



**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 Paul's Nursing Home                     |
| Name of provider:          | Blockstar Limited                          |
| Address of centre:         | St Nessian's Road, Dooradoyle,<br>Limerick |
| Type of inspection:        | Unannounced                                |
| Date of inspection:        | 01 July 2025                               |
| Centre ID:                 | OSV-0000433                                |
| Fieldwork ID:              | MON-0047562                                |

## About the designated centre

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

St. Paul's Nursing Home is a purpose-built designated centre and has been in operation since 1963. The nursing home was opened and operated by the Bons Secour De Troyes until 2010 when it was purchased by Blockstar Limited, who are the current registered providers. The centre is registered to accommodate 57 residents in four two bedded rooms (two with en suite facilities) and 49 single bedded rooms (seven with en suite facilities). The centre provides 24-hour residential care for both female and male residents and provides general long-term care, palliative care, convalescent care and respite care. The centre is registered to care for persons over the age of 18 but most residents are over 65 years of age and can cater for residents assessed as being from low to maximum dependency levels' as per the modified Barthel Index.

**The following information outlines some additional data on this centre.**

|                                                |    |
|------------------------------------------------|----|
| Number of residents on the date of inspection: | 56 |
|------------------------------------------------|----|

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

| Date                | Times of Inspection  | Inspector        | Role    |
|---------------------|----------------------|------------------|---------|
| Tuesday 1 July 2025 | 09:30hrs to 18:30hrs | Leanne Crowe     | Lead    |
| Tuesday 1 July 2025 | 09:30hrs to 18:30hrs | Rachel Seoighthe | Support |

## What residents told us and what inspectors observed

In general, the residents told inspectors that St Paul's Nursing Home was a nice place to live and that they were happy with the care that they received from staff. However, some residents felt that staff were very busy and, occasionally, staffing levels were not sufficient to ensure that their needs were attended to in a timely manner. Additionally, a small number of residents stated that they would like to see an improvement in the food served to them.

This was an unannounced inspection which was carried out over one day. Following an introductory meeting with the person in charge, inspectors spent time walking through the centre, giving an opportunity to meet with residents and staff.

St Paul's Nursing Home is a three-storey facility, situated on the outskirts of Limerick city. The designated centre was registered to provide long-term care to a maximum of 57 residents. There were 56 residents living in the centre on the day of the inspection. Residents were accommodated in four twin bedrooms and 49 single bedrooms. While ten of the bedrooms contained ensuite facilities, communal shower rooms, a bathroom and toilets were available for the remaining residents.

The inspectors noted that residents knew the management team by name and they were complimentary of the care they received. Inspectors heard positive comments such as "it's ten out of ten" and "I wouldn't change anything". However, a small number of residents expressed dissatisfaction with the food served to them, saying that it wasn't always appetising or tasted like it was freshly prepared. Residents also told inspectors that while staff were "wonderful" and "tried their best", they sometimes didn't attend to residents' needs in a timely manner.

Staff were observed attending to residents in a kind manner. A number of residents with complex care needs received enhanced supervision and support from staff on a one-to-one basis. While the majority of staff accompanied these residents at all times, inspectors observed one instance whereby a staff member was temporarily absent while they attended to a different resident.

The entrance to the centre opened into a reception area which led to resident bedrooms, and a variety of communal rooms, including a dining room, a lounge, a quiet room and a large chapel. There was a secure enclosed garden area which contained seating, raised flower beds and a water feature. Inspectors observed residents enjoying strolls in the garden area, with the support of staff. There were several communal sitting rooms on the upper floors also, where several residents were seen relaxing during the inspection.

Residents' bedrooms were personalised with items of significance such as photographs, ornaments and soft furnishings. Call bells and televisions were provided in all bedrooms. Inspectors observed that residents were supported to decorate their bedrooms as they wished. A number of residents proudly showed the

inspectors ornaments that they had chosen to decorate their rooms with, and the individual importance of these items.

There was an ongoing maintenance programme in place and the premises was generally in a good state of repair. Inspectors observed that the provider had completed a refurbishment of the centre's laundry room since the previous inspection, as well as a number of shower rooms.

The atmosphere in the centre was observed to be calm and relaxed throughout the day of inspection. In the morning time, a number of residents were observed in communal seating areas on the upper floors, reading newspapers and watching television. There were residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. However, those residents appeared to be relaxed and content. Some residents were relaxing in their bedrooms and others were getting ready to attend the day's activities programme. A large group of residents were seen enjoying a live music session on the ground floor before lunchtime, with many residents singing along or dancing.

Visiting was facilitated and the inspectors observed a number of visitors coming and going throughout the day of the inspection. Visitors were welcomed at the reception area by staff before being directed to where their loved one was located.

Information regarding external advocacy services was displayed in the reception area of the centre and the inspectors were informed that residents were supported to access this service, if required.

The following sections of this report detail the findings in relation to the capacity and capability of the provider and describes how these arrangements support the quality and safety of the service provided to the residents.

## Capacity and capability

This was an unannounced risk inspection which was carried out by inspectors of social services to:

- monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended)
- follow up on information submitted to the Chief Inspector by the registered provider in relation to residents with high supervision needs leaving the centre unaccompanied
- review unsolicited information received by the Chief Inspector in relation to quality of care, environmental hygiene and governance and management
- follow up on the action taken by the provider to address the non-compliant issues found on a previous inspection of the centre on 20 August 2024. On this inspection, the provider was found to have addressed all of the actions

relating to fire safety in full.

The inspectors' findings were that the registered provider's incident management systems were not sufficiently robust to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

Prior to this inspection, the Chief Inspector had been notified of three incidents whereby residents, including one resident with enhanced supervision needs, had left the centre unaccompanied in March and May 2025. Following each of these incidents, the provider committed to putting systems in place to manage the risk of residents with complex care needs leaving the centre unaccompanied. The findings of this inspection were that while the provider had implemented the majority of measures intended to mitigate this risk, such as education of staff and audits of safety checks records, one measure regarding the staffing of reception area had not been implemented.

While the provider had management systems in place to oversee, identify and manage risks with the potential to impact the safety and welfare of residents, these were not always effective. For example, the provider had not implemented their safeguarding policy in full. A number of incidents were recorded where the underlying cause of injuries sustained by residents were not conclusively identified. Inspectors found that these had not been investigated as potential safeguarding concerns, which was not in line with the centre's own policy. Additionally, incident records demonstrated that an adverse clinical incident had occurred, resulting in an injury to a resident. Although a preventative measure to mitigate the risk was recorded, a risk assessment was not completed and the resident's care plan was not updated to reflect the preventative measure that was required. A second incident of the same nature occurred two weeks later. The risk was not appropriately assessed and control measures to mitigate a risk of this incident reoccurring were not implemented following the first incident. Therefore the identified risk was not appropriately managed by the registered provider.

The registered provider for St Paul's Nursing Home was Blockstar Limited. The person in charge was supported in their role by an assistant director of nursing, who deputised in their absence, and a clinical nurse manager. A team of staff nurses, health care assistants, household, activity, catering and maintenance staff made up the staffing complement.

Blockstar Limited is the registered provider of St Paul's Nursing Home. The person in charge worked full-time in the centre. They were supported in their role by an assistant director of nursing, who deputised in their absence, as well as a clinical nurse manager, nurses, health care assistants, household, activity, catering and maintenance staff. The person in charge reported to a regional manager. A company director represented the registered provider entity and attended the centre regularly.

There was evidence of regular governance meetings which were attended by members of the senior management team, as well as the person in charge and nursing management team. The person representing the provider entity also

attended the centre on a regular basis. Records of these meetings indicated key operational and clinical items were discussed and actions were assigned to specific individuals as needed.

A programme of clinical and operational audits was completed by the management team on a planned basis. The results of these audits were analysed and informed the development of quality improvement plans.

An annual review of the quality and safety of care delivered to residents in 2024 had been completed.

On the day of inspection, the staffing levels were appropriate for the size and layout of the building, and to meet the assessed needs of the current residents.

Staff had access to a range of training modules that were provided in-person or online, in areas such as fire safety, the safeguarding of residents and dementia care.

A sample of staff files were reviewed by inspectors, and were found to contain all of the information required under Schedule 2 of the regulations, including vetting disclosures from An Garda Síochána. There was evidence that all staff completed an induction programme upon commencing employment in the centre.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern. A summary of the complaints procedure was prominently displayed within the centre.

### Regulation 15: Staffing

On the day of the inspection, the number and skill-mix of staff was appropriate to meet the needs of the residents. There was at least one registered nurse in the centre at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to a range of training to support them to meet the needs of residents.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider had failed to ensure that the risk management systems were effectively implemented to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. This was evidenced by;

- the failure of the provider to implement all of the mitigating measures set out in their risk assessment regarding residents with high supervision needs leaving the centre unaccompanied
- injuries of unknown origin were recorded in the centre's incident log but these were not investigated in line with the centre's safeguarding policy
- the failure of the provider to fully implement actions from an incident investigation, whereby the incident occurred again a number of weeks later
- the systems in place did not support the safe administration of medications, in line with the centre's own medicine management policies.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed by the inspectors. Each contract had been signed by the resident or their representative, as appropriate. The fees charged to each resident were outlined. The room occupied by the resident and how many other occupants, if any, were reflected in each of the contracts reviewed.

Judgment: Compliant

## Regulation 34: Complaints procedure

A review of the records found that complaints were management and responded to in line with the regulatory requirements.

Judgment: Compliant

## Quality and safety

Overall, inspectors found that residents living in the centre were supported to live a good quality of life by a team of staff committed to meet their needs. Residents had

good access to health and social care services, and regular opportunities for social engagement. Notwithstanding these positive findings, assessment and care planning, protection and medication management did not meet regulatory requirements.

An electronic nursing documentation system was in place. Residents care and support needs were assessed using validated assessment tools that informed the development of care plans. Care plans viewed by inspectors were generally detailed and person-centred. However, inspectors found that some individual assessment and care planning documentation did not always contain up-to-date information, to guide staff to meet the needs of the residents.

There were systems in place to safeguard residents and protect residents from the risk of abuse. Staff were trained to recognise and respond to allegations of abuse. A safeguarding policy and procedure was in place to safeguard residents from the risk of abuse. However, inspectors found that safeguarding policies and procedures were not consistently implemented, in relation to the completion of preliminary screening assessments for unexplained injuries, sustained by a small number of residents. This is detailed under Regulation 8: Protection.

Residents' health care needs were met through regular assessment and review by their general practitioner (GP). Residents were also referred to health and social care professionals, such as tissue viability nurse specialists, and speech and language therapy, as needed. Residents nutritional assessments were completed at least monthly and reviewed formally by the management team. Residents were referred to the dietitian service where required. A physiotherapist attended the centre weekly and referrals were made to occupational therapy services, as needed.

The centre employed staff who were dedicated to the provision of resident activities. The programme of activities included music, exercises, and gardening. Group trips outside of the centre were encouraged, and individual residents were supported to engage in regular outings in the locality. Residents had access to internet, local television, radio and newspapers. Residents' views on the quality of the service provided were sought through satisfaction surveys. Residents' meetings were convened regularly and meeting records indicated that residents were consulted about a variety of topics, including activities, the quality of food, and the complaints procedure.

Advocacy services were available to residents and there was evidence that residents were supported to avail of these services, as needed. Residents had access to religious services and resources, and they were supported to practice their religious faiths in the centre. A catholic mass took place weekly in the centre and there was a large chapel available for resident use.

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Inspectors saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

## Regulation 11: Visits

The registered provider had flexible arrangements in place for residents to receive visitors.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

A sample of care plans reviewed were not updated to reflect the current, assessed needs of the residents, for example:

- A care plan, which had been developed for a resident who had a restrictive practice in place, was not updated to reflect a change in the care interventions required to support their needs. This meant that staff did not have up-to-date information to guide the resident's care.
- A care plan which had been developed for a resident who displayed a responsive behaviour was not reviewed to ensure that out-dated information which was no longer relevant had been removed. This posed a risk that this information would not be communicated to all staff.
- A resident who demonstrated responsive behaviours, did not have the behavioural triggers, or de-escalation techniques recorded, in their plan of care.

In addition, care plans were not always developed from an assessment of residents' needs. For example, safeguarding plans had not been developed for two residents in response to peer-to-peer incidents in the centre.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. A referral system was in place for residents to access health and social care professionals such as dietitians, physiotherapists, psychiatry of late life and end of life services.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The implementation of restrictive practices was informed by risk assessments, which were reviewed regularly.

There were systems in place to ensure that staff were appropriately skilled to support residents with responsive behaviours. Residents who experienced responsive behaviours had appropriate assessments completed. In the majority of cases, these informed the development of person-centred care plans that detailed the supports and interventions to be implemented by staff.

Judgment: Compliant

## Regulation 8: Protection

The registered provider did not ensure that all appropriate and effective safeguarding measures were in place. For example, the centre's own safeguarding policies and procedures were not consistently implemented in relation to the completion of preliminary screening assessments for unexplained injuries, in a small number of incidents.

Judgment: Substantially 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                |
|-------------------------------------------------------|-------------------------|
| <b>Capacity and capability</b>                        |                         |
| Regulation 15: Staffing                               | Compliant               |
| Regulation 16: Training and staff development         | Compliant               |
| Regulation 23: Governance and management              | Substantially compliant |
| Regulation 24: Contract for the provision of services | Compliant               |
| Regulation 34: Complaints procedure                   | Compliant               |
| <b>Quality and safety</b>                             |                         |
| Regulation 11: Visits                                 | Compliant               |
| Regulation 5: Individual assessment and care plan     | Substantially compliant |
| Regulation 6: Health care                             | Compliant               |
| Regulation 7: Managing behaviour that is challenging  | Compliant               |
| Regulation 8: Protection                              | Substantially compliant |

# Compliance Plan for St Paul's Nursing Home OSV-0000433

Inspection ID: MON-0047562

Date of inspection: 01/07/2025

## 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 23: Governance and management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"><li>• The provider will review all risk assessments to ensure all control measures are in place and implemented. Particular attention will be taken with risk assessments for residents that are high risk for leaving the centre unaccompanied and becoming missing persons.</li><li>• The provider is committed to ensuring the centre's safeguarding policy will be implemented in full and this includes the investigation of any incidents of injuries of unknown origins.</li><li>• Incidents will be fully investigated and actions arising will be implemented in a timely manner.</li><li>• The Provider will ensure the systems in place will support the safe administration of medications through the regular audit of medication administration and management with additional oversight by the senior management team. There has been additional communication to nurses outlining their responsibilities and accountability and they have been directed to be guided by the NMBI Guidance for Registered Nurses and Midwives on Medication Administration (2020). This has been implemented since the inspection. The regular auditing and additional oversight had been implemented and continues. The Provider and PIC are exploring the introduction of a digital medication management system which will improve resident safety and reduce medication errors. Once implemented, training will be rolled out to all associated staff and it is envisaged that the new system will reduce the risk of medication errors and potential harm to residents.</li></ul> |                         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Regulation 5: Individual assessment and care plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>• All care plans will be updated to reflect changes in the assessed needs of the residents; this will include both patient centered and behavioural care plans.</li> <li>• Safeguarding care plans have been updated for the two residents following a peer-to-peer incident.</li> <li>• Learnings from the Inspection will inform all future Safeguarding Incident investigations and care planning will be informed from the outcomes.</li> </ul>                        |                         |
| Regulation 8: Protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>• The provider will ensure the centre's safeguarding policy and procedures will be followed consistently and preliminary screening assessment will be carried out to try and identify the causes of any injuries to rule out abuse. Progress notes, incident management, risk assessments and care planning will be common practice as we work to safeguard our residents from abuse. Staff will be educated accordingly and documentation will demonstrate our work on this initiative.</li> </ul> |                         |

## 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 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      | 01/10/2025               |
| Regulation 5(4)     | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family. | Substantially Compliant | Yellow      | 30/09/2025               |
| Regulation 8(1)     | The registered provider shall take all reasonable                                                                                                                                                                                                         | Substantially Compliant | Yellow      | 30/09/2025               |

|  |                                           |  |  |  |
|--|-------------------------------------------|--|--|--|
|  | measures to protect residents from abuse. |  |  |  |
|--|-------------------------------------------|--|--|--|