

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

Issued by the Chief Inspector

Name of designated centre:	St Columban's Retirement Home
Name of provider:	Maynooth Mission to China (Incorporated)
Address of centre:	Dalgan Park, Navan, Meath
Type of inspection:	Unannounced
Date of inspection:	03 July 2026
Centre ID:	OSV-0000166
Fieldwork ID:	MON-0048427

About the designated centre

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

St. Columban's Retirement Home is a ground floor building situated within Dalgan Park and located between Navan and Dunshaughlin. Dalgan Park also includes St Columban's College, home of the Columban Missionaries, which adjoins the centre enabling residents to continue to engage and interact with the Columban Community on-site, as desired. St Columban's Retirement Home provides care for Columban Priests for convalescence and long term care. Residents with a disability, cognitive impairment, dementia, chronic and life limiting illnesses can be provided for an individual and clinical assessment. The overarching aim is to provide the highest standard of care to promote the health and wellbeing of residents while striving to provide a home with a happy and homely atmosphere in which each resident feels at home, cared for, content, listened to, valued and at ease. The centre comprises of 32 single bedrooms with accessible en-suite facilities that are suitable for low, medium and high dependency residents. A variety of communal rooms, an external courtyard and surrounding gardens are available for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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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
Friday 3 July 2026	08:00hrs to 14:45hrs	Sheila McKevitt	Lead
Friday 3 July 2026	08:00hrs to 14:45hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

Overall, the inspectors found that staff promoted a person-centred approach to care and actively engaged with residents to promote individualised care which supported residents' independence and autonomy. This was an unannounced monitoring inspection, which also had a focus on infection prevention and control (IPC).

The inspectors met and spoke with several residents during the course of the inspection. Residents spoken with gave positive feedback about staff, their kindness, and consideration, and this was observed throughout the day of the inspection. One resident told the inspectors " I am very happy here, staff are wonderful" while another resident told the inspectors " there is good support here, when you need it".

On arrival, the inspectors observed there was a welcoming atmosphere, the centre was clean, warm and bright. The design and layout promoted free movement around the centre. The centre had a large communal area located near the reception area which had been recently extended with sufficient comfortable seating arrangements to support residents to spend time together. Residents were observed relaxing or socialising with each other in this area throughout the day reading a selection of newspapers that were delivered daily to the centre. There was a birthday celebration on the day of the inspection which was celebrated after the daily Mass service in the Chapel.

Inspectors observed that the meals served looked appetising. Residents spoken with were happy with the food offered to them especially the fresh fruit and freshly baked deserts and cakes.

Residents said they kept fit by walking in the large garden accessible to them, going out with family and friends and attending exercise classes facilitated by a physiotherapist. They engaged in activities that were of interest to them in the main these activities were focused on maintaining their devotion to God as all residents were Roman Catholic priests.

The residents had no complaints and were keen to inform the inspectors of how well they were cared for by kind and attentive the staff.

Inspectors observed and acknowledged that the provider had completed some major refurbishment and upgrading of the premises which included a new laundry. Notwithstanding this, there were fixtures and fittings that required attention to enable effective cleaning. This is discussed in more detail under Regulation 17: Premises.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This centre continued to be well-managed. The governance team was strong with the provider, person in charge and operations manager working well together to ensure that residents were provided with a safe home to live in.

This unannounced risk inspection was carried out by inspectors of social services over one day to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people Regulations 2023 to 2025 (as amended) and to review changes made to the building which were informed to the Chief Inspector by an application to vary condition one of the certificate of registration. This application had been reviewed by inspectors and was being processed following the receipt of further information in relation to fire precautions.

Overall, this centre was striving to be compliant with the regulations and there was a good team of staff committed to providing quality care to residents. This inspection found that some minor improvements were required in relation to infection prevention and control (IPC), premises and transfer documents as discussed in this report.

The registered provider for St Columban's Retirement Home was Maynooth Mission to China (Incorporated). There was a written statement of purpose that described the service and facilities that were provided in the centre. The statement of purpose described the current management structure of the designated centre. This structure ensured that the centre had good leadership, governance and management arrangements in place which contributed to residents experiencing a quality service.

There was evidence to indicate that the centre was well-resourced. The centre was clean, warm and well-ventilated. There were sufficient numbers of staff on duty to meet the needs of residents.

The staffing levels on the statement of purpose were reflected on the staff roster and the inspectors saw that the needs of residents were being met. The catering, laundry and housekeeping service was outsourced and these areas were also well-staffed.

Records were accessible, including staff files and those reviewed were compliant with legislative requirements.

Regulation 21: Records
Records required under Schedules 2, 3 & 4 were maintained in line with the regulation, stored safely and were accessible on request.
Judgment: Compliant
Regulation 22: Insurance
There was an insurance policy in place to cover injury to residents in the retirement home.
Judgment: Compliant
Regulation 23: Governance and management
There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through an established system of communication. There were clear systems in place for the oversight and monitoring of care and services provided for residents. The issues found at the last inspection had been addressed by the provider. The annual review for 2025 was completed and available for review. It included feedback from the residents and their families together with a quality improvement plan for 2026.
Judgment: Compliant
Regulation 24: Contract for the provision of services
A review of a sample of contracts of care indicated that each resident had a written contract of care that detailed the services to be provided and the fees to be charged, including fees for additional services.

All contracts stated the room number of each resident and the occupancy of the room in which they would be residing.

Judgment: Compliant

Regulation 34: Complaints procedure

A copy of the complaints policy was available and a brief procedure was displayed in the reception area. It met the legislative requirements. The provider received few complaints, with no complaints received by the provider since the last inspection.

Judgment: Compliant

Quality and safety

The inspectors found that residents' rights were upheld and staff supported residents to receive a good standard of care in the centre. There was good opportunities for residents to participate in and enjoy social engagement. Residents were supported to maintain their independence and it was evident that staff knew residents well and were committed to providing person-centred care. There was some areas, where the regulatory requirements were not fully met, as outlined in this report.

Residents had access to medical care and had a choice to retain their own general practitioner (GP), while others chose a GP service closer to the centre. Doctor on call was also available after hours and weekends. There was evidence from a review of residents' records that residents had access to and were reviewed by health and social care professionals as required. This included the local palliative care team.

Residents transferred out of the centre had a transfer document completed and sent with them, however a copy of the transfer letter was not kept in the centre.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene in the centre. These included cleaning specifications and checklists. Cleaning carts were equipped with a locked compartment for storage of chemicals and had a physical partition between clean mop heads and soiled cloths. The centre was visibly clean and odour-free on the day of inspection.

Hand hygiene facilities were in line with best practice guidelines. The provider had installed new clinical hand washbasins for staff to easily wash their hands and alcohol gel dispensers were readily available at the point of care.

The new laundry was viewed and there was a segregated dirty to clean flow with separate entrance and exit doors. The inspectors observed that equipment used by residents was in good working order and the storage areas were clean and organised.

Residents were offered a choice of food and a choice of where to eat their meals. The dining room was seen to be used by residents at breakfast and lunch time, and staff were available to supervise and assist those who required assistance.

Visitors were welcomed into the centre and residents had the freedom to go out as they pleased. Two residents were on holidays with their family on the day of inspection.

Regulation 11: Visits

There were many areas in place for residents to receive visitors and there were limited restrictions on visiting. Visitors spoken with by the inspectors were complimentary of the care provided to their relatives and were happy with the visiting arrangements in place.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' clothes were laundered and returned to them. There was adequate space for residents to store clothes and personal possessions in their bedroom.

Judgment: Compliant

Regulation 13: End of life

The inspectors were assured that each resident received end-of-life care based on their assessed needs, which maintained and enhanced their quality of life. Each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

Overall the centre was well-maintained and nicely decorated however improvement was required of the registered provider, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- Some areas of the floor covering were not maintained in a condition that facilitated effective cleaning and infection prevention and control practices. In several areas, the flooring was not smooth and impervious. For example, there was an uneven concrete joint between the main centre to the new laundry area. In addition, some wooden flooring was worn and required resurfacing.
- In residents' bedrooms, a number of wooden fixtures and fittings showed signs of wear-and-tear, which impacted their ability to be effectively cleaned and maintained.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were offered a variety of good quality home made food throughout the day. Residents were included in regular meetings, where the menu and different meals and choices available were discussed.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Inspectors found that a copy of the national transfer document was not kept in the centre when a resident was transferred out of the centre. Staff assured inspectors that it was sent with a resident on transfer however a copy was not kept in their file, although the transfer policy stated a copy should be kept in the centre in line with legislative requirements.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018), however further action is required to be fully compliant. For example;

- The management of sharps was not in line with best practice guidance. For example; inspectors identified inappropriate segregation of sharps waste, with some sharps containers containing items that were not compatible with the designated waste stream for that container type. In addition, needles in use did not incorporate safety-engineered devices designed to reduce the risk of needle stick injuries to staff.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had a medical review completed within a four month time period, or sooner, if required. There was evidence that residents had access to all required allied health professionals services and inspectors saw evidence that a variety of these practitioners were involved in caring for the residents.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all measures to safeguard residents living in the centre. All staff had safeguarding training and garda vetting in place prior to commencement of their role.

The person in charge investigated all allegations of abuse and referred residents to the appropriate supports when required or requested.

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 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St Columban's Retirement Home OSV-0000166

Inspection ID: MON-0048427

Date of inspection: 03/07/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: We acknowledge the areas identified and are actively addressing these issues. Quotations for the necessary floor renovations are currently being obtained and reviewed. The uneven concrete joint between the main centre and the new laundry area will be repaired and finished to meet Infection Prevention and Control (IPC) standards. Regarding the wooden fixtures and fittings in residents' bedrooms that show signs of wear and tear, these are under review.	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: This matter has now been fully addressed. All nursing staff have been reminded that, in accordance with our transfer policy and legislative requirements, a copy of the national transfer document—along with any additional information added to the transfer letter—must be retained in the resident's file. This process is now in place and being adhered to for all resident transfers.	

Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: The medical waste company was contacted and has now provided appropriate sharps boxes that meet best practice guidance for segregation and disposal. All staff have been instructed to use these new containers in line with requirements. We are also reviewing our procedures to ensure only safety-engineered devices are in use, further reducing needle stick risk.	

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(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	30/11/2026
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	27/07/2026

Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	27/07/2026
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