

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:	22 May 2025
Centre ID:	OSV-0000102
Fieldwork ID:	MON-0040699

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 61 residents. The centre has one bed 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:	61
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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 22 May 2025	09:12hrs to 17:20hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

All residents living in St. Joseph's Centre have a diagnosis of dementia. The inspector greeted and chatted to a number of residents and their families to gain an insight into their experiences of living in the centre. Many of the residents' spoken with were unable to express their opinions of what the care provided was like and how it impacted them. The inspector spent time in the communal rooms observing resident and staff engagement. There was a relaxed atmosphere, and residents were able to freely mobilise around the centre if they wished. Interactions between staff and residents were observed to be kind, with staff being respectful towards residents and treating them with dignity.

Families spoken with were highly complementary of the centre and staff with one describing the centre as a 'home from home'. Families also spoke about how supportive the staff were to them, how clearly they communicated with them about their loved one and how response the senior management were if they did raise an issue. Another family spoken with said staff treat residents 'like family'. Other families spoken with also used words like 'wonderful' and 'outstanding' to describe staff.

Following an introductory meeting with the person in charge, the inspector was accompanied on a tour of the premises. St. Joseph's Centre was purpose-built and is set out over one floor, which can accommodate a maximum of 61 residents. On the day of inspection there were no vacancies. The centre is divided into six units referred to as lodges, known as, Carrigeen Lodge, Rathmichael Lodge, Delgany Lodge, Avoca Lodge, Glendalough Lodge, and Kilcronney Lodge. Each lodge is designed to support residents at the same stage of dementia, which they have divided into four stages; the early experience, different reality, repetitive emotion and later experience. As residents needs change they will be reassessed and move to a lodge that is appropriate. Residents' were accommodated in 19 single occupancy bedrooms and 15 twin occupancy bedrooms with access to a shared toilet; 11 single occupancy bedrooms with an en-suite and one twin bedroom with an en-suite.

The lodges were decorated to give a homely atmosphere, with colour and design used to support residents with dementia. Each lodge had a sitting room, a dining room with kitchenette and opened out onto small internal patio/garden area, which had been recently redecorated. Each patio/garden area was brightly coloured with appropriate seating, tables, raised flower beds with shrubs. The pathways were well-maintained and clear from debris. On the morning of the inspection, many residents were observed to be up, dressed and watching television or eating breakfast in the communal dining rooms. Staff created a homely environment and we seen to chat with residents while doing everyday tasks like washing and drying dishes.

On entry into the centre there is a large hall which was a hive of activity on the day of inspection. There was plenty of comfortable seating for residents and a coffee/tea area which was operated like a café with a team of volunteers. Many families were seen to spend time with residents in this area enjoying the café atmosphere on the day of inspection. The main hall led onto a chapel, which could be opened into a large area for activities when not in use. This space also opened out onto a secure well-manicured mature garden area, which residents could also access.

Some improvements to the premises were observed. Following on from the previous inspection, the radiators in the centre had been reviewed and were fitted with radiator covers to minimise the risk of burns. Additional storage cupboards had been installed throughout parts of the centre, which increased storage capacity and was well-organised. New flooring had also been placed in some areas of the centre. The inspector was also informed that there was a plan of further upgrade works in place for parts of the centre.

There was an activity schedule in place for residents, which was provided by a dedicated activity staff team. Activities provided created a fun atmosphere with friendly, kind interactions observed between staff and residents. On the morning of the inspection, residents attended Mass in the chapel. For residents who didn't attend Mass, some were sitting with staff doing one-to-one activities like reminiscing with old photographs. In the afternoon, residents were dancing with staff and playing interactive games like 'what am I'. From observations on the day, residents interacted with interest and excitement in the activities. Families spoken with said there was lots of activities and their loved ones were 'always busy' when they came to visit.

The inspector observed the mealtime in the different dining rooms throughout the lodges in the centre to be a relaxing and social experience. Residents chatted with staff and those who required assistance had this provided to them in a discreet and dignified way. In some of the lodges, where residents had advanced dementia, relatives spent time assisting them with their meals and spoke about how this was a good way to connect with their loved one. Each table was nicely set and had a menu for residents to choose from, with two dinner options available to them. Residents' were also offered a variety of drinks available at mealtimes and regularly throughout the day.

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 impacted the quality and safety of the service being delivered.

Capacity and capability

A clear management structure was in place and the registered provider had systems to support the provision of a good standard of evidence-based care. Residents were supported and facilitated to have a good quality of life living at the centre, and some

improvements in regulatory compliance were observed. However, the inspector found that action was required in the management systems for effective oversight, which will be discussed in this report.

This was an unannounced inspection conducted by one inspector of social services over one day to assess compliance with the regulations and review the registered provider's compliance plan from the previous inspection. The inspector also reviewed the information submitted by the provider and the person in charge in advance of the inspection.

The registered provider for St. Joseph's Centre is St John of God Hospital Company Ltd by Guarantee. The person in charge facilitated the inspection and demonstrated a good knowledge of the legislation and a commitment to providing a good quality service for the residents. They were observed to be well-known to the residents, staff and visitors and worked full time in the centre. 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 supported in their role by a services manager and clinical nurse manager (CNM). 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.

The registered provider had progressed with the compliance plan from the previous two inspections in October 2024 and April 2024, and improvements were identified in fire precautions and premises.

The registered provider and senior management team were kept informed about the performance of the service with an auditing programme, which was reviewed at regular intervals and had identified areas where improvements in practice were required, with improvements action plans in place. The monitoring systems in place covered areas such as, wound care, hand hygiene, manual handling, antimicrobial stewardship, falls, restrictive practice and restraints in use, safeguarding and responsive behaviour. Actions are assigned to keyworkers to complete within a required time frame, which then was review by senior management. While these systems were in place, they were not fully effective as they had not identified key areas for improvement in areas. For example, the inspector was not assured that where restraint was used to manage responsive behaviours it was not being used in accordance with the national policy. In relation to premises, changes had been made to the footprint of the centre and the Chief Inspector had not been informed.

There was documentary evidence of communication between the person in charge and the registered provider. Monthly management meetings were available for review, confirming the discussion of staff training, compliance with the regulations, risk and quality improvement, infection control, the residents committee report and audits. Person-centered dementia care meetings with staff from each lodge and the person in charge were taking place every two months. There were also weekly CNM meetings and monthly clinical updates provided. Regular residents meetings were taking place, with residents and family members attending. Their input was sought

in the running of the centre. These meetings also gave them an opportunity to raise issues or concerns.

An annual review of the quality and safety of care delivered to residents had taken place for 2024, in consultation with residents. Residents had been consulted in the preparation of the annual review through a residents' satisfaction survey and through residents meetings. The registered provider had also developed an action plan for 2025 following the annual review and had identified areas that required quality improvement, for example, refurbishment that was required in the centre.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre and had the relevant experience and qualifications to undertake this role. They were knowledgeable of their remit and responsibilities. The inspector found that the person in charge knew the residents and was familiar with their needs. They demonstrated a strong commitment to the provision of a safe and effective service.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider was maintaining a directory of residents'. On the day of inspection, this was being moved to a new system. While the directory contained the majority of the information that is required under Schedule 3 of the regulations, it did not contain information on the authority, organisation or body which arranged the admission for all residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

While the registered provider had assurance systems in place, these were not fully effective to be assured of the quality and safety of the service. For example:

- The registered provider had made several changes to the purpose and function of rooms in the centre without informing the Chief Inspector, meaning the centre was not operating in line with condition 1 of their certificate of registration. For example, the treatment room was changed to an office. These are further detailed under Regulation 17: Premises.

- For residents with responsive behaviours, where restraint was in place, the inspector was not assured that this being used in accordance with the national policy.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had reported all notifiable incidents to the Chief Inspector as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered good quality care to residents and residents presented as being well cared for. However, the inspector found that managing behaviour that is challenging needed to be improved to ensure that a quality and person-centred service was provided. Action was also required in relation to premises, which is described under the respective regulation.

There was a log of restraints used within the centre in place, which was reviewed regularly. For residents with restrictive practices implemented, they had care plans in place. For those with restrictions like bed sensors and floor mats, the care plan detailed how and when to use these restrictions. The use of these restraints were also discussed with the residents, their general practitioner and family, as appropriate. They had consent forms in place and were appropriately assessed for the use of these restraints as enablers to ensure they got assistance as required. However, where a resident may have responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) they were not always managed in accordance with the national restraint policy and guidelines.

Measures were in place to ensure that residents approaching the end of life would receive appropriate care and comfort to address the physical, emotional, social, psychological and spiritual needs of the resident. Residents family and friends were informed of the residents condition and permitted to be with the resident when they were at the end of their life. Residents known wishes were documented and this was reviewed regularly, for those who could not communicate their wishes, their general practitioner and family were consulted, as appropriate. When a resident was approaching the end of life, care plans were completed and individualised for each residents needs.

The inspector observed water fountains placed in each dining room throughout the centre and snacks and refreshments were frequently offered to residents on the day of inspection. A sample of menus were reviewed which showed a four-week menu rotation with a variety of food choices each day. The menu options were also available for residents on a modified diet or sugar-free diet, to ensure dietary requirements were being met.

The centre was homely, warm and well-maintained and generally met the needs of the residents. Improvements were observed in premises with new storage cupboards in several of the lodges, which were clean and tidy with items stored appropriately. However, the registered provider had failed to inform the Chief Inspector in respect of proposed changes to the premises and had changed the purpose and function of several rooms. The inspector was also informed of other planned changes to the centre. The person in charge assured that these changes would be detailed in the centre's application to renew registration, which was due to be submitted to the Chief Inspector in the coming week.

Infection control practices were good. All areas of the centre viewed were clean and clutter free on the day of inspection. There was effective management and monitoring of infection prevention and control practices within the centre, by means of audits and daily walkarounds by management. There was also an infection prevention control link nurse in place. The housekeeping staff spoken with were also knowledgeable regarding cleaning systems.

Regulation 13: End of life

Residents approaching the end of life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. Residents' religious preferences were respected. Residents' families were informed of their condition in accordance with the resident's wishes and were permitted to be with the resident when they were at the end of their lives. The resident's preferred location for care and comfort at the end of life was considered, and facilitated where possible.

Judgment: Compliant

Regulation 17: Premises

Some improvement was required by the provider to ensure that the premises were appropriate to the number and needs of the residents of the designated centre and in accordance with the statement of purpose prepared under Regulation 3. For example:

- The treatment room, off the main hall, was changed to an office.

- The office, off the main hall, had been changed to a family room.
- An office in Delgany Lodge had been emptied and was being painted to be converted into a bedroom. The room was not occupied on the day of inspection.
- A store room in Delgany Lodge, next to sacristy, was converted into a CNM office.
- A utility room in Rathmichael Lodge was converted to a shower room.

While the centre provided a premises which was mostly in conformance with Schedule 6 of the regulations, in one lodge a bath had been removed for upgrades works and was not available to residents for use. The person in charge informed the inspector that this would be replaced once the refurbishment works were completed. The bath in Kilcrouney lodge was also not in working order as the door of bath would not close properly, the person in charge informed the inspector that they would inform maintenance to have this repaired.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. Residents' dietary needs were met. There was adequate supervision and assistance at mealtimes. Regular drinks and snacks were provided throughout the day. Care plans in place that ensured residents dietary requirements were met and included recommendations from allied healthcare professionals.

Judgment: Compliant

Regulation 27: Infection control

The inspector observed that the centre had processes in place to ensure protocols relating to infection protection and control were being observed and practised by the staff team. The designated centre was clean and tidy. Management oversight including audits were used to ensure that a high standard of hygiene was maintained.

Judgment: Compliant

Regulation 28: Fire precautions

All the issues identified on the last report in relation to fire had been addressed in full. The inspector saw that this work was complete during their walkabout the centre and then reviewed records which provided further assurance that the work was fully complete.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector was not assured that where a resident behaves in a manner that is challenging, that response to that behaviour that was not restrictive. The inspector was also not assured that where restraint was used that it was only used in accordance with the national policy. For example:

- On one occasion, where a resident displayed responsive behaviour during personal care, a staff restricted the residents movement by holding their hand for a 30 second period and then releasing it; this action was repeated three times. The Chief Inspector was notified of the incident, as required. On a review of records, this was not part of the residents care plan for managing responsive behaviours at the time and was not in line with the centre's own policy.
- Another resident had a responsive behaviour care plan, which detailed to hold their hand for two minutes if resisting being changed during personal care. The assessment and care plan also detailed the use of PRN medications (medicines only taken when the need arises) to manage the residents behaviour. However, this did not reflect the residents current care needs as describe by clinical staff and it was not sufficiently person-centred to guide staff practice to ensure their needs were met. The inspector was informed that no instances of holding the residents hand were used in response to the residents behaviour.
- In addition, no staff were trained to implement any physical restraints.
- Doors were locked in two lodges, which exited onto the secure garden/patio areas. These were not recognised as a restrictive practice in the centre.

Judgment: Not 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 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant

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

Inspection ID: MON-0040699

Date of inspection: 22/05/2025

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: Directory of residents is currently updated with information on authority, organization or body who arranged the admission for all residents, and this will be maintained going forward and audited biannually to ensure compliance.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider will operate at all times within the conditions of registration. The registered provider understands the conditions of registration and any changes going forward will be in consultation with the Chief Inspector. St Joseph's do have a policy based on the National policy. In order to ensure compliance in the restraint and responsive behaviour policies, we completed refresher training with all the staff in the first half of 2025. In the 2nd half of 2025 Restraint and responsive behaviour audits will be completed twice to montior compliance	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider understands the conditions of registration and any changes going forward will be in consultation with the Chief Inspector.</p> <p>Both bath's in Kilcrouney and Delgany lodges upgrades and maintenance works are fully completed, and both are fully functional for daily use.</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>St Joseph's do have a policy based on the National policy. In order to ensure compliance in the restraint and responsive behaviour policies, we completed refresher training with all the staff in the first half of 2025. In the 2nd half of 2025 Restraint and responsive behaviour audits will be completed twice to monitor compliance.</p> <p>Refresher training will be arranged for all staff nurses in developing person-centered care plans and will be completed by 30/11/2025. The quarterly care plan audit will monitor compliance of person centeredness of the care plans.</p> <p>A risk assessment is completed in relation to keeping courtyard doors unlocked and a trial period commenced from 5th August 2025. Risk assessment will be reviewed and updated based on the nature of the residents, weather conditions and any other safety concerns arise.</p>	

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	06/08/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	06/08/2025
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	06/08/2025

Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2025
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/11/2025
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	30/11/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of	Substantially Compliant	Yellow	30/11/2025

	Health from time to time.			
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