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 Luke's Home
Name of provider:	St Luke's Home Cork Company Limited by Guarantee
Address of centre:	Castle Road, Mahon, Cork
Type of inspection:	Unannounced
Date of inspection:	20 August 2025
Centre ID:	OSV-0000290
Fieldwork ID:	MON-0045963

About the designated centre

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

St Luke's Home is a purpose-built facility, in operation on the current site since 1994 and provides residential accommodation for up to 128 residents. Following a series of redevelopments and extensions accommodation is arranged throughout four nominated 'houses' or units. Three of these units provide accommodation for 30 residents, comprising 18 single, two twin, and two four-bedded bedrooms. The fourth unit is dedicated for residents with dementia or a cognitive impairment, and the design and layout of this unit is in keeping with its dementia-specific purpose. Accommodation on this unit is laid out in a north and south wing, comprising 30 single and four twin rooms and accommodates 38 residents in total. All bedrooms have en-suite facilities including toilet, shower and hand-wash basin. Each of the units have their own dining and living rooms. There are numerous additional communal areas and facilities available in the central area of the centre which includes the main restaurant, a large oratory for religious services and a spacious conservatory/ activity area that was bright with natural lighting. There is an arts and craft room and a separate library. Residents also have access to a hairdressing facility in this area. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers palliative care, care to long-term residents with general and dementia care needs and has two respite care beds for residents with dementia. The centre provides 24-hour nursing care with a minimum of nine nurses on duty during the day and four nurses at night time. The nurses are supported by the person in charge, nurse managers, care, catering, household and activity staff. Medical and allied health care professionals provide ongoing health care for residents. The centre employs the services of a physiotherapist five days per week, occupational therapy, chiropody, dietetics, dentistry, ophthalmology and speech and language therapy is also available in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	128

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 20 August 2025	09:10hrs to 17:20hrs	Siobhan Bourke	Lead
Thursday 21 August 2025	09:10hrs to 15:40hrs	Siobhan Bourke	Lead
Wednesday 20 August 2025	09:10hrs to 17:20hrs	Louise O'Hare	Support
Thursday 21 August 2025	09:10hrs to 15:40hrs	Louise O'Hare	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over two days. Based on the inspectors' observations and discussions with residents and staff, St. Luke's Home was a nice place to live. There was a welcoming and homely atmosphere in the centre. Residents' rights and dignity were supported and promoted by kind and competent staff. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities.The inspectors met with many of the 128 residents and spoke with 27 residents during the two days. The inspectors also met with 15 visitors. Visitors were very complimentary in the feedback and expressed satisfaction with the standard of care provided by staff. All of the residents who spoke with inspectors were full of praise for the core staff, who worked in the centre and described them as "wonderful, kind and caring". A small number of residents told the inspectors that they found the turnover of staff difficult in the centre and while agency staff were always polite and caring, they were not as familiar with their care needs. This will be discussed further in the report.

On arrival to the centre, the inspectors were greeted by the centre's receptionist and followed the sign in procedures for visitors. The inspectors were met by the person in charge, chief executive officer and an assistant director of nursing. Following a short introductory meeting, the inspectors were accompanied on a tour of the centre by the person in charge. The inspectors greeted, spoke with, and observed residents and staff practices in communal areas and in their bedrooms. During the morning, the inspectors saw residents enjoying breakfast in their bedrooms or in the dining rooms in each house. Some residents were having assistance with personal care, while other residents were up and getting ready to attend the social club's activities.

St. Luke's Home is a designated centre located in Blackrock, near Cork City, and is registered to accommodate 128 residents. Residents are accommodated on the ground floor in four houses or units namely Wise, Gregg, Exham and Maguire House. Wise, Gregg and Exham House each have accommodation for 30 residents with 18 single rooms, two twin rooms and two four bedded rooms. Maguire House provides accommodation for residents with dementia and was divided further into Maguire South and North. Maguire House had 30 single rooms and four twin rooms. The inspectors saw that the centre was cleaned to a high standard and the atmosphere throughout the centre was warm and friendly. Many residents' bedrooms were personalised containing family photographs, cards and personal belongings. Pressure relieving specialist mattresses and cushions, specialised seating and fall prevention equipment were seen in some of the residents' bedrooms. In a number of residents' bedrooms, the inspectors saw that paintwork and furniture was worn and required repair, especially paintwork on skirting boards and bedroom walls. The management team informed the inspectors that there was a rolling programme of remedial works ongoing for bedrooms with a third of the bedrooms completed with the remaining planned over the coming months. The inspectors saw that wardrobes and furniture had been replaced in one single room, as feedback from some residents' surveys was that they found the current wardrobes doors too

heavy and cumbersome. The resident living in this room was delighted with the changes to their room and the management team were planning to roll these out for other residents' bedrooms as well.

The layout of the four bedded rooms remained as found on previous inspections and required review, as residents living in these rooms had less personal and storage space. The management team informed the inspectors that loan finance had been secured to begin a programme of works to convert the four bedded rooms to single bedrooms to improve this aspect of the home for residents. This plan was due to start in the coming weeks in Exham house. This is outlined further in the report under Regulation 17; Premises.

There were plenty of spacious communal areas and rooms for residents' use through out the centre, with communal areas in the main area and in each of the houses. The library had been renovated since the previous inspection and had comfortable furniture, table and chairs, book shelves, a personal computer and a smart Television. Residents could use this area to meet with their relatives or to attend some of the activities like "men's club" in the centre. The centre had a large activities room, hair salon, oratory and Oyster tavern restaurant in the main area. These were all well decorated and maintained. Each house had a separate dining room and day rooms for residents' use, that were warm and homely. The flooring in the dining room in Greg House was worn and due for replacement.

There were a number of secure garden areas, that were well maintained that residents could access easily.The inspectors saw that new outdoor furniture had been purchased and a local company's work team had painted some of the outdoor furniture as part of the volunteer programme for the centre. These areas were seen to be bright, well maintained spaces and were in use by residents and their families during the two days of the inspection.

The inspectors observed the lunch time and evening meal experience during the inspection and saw that the "Oyster" restaurant was full with residents who were enjoying their meals. Food orders were taken for each table and a menu displaying the choices available were on each table. The lunch time meal was served from 12.30 pm. The lunch time meal appeared appetising and nutritious and residents in the restaurant were complimentary regarding the options available. A member of the activity team was assigned to the restaurant to supervise residents at mealtimes, while the catering staff served the meals to residents. Residents could also choose to have their meals in their bedrooms or in the dining rooms in each house. There was enough staff available to provide assistance with residents who required it. The inspectors saw assistance was provided to residents who required it, in a dignified and respectful way. An inspector observed the dining experience in Maguire house and saw that many of the residents ate their meals in the dining room and three residents were seated at an enable table in the activity room which offered them a quiet space to dine. Eight residents were served their meals from a bed table, while sitting in their chairs in the conservatory, which did not afford them a sociable dining experience. The majority of residents who spoke with inspectors were very complimentary regarding the food choices and quality of food available. However, a small number of residents gave feedback that the evening meal was not

consistently good and that they would like the meal times to be at the later times of 1pm and 5pm respectively. This is outlined further in the report.

On the second day of inspection, residents saw that staff and family members made a guard of honour to pay their respects to a resident who had passed away and was on their final journey from the home. Signage was displayed in the centre in memorial of the deceased resident.

The inspectors saw that residents looked well cared for and had their hair and clothing done in accordance to their own preferences. Staff interactions with residents were observed to be respectful and unhurried. It was evident that many of the residents had enjoyed the company and care provided by many of the care and nursing staff working there. In the dementia specific house in the centre, inspectors saw residents being gently redirected and supported by staff and saw positive engagement between staff and residents. Those residents who could not communicate their needs appeared comfortable and content. The majority of residents who spoke with inspectors were very complimentary regarding the standards of care they received from staff working in the centre. A small number of residents told inspectors that they found that when the core staff in the centre were not available and were replaced by agency staff, they found this difficult as they were not as familiar of their likes and preferences.

Staff who spoke with inspectors confirmed that the management team were very supportive to them and that it was a good place to work. Staff working in Maguire House confirmed that the increase in care staff assigned there since the previous inspection had a positive impact on the care they could provide. However, staff too told inspectors, they found the turnover of care staff in the centre a challenge. A number of staff blamed the turnover of staff, on the lack of pay parity with other Health Service Executive funded services and this was an ongoing concern for both staff and management.

The centre provided a laundry service for residents. Residents whom the inspectors spoke with on the day of inspection were happy with the laundry service. However, in residents' surveys reviewed and from a review of records of complaints in the centre, clothes going missing and inadequate labelling of residents' clothes had been areas of concerns raised by residents. The management team had introduced a missing clothes list that was managed by the clinical nurse managers in each of the houses. This was implemented in July 2025, so that missing clothes could be located quicker and if not replaced by the provider. This was reported to be working well at the time of inspection.

The inspectors observed that many of the residents spending their day moving freely through the centre from their bedrooms to the restaurant for their meals and to the conservatory to attend activities. Many residents were observed to enjoy friendships with peers. There was a varied and flexible activities schedule over seven days of the week. There was a team of staff employed in the centre who were supported by a number of volunteers to facilitate the activities schedule for residents.

In Maguire House on the first day of inspection, the inspectors saw a number of residents enjoying a game of botcha. A volunteer also attended with a therapy dog to visit residents, who appeared to enjoy this engagement. The inspectors were informed that evening activities were also scheduled in Maguire House which was reported to have had a positive impact, for residents with responsive behaviours. On the second day a lovely singing session, led by the activity staff, was observed, that residents seemed to enjoy.

The social club was held every week day and there was live music every Sunday in the centre's conservatory. Residents had requested that the social club be extended to Saturdays and this was under review. Residents were surveyed once a year to seek their views on what activities they would like to participate in. The schedule of activities included mens club, live music, knitting and art activities, botcha and chair yoga. Some residents chose not to partake in group activities in the centre. The inspectors observed these residents reading newspapers, watching television, listening to the radio, and engaging in conversation.

Residents views were sought on the running of the centre through regular residents' meetings and surveys. The management team ensured that an action plan whereby issues raised by residents were addressed. When residents raised issues with the quality of meals or food ,these were followed up by the catering manager to see what action was required. The inspectors reviewed the findings from a recent residents survey in June 2025 and overall the feedback from residents was positive, with comments such as " the home has everything I need" and "without exception, staff are helpful and caring." Residents also identified issues with, the mealtimes being too early, clothes going missing, and frequent changes of staff in the centre as areas requiring improvement. The inspectors saw evidence that the management team were working to address these issues. Residents had access to advocacy services as required. The national patient advocacy service team members had also attended residents meetings to inform them of their role, on two occasions.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection, carried out over two days, by two inspectors of social services, 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). Overall, the inspectors found that the provider had effective management systems in place to ensure residents were provided with good quality

safe care. However, some action was required with regard to staffing levels as outlined further in this report.

The centre is owned and managed by St Luke's Home Cork, Company Limited by Guarantee who is the registered provider. The inspectors found that management structures were clearly defined with identified lines of responsibility and accountability. The centre had a full-time chief executive officer, who has overall responsibility for the day-to-day operation of the centre. A chief operating officer had been appointed since the previous inspection and was supporting the CEO with the operational management of the centre. The centre is governed by a board of directors and the chief executive officer is accountable to the chairperson of the board. The centre has a senior management team, whose membership included, the chief executive officer, the chief operating officer, and the director of nursing. The senior management team met regularly to ensure oversight of services in the centre.

The person in charge worked full time in the centre and was supported by two assistant directors of nursing who had been recently appointed to their roles, following the retirement and resignation of the two previous role holders. There was a team of clinical nurse managers, with a clinical nurse manager rostered at weekends and every night, as well as one assigned to each house. Since the previous inspection, an extra care staff member had been assigned to Maguire House and staff and management reported that this had a great impact on reducing incidents and improving supervision of residents living there. Staff members who spoke with inspectors confirmed this.

The nursing management team had developed a business plan to seek funding for an extra nurse for night shifts and an extra care staff member during the day, due to the increased dependency levels and complexities of residents' care needs. While the provider had a full complement of nursing staff at the time of inspection, there was on going recruitment in the centre to fill health care staff vacancies and gaps in rosters were filled with core staff doing extra shifts and agency staff where required. These and other findings are outlined under Regulation 15; Staffing.

The provider ensured that staff were provided with training appropriate to their role. From a review of training records and from speaking with staff, it was evident that staff were up-to-date with mandatory training. The inspectors saw that staff were appropriately supervised in their roles. Staff who spoke with inspectors were knowledgeable regarding their roles and responsibilities and residents' care needs.

The provider ensured there was good oversight of the quality and care provided to residents. Key risks to residents such as falls, pressure ulcers, restrictive practices and weight loss were monitored in the centre. There was a schedule of audits in place where audits of incident and management of falls, medicines management, nutrition and hydration, quality of care interactions and infection prevention and control were monitored. The inspectors saw that the good level of compliance found in these audits was reflected in the inspection findings.

There was evidence of good systems of communication in place through senior management meetings, quality and safety committee, staff meetings, clinical nurse

manager meetings and health and safety committee meetings. The provider held a number of multidisciplinary committees where issues such as safeguarding, restrictive practice and infection control were discussed monitored and action plans put in place where required.

The provider was implementing a fortnightly human resources(HR) clinic, led by the HR manager,to ensure staff had a forum where they could raise concerns or issues.

From a review of the incident log maintained at the centre, incidents occurring in the centre were notified to the Chief Inspector in line with legislation.The arrangements for the review of accidents and incidents within the centre was robust, with input from members of the multidisciplinary team, to identify any areas for improvement or learning.

The annual review of the quality and safety of care delivered to the residents in 2024 had been prepared, in consultation with residents and was made available to inspectors. This review was comprehensive and included findings from feedback from residents, engagement with advocacy services and complaints received.

Regulation 14: Persons in charge

The person in charge had the required experience and qualifications to meet the requirements of the regulations. It was evident to the inspectors that they were knowledgeable regarding the assessed needs of residents living in the centre and their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

While there was a full complement of staff rostered during the two days of the inspection, action was required to ensure the number and skill mix of staff was adequate to meet the assessed needs of the 128 residents living in the centre. There was a high percentage of residents(60%) who were assessed as having maximum or high dependency levels. Despite ongoing recruitment in the centre, there were four whole time equivalent(WTE) care assistant vacancies in the centre. Gaps in the rosters were filled with staff doing extra shifts and where necessary agency staff. A small number of residents, who spoke with inspectors, outlined that it was a challenge for them when some agency staff were unfamiliar with their needs and preferences. From monitoring key clinical indicators such as falls and incidents in the centre, the management team had recognised a requirement to increase the nursing staff complement at night by one WTE and to increase the care

staff levels by one each day, to further support residents' needs. The person in charge had developed a business case for submission to the Board to provide funding for these vacancies.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider ensured that staff were provided with training such as manual handling, fire safety, safeguarding vulnerable adults and managing responsive behaviour appropriate to their role. The provider had arranged that training sessions were held every Tuesday in the centre, to facilitate staff to attend training and that this was working well.

Staff were appropriately supervised in their duties, and the inspectors observed that staff were knowledgeable and applied the principles of training in their daily practice.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found the registered provider ensured that there was a clearly defined management structure in place and staff were aware of their individual roles and responsibilities. The management team and staff demonstrated a commitment to quality improvement through a system of ongoing monitoring of the services provided to residents.

There were effective systems in place, to monitor the quality and safety of care provided to residents.

The provider ensured that an annual review of the quality and safety of care provided to residents in 2024 was prepared and available for review.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and all required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an accessible and effective procedure for dealing with complaints, which included a review process. The required time-lines for the investigation into, and review of complaints was specified in the procedure. The procedure was displayed in the centre. A records of complaints was maintained in the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as outlined in Schedule 5 of the regulations were available in the centre. Systems were in place to review and update policies. A review of the policies indicated they were reviewed and updated at intervals not exceeding three years and in line with best practice.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents living in St. Luke's Home were supported to have a good quality of life, where their rights were respected and promoted. Staff were understanding of residents' care needs and strived to ensure residents received a good standard of person-centred care. Action was required to ensure compliance with the regulations in relation to food and nutrition and premises as outlined under the relevant regulations.

Residents living in the centre had good access to health care services from two general practitioners (GP), who attended the centre each week day. A physiotherapist was employed in the centre five days a week and was observed by inspectors providing assessments and treatments to residents as required.

A record of restrictive practices such as bedrails and sensor mats were maintained in the centre. There was good oversight of these devices by the multidisciplinary team, and staff had a good understanding of what constitutes restrictive practice. A restraint-free environment was promoted. The system of care planning for residents with known responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) was well-established and organised, with a comprehensive review of each resident on admission. Person-centred care plans were developed following this review, and these were updated regularly.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse.

Residents were assessed for the risk of malnutrition and referred to dietitian and speech and language services as required. From a review of a sample of care plans, it was evident that any dietary recommendations made were implemented by nursing and care staff. The inspectors saw that residents could choose to eat in the dining rooms in each house, in their bedrooms or in the main restaurant in the centre. The inspectors saw that there was a choice of courses available for breakfast, lunch and evening meal. While overall feedback from residents was positive regarding the quality and choice of food available, some residents reported that they would prefer if meals were served later as detailed under Regulation 18 Food and Nutrition.

The fire folder was examined and the inspectors saw that staff were up-to-date with training on fire safety. Daily and weekly records confirmed that exit doors were kept clear and that the fire alarm was checked each week.

Residents' right were promoted and protected in the centre. Choices and preferences were seen to be respected. Regular residents' meetings were held, which provided a forum for residents to actively participate and provide feedback in areas regarding social and leisure activities, food and meal quality, and standards of care. Minutes of these meetings were documented, with action plans assigned and followed up on.

Regulation 11: Visits

Visitors were welcomed to the centre and many visitors were seen coming and going over the two days of the inspection. The inspectors met with 15 visitors who confirmed that visiting was not restricted.

Judgment: Compliant

Regulation 17: Premises

While improvements had been made since the previous inspection, with new flooring in some communal areas, ongoing action was needed to meet the requirements of Schedule 6 of the regulations:

- Paintwork on the walls of some residents' rooms and ensuites was marked.
- Door frames of some ensuite bathrooms were worn and chipped.
- The layout of the four bedded rooms continued to require review to ensure the privacy and dignity of residents sharing these rooms.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The following required action with regard to food and nutrition;

- Feedback from a number of residents to the inspectors; and from some residents' surveys collated by the provider; was that they found the lunchtime meal was served too early at 12.30 pm and that the evening meal was also served too early at 4.30pm.
- Residents also gave mixed feedback on the quality and choices available for the evening meal. While residents told inspectors they had no issues with the food served on the days of inspection, three residents told the inspectors that some days the choice and quality of food available for the evening could be better.
- While the majority of residents had a sociable dining experience, eight residents in Maguire South were served their meals in the conservatory area from bed tables, some of which gave little space to residents to enjoy their meal.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider was implementing procedures in line with best practice for infection control. Effective housekeeping procedures were in place to provide a safe environment for residents and staff. Staff completed both face-to-face and online training on infection prevention and control practices. The inspectors saw that

regular audits of the environment and equipment in use in the centre were completed, with high levels of compliance found. Assessments of staff's compliance with hand hygiene practices were also undertaken. A clinical nurse manager with expertise in infection prevention and control was the nominated lead for infection control for the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Annual training was provided for staff and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Evacuation drills were practiced regularly, to ensure residents could be evacuated safely in the event of a fire. Residents had personal emergency evacuation plans in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Comprehensive systems were seen to be in place for medicine management in the centre. Medication administration was observed to be in line with best practice guidelines. Controlled drugs were carefully managed in accordance with professional guidance for nurses.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of care plans and found that they were comprehensive, person-centred and sufficient to direct care. Residents' health, personal and social care needs were assessed using a range of validated assessment tools. Care plans were recorded on an electronic system within 48 hours of admission and reviewed regularly as required by legislation.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and health care including a high standard of evidence based nursing care. Residents were reviewed by two general practitioners who attended the centre and had access to a physiotherapist and social worker employed by the provider. Residents also had access to a range of other health and social care professionals, specialist medical and nursing services including community palliative care and tissue viability specialists if required. A sample of care plans indicated that their recommendations were implemented.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspectors observed that staff had the knowledge and skills to manage behaviour that is challenging. Restrictive practices were appropriately monitored in the centre and residents had a risk assessment completed in line with national guidance. Staff were up-to-date with training to support residents with behaviours that challenge.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to safeguard residents from abuse. Training in the safeguarding of vulnerable adults was provided to staff and staff demonstrated an awareness of the need to report, if they ever saw or heard anything that affected the safety or protection of a resident. Residents reported feeling safe in the centre and told the inspector that they would have no difficulty talking to staff should they have any concerns. Any allegations or incidents regarding safeguarding of vulnerable adults, were investigated and reported to the appropriate organisations as required.

Residents' finances were safeguarded through appropriate pension agent arrangements and strong systems for the management of monies in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to a varied activities programme that was available seven days a week. Inspectors spoke to residents who told them that they had choice in how they spent their day. An independent advocacy service had visited the centre and residents could be referred individually. Residents' views were sought on the running of the centre through surveys and the opportunity to attend residents' meetings.
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	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
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Luke's Home OSV-0000290

Inspection ID: MON-0045963

Date of inspection: 21/08/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Business Case submitted to the Board in order to further support residents' care needs.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Capital Expenditure Plans are under review and will commence shortly. Minor capital expenditures continue to improve our premises.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: The dining and nutritional experience for all residents is currently under review, focusing on the person centred, unique and social experience at all times.	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/01/2026
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	30/06/2026
Regulation 18(1)(c)(i)	The person in charge shall	Substantially Compliant	Yellow	30/03/2026

	ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.			
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	30/03/2026