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. Joseph's Centre
Name of provider:	Saint John of God Hospital Company Limited by Guarantee
Address of centre:	Crinken Lane, Shankill, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	15 April 2026
Centre ID:	OSV-0000102
Fieldwork ID:	MON-0049153

About the designated centre

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

St. Joseph's Centre is purpose built, and consists of a single storey and is divided into 6 houses, with capacity for 62 residents. The centre has two beds for respite and provides day care for members of the community. The centre provides 24-hour care to men and women with dementia over 18 years of age St Joseph's centre provides holistic dementia care and palliative care to persons living with dementia. The philosophy of the Hospital Order of St John of God guides the work in the centre, and this philosophy means that residents are viewed as having intrinsic values and inherent dignity.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	62

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
Wednesday 15 April 2026	09:20hrs to 17:25hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

Overall, residents living in St. Joseph's centre appeared content and comfortable in their surroundings. The centre provides care for residents living with dementia. The inspector spent time observing the residents' daily life in the centre in order to understand the lived experience of the residents. Residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. All residents appeared appropriately dressed and well-groomed. Visitors spoken with were very complimentary of the centre and told the inspector "It's a special place, I cannot speak highly enough about it" and "staff are fantastic, you wouldn't get care like it anywhere else".

The centre is located in Shankill, Dublin and was purpose-built and laid out over one floor. The centre is divided into six units referred to as lodges, known as, Carrigeen Lodge, Rathmichael Lodge, Delgany Lodge, Avoca Lodge, Glendalough Lodge, and Kilcroney Lodge. Each lodge is designed to support residents at the same stage of dementia. Bedroom accommodation comprised of single en-suite and twin bedrooms with access to a shared toilet. Each lodge provides communal space for residents in addition to the large communal spaces available for residents' use in the main centre such as the main hall, chapel and community centre spaces. The main hall was a large space with varied seating arrangements and operates as a coffee shop "Buddy's Place" one day per week for residents and local visitors to the centre.

On the morning of the inspection the centre was calm and peaceful. During a walk around the centre, the inspector observed that some residents were receiving morning care. Most residents were still sleeping and some residents were enjoying breakfast in their lodges. In the dining areas a small grill was providing a cooking experience for residents who were observed enjoying various breakfast items of their choice. All lodges were decorated in a colourful and homely manner with beautiful artwork and murals throughout, which included decorative ceilings. Pictures of residents enjoying various activities were on display throughout the centre and various reminiscence items were on display in the main hall and in each lodge. The inspector observed that both baths had been re-installed in Kilcroney and Avoca Lodge's. Biographies of both residents and staff were displayed in a colourful manner on the walls in each unit, which provided a welcoming and friendly atmosphere for residents and visitors.

The centre was found to be bright and comfortable throughout. The premises was laid out to meet the needs of residents, and to encourage and support independence. The inspector observed that the centre was clean and tidy. The provider had an ongoing maintenance programme of improvement works in place to address any premises concerns as they arose.

A hairdresser was on-site and residents were observed enjoying having their hair done. Various activities were observed taking place throughout the day such as

exercises and Bingo in the community centre, which many residents attended and appeared to enjoy. Other one-to-one activities were observed taking place in the individual lodges. Two colourful birds provided birdsong to residents in the community centre. The inspector observed a lively, inclusive atmosphere in the centre and visitors were observed coming and going throughout the day. Residents had access to an enclosed garden with a bus stop seating area and walkways. There were smaller, colourfully decorated, courtyards throughout the centre and these were observed in use by residents on the day of the inspection. Sensory items such as boards, blankets and colourful textures were available for residents in the large communal spaces and also in the lodges. Mass took place in the centre on a regular basis and residents were facilitated to attend various outings such as attending the local tennis club and the local park.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affect 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, this was a well run service. This inspection found that the provider had a robust management structure in place and systems in place to monitor the service.

This was an unannounced inspection carried out by an inspector of social services to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). St John of God Hospital Company Ltd by Guarantee is the registered provider for St. Joseph's Centre. The person in charge was on statutory leave on the day of the inspection and the inspection was facilitated by the clinical nurse manager (CNM) who was deputising in their absence. There was a clearly defined management structure with lines of authority and accountability set out. The person in charge reported to the chief executive, who in turn reported to the board of directors. The person in charge was also responsible for the oversight of a team of nurses and healthcare staff, activity staff, chaplain, maintenance staff, and household staff.

On the day of the inspection there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. One resident required enhanced supervision which was being managed from the overall rostered staff in the lodge and, from observation on the day and from speaking with staff, there was a system in place to ensure this enhanced supervision was in place. However, the inspector was informed that this was under review by the person in charge.

The provider had established management systems in place to ensure ongoing monitoring and oversight of the service delivered within the centre. The provider

had systems in place to monitor the quality and safety of care provided to residents. Key clinical risks to residents were monitored such as the falls, wound management and rates of infections. A range of clinical and environmental audits had been completed. In addition, action plans as a result of audit findings were created to drive quality improvement which ensured that lessons were learnt and the learnings were implemented. Daily walk rounds by the management team were seen to take place. Staff meetings were held in the centre to disseminate learning.

A comprehensive annual review of the quality and safety of care delivered to residents had taken place for 2025. The registered provider had also developed an action plan for 2026 following the annual review and had identified areas that required quality improvement, for example, enhanced training that was required in the centre.

The centre had an incident management system in place where all incidents were recorded. This system facilitated the recording, investigation, and review of incidents, including the identification of outcomes and learning. The provider maintained oversight of this process. For example, any adverse incident that had occurred had been appropriately documented in accordance with the centre's policy and procedures. This resulted in opportunities for learning, improvement, and additional measures where identified to prevent the risk of recurrence.

From training records reviewed, staff were provided with mandatory and relevant training to meet the needs of their role. Where gaps were identified there was a plan in place to address this. Safeguarding training and other training such as fire safety took place online and were being enhanced with on the job training.

Regulation 15: Staffing

The skill-mix and numbers of staff on duty on the day of the inspection were adequate to ensure that residents' needs were met. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in key areas such as fire safety, safeguarding, managing behaviours that are challenging and, infection prevention and control. An ongoing schedule of training was in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported by a nurse management team.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. The registered provider had established management systems in place to monitor the quality and safety of the service provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The Office of the Chief Inspector had been appropriately notified of incidents set out in paragraphs 7 (1)(a) to (i) of Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Residents living in St. Joseph's Centre received care and support from a staff team who were familiar with their needs and preferences. Residents presented as well cared for and were found to be content in their interactions with the staff team.

From a sample reviewed, the inspector found that individualised care plans were developed for each resident, within 48 hours of admission to the centre. Care plans reflected the individual assessed needs of residents and what interventions were required to ensure person-centred quality care. Care plans were updated as changes occurred. Daily progress notes demonstrated appropriate monitoring of the residents' care needs and the effectiveness of the care provided.

Residents were provided with access to appropriate medical care, with residents' general practitioners (GPs) providing on-site reviews. Residents were also provided with access to other health care professionals, in line with their assessed needs.

There were arrangements in place to safeguard and protect residents from the risk of abuse. A safeguarding policy detailed the roles and responsibilities of staff, and the appropriate steps to take, should a concern arise. All staff spoken with, were clear about their role in protecting residents from abuse. Details of advocacy

services were on display throughout the centre. Notwithstanding, some further improvement was required to ensure residents' finances were sufficiently protected as further discussed under Regulation 8: Protection.

Residents' rights were protected and promoted in the centre. Choices and preferences were seen to be respected. Residents' representative committee meetings were held, which provided a forum for residents and their representatives to actively participate in decision-making and provide feedback regarding the service they received. Satisfaction surveys had taken place also.

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 in place which reflected trigger factors for individual residents and de-escalation techniques. Residents who experienced these behaviours were supported in a respectful and dignified manner. The use of restrictive practices was closely monitored by the nursing management team and alternatives to bed rails such as low beds and crash mats were evident.

Regulation 5: Individual assessment and care plan

A review of the nursing care documentation found that residents had an assessment of their health and social care needs completed and a care plan was in place to address the needs of the residents. The person in charge had ensured that care plans were implemented and reviewed, in line with the changing needs of the residents.

Judgment: Compliant

Regulation 6: Health care

The medical and nursing needs of residents were met in the centre. There was evidence of access to residents' own GPs and out-of-hours services when required. Systems were in place for residents to access the expertise of health and social care professionals through a system of referral, including speech and language therapists, dietitian services and tissue viability specialists.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. Risk assessments were completed prior to any use of restrictive practices and there was evidence of alternatives such as low beds and crash mats in use in the centre.

Judgment: Compliant

Regulation 8: Protection

The provider acted as a pension-agent for one resident living in the centre. Documentation regarding this was not available on the day of the inspection. While this resident's finances were well-managed from information received following the inspection it was evident that the provider did not have a separate residents' account in place to ensure that robust systems were in place and that residents' finances were appropriately safeguarded.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Staff demonstrated an understanding of residents' rights and the ethos of care was person-centred. The provider ensured that residents were supported to exercise choice in relation to their care and daily routines.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Joseph's Centre OSV-0000102

Inspection ID: MON-0049153

Date of inspection: 15/04/2026

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 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: We will set up separate restricted account for managing one resident's pension by 31st July 2026 and ensure that robust systems are in place to protect residents' finances. Standard operating procedure for managing residents' pensions will be updated accordingly.	

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 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/07/2026