans implemented, within 48 hours of admission. Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans which documented the known behaviour, and was personalised with potential triggers and de-escalation techniques. Staff spoken with were knowledgeable of how to manage responsive behaviours, and all staff had received training in the area. On the day of the inspection, the inspector observed staff managing instances of agitation in a kind and respectful manner. They told the inspector about the importance of communication and patience when dealing with residents who displayed responsive behaviours, and staff were observed to be familiar with residents' needs and abilities.

Use of restraint in the centre was done after a comprehensive assessment of the resident, and consent from the resident, and their family where appropriate, was obtained. The type of restraint in use was correctly documented in the resident's care plan. Staff had received training in the use of restraint and were knowledgeable about implementing and reviewing restrictive practices.

Residents had good access to appropriate medical and health care. A general practitioner (GP) attended the centre weekly and was readily available for out-of-hours cover. Residents had access to a range of health care professionals such as tissue viability nurse, dietician, speech and language therapy and physiotherapy, and this was evidenced from a review of residents' care records. Recommendations made were seen to be followed in practice. The residents and visitors who spoke with the inspector were satisfied with the access to healthcare and said that they were informed of appointments and treatments.

The inspector spoke with a number of visitors during the day, and they said that they were very happy with the care their loved one received. One visitor told the inspector that there was a very person-centred approach to care, and there was a proactive approach to family involvement. Another visitor said that they liked the

different visiting areas they could choose from. Two residents told the inspector that they often went out with family, and staff were always happy to facilitate this.

There was a laundry onsite for residents' laundry. The room was clean, and separated into clean and dirty areas. Laundry staff were familiar with the care of residents' clothes, and there was a robust system in place to ensure that clothes were returned safely to residents. Residents and visitors spoken with said that they had no issues with missing clothing, and felt that personal belongings were safe. Residents said that they had ample space for their belongings and found their bedrooms comfortable.

The centre overall was clean and well-maintained. The design and layout met the needs of the residents, with spacious bedrooms and ensuites, and a choice of communal areas. There was ample storage space, and equipment was observed to be in good working order. The centre was well-ventilated and benefited from natural light throughout.

Each floor had it's own clinical room to store medication. These rooms were clean, tidy and secure, and temperature records for the room and the medication fridge showed that they were maintained within the recommended ranges. There was a reliable system of collection and return from the pharmacy, and a stock check system was in place in the centre. Residents on modified diet or who required crushed medication had this documented on their medication administration sheet, and these residents were supplied with medication in a format most suitable for their needs. All nursing staff had completed training in the safe administration of medication.

Regulation 11: Visits

Residents were supported to receive visitors and the registered provider had a policy in place to direct staff in how to facilitate visitors to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' clothes were laundered regularly and returned to them. Residents had adequate space for their clothes and personal possessions.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises conformed to the matters set out Schedule 6.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication was stored securely and administered in line with best practice.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had regular, comprehensive assessments of their needs, and care plans were developed based on these assessments. The care plans were reviewed at a minimum of four monthly intervals.

Judgment: Compliant

Regulation 6: Health care

Residents were seen to be referred to allied health professionals in a timely manner, and their recommendations were seen to be implemented in practice.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff displayed good knowledge and skills to respond to and manage behaviour that challenges. Restraint was used in accordance with national policy. The provider had ensured all staff had training in the use of restraint and managing responsive behaviours.

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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant