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 Vincent's Hospital
Name of provider:	Health Service Executive
Address of centre:	Woodstock Street, Athy, Kildare
Type of inspection:	Unannounced
Date of inspection:	29 April 2026
Centre ID:	OSV-0000520
Fieldwork ID:	MON-0050103

About the designated centre

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

St Vincent's Hospital is located on the fringe of the busy town of Athy and was originally built in 1844. The original building (which is a listed/protected structure) is no longer used for resident care activities but accommodates the nursing management, hospital administration and clerical teams. It also includes the day care unit, allied health care, primary care teams and the staff/visitors restaurant and hospital chapel. The centre is spread over a large campus and can accommodate up to 82 residents. Residents are cared for in pre-cast buildings dating from the 1970s, which are attached to the old hospital building by link corridors. These buildings comprise of single and twin, and triple-bedded rooms, some of which have en-suite facilities. All accommodation is on the ground floor level, with direct access from each unit to the original hospital building and to the grounds. The gardens are spacious and well maintained, with seating for residents and their visitors. Other areas include day rooms, kitchenettes, offices and treatment rooms. There is also a large main kitchen and laundry and ample parking space provided for residents and visitors. According to St. Vincent's Hospital's statement of purpose, the centre aims to provide a warm, welcoming, safe, respectful and caring environment for all residents entrusted to their care. The centre's primary objective is to provide a comprehensive multi-disciplinary service that will effectively address and meet the identified needs of all residents living there. It provides respite care and extended care to both male and female residents over the age of 18, although the majority are over 65 years of age.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59

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 29 April 2026	08:15hrs to 15:30hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

From what residents told the inspector and what the inspector observed St Vincent's Hospital was a nice place to live. Residents expressed their satisfaction with the centre and told the inspector they were well looked after by staff that were kind and gentle.

This unannounced inspection was carried out by an inspector of social services over one day following an application submitted by the registered provider to vary condition one and condition three of their registration. Due to a planned schedule of refurbishment works the provider had applied to change the layout of the footprint of the building, relocate residents residing in the old Le Cheile unit to another unit and reduce the overall number of residents to facilitate the removal of one unit. These arrangements had been communicated in advance to all residents and families.

St Vincent's Hospital is set out over a large footprint in the town of Athy. At the time of the inspection the centre was registered to provide accommodation to 82 residents, and the provider was applying to reduce the occupancy to 63 residents. Residents are accommodated in different units, most of which are attached to the original building via link corridors.Most bedrooms in the centre were shared twin rooms with some single en-suite bedrooms and there were some triple occupancy bedrooms on St Anne's and Holy Family units. Due to planned phased refurbishment works the provider plans to reconfigure some of these units to accommodate building work on the grounds of the centre.

On arrival to the centre, following a brief introductory meeting, the inspector was accompanied by the person in charge on an initial walk around and to each of the units to review any changes made. The centre was observed to be bright and well-maintained. The inspector reviewed the new Le Cheile unit which was to accommodate 12 residents transferring from the old Le Cheile unit, and which had been renamed the same for continuity. This unit was seen to be appropriately decorated and laid out to receive the residents. Wall decals and pictures were on display throughout the unit and the large garden had been adapted to accommodate residents with a diagnosis of dementia. There were secure walkways in place throughout the garden with raised planters and seating areas for residents to use. Flower-beds lined some of the pathway and the inspector observed that loose bark had accumulated on the walkway which may create a trip hazard. At the end of the unit a garden room, which was accessed from a twin bedroom, was also accessible from the garden. The inspector was informed by management that privacy arrangements would be reviewed in this area. On the day of the inspection residents had not been moved to the new unit and they remained in the old Le Cheile unit. In addition, the proposed changes to the activities area had not been

completed as this area was due to relocate to the old Le Cheile unit. This is discussed further in the report.

The inspector observed that most residents were engaging in their morning routines, the units were busy and some residents were walking on corridors or relaxing in their bedrooms. Most residents' bedrooms were personalised with items of interest on display including art and family photographs. Later in the day the inspector observed activities staff visiting units and encouraging residents to attend a variety of activities that were happening throughout the day including singing and choir practice. Interactions between residents and staff were seen to be respectful, friendly and caring. On the Holy Family unit some residents were observed sitting out in the garden. Inappropriate storage was observed in one area as outlined further in the report. Staff were observed responding to call-bells and spending time with residents in each unit throughout the day.

Many people were in the centre visiting residents throughout the day of the inspection. Visitors were complimentary about the staff and the care in the centre, saying that the communication between the staff and family was very good. A visitors' book logged the names of visitors to the centre. Residents had a choice of communal areas to meet with their family if they wished. One visitor told the inspector "staff are great here".

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that this was a well-managed centre with a focus on promoting person-centred care for residents. However, some action was required with regards to the provider's statement of purpose received with the application to vary and records under Schedule 2 of the regulations.

The registered provider of St Vincent's Hospital is the Health Service Executive (HSE). There was a clearly defined management structure in place on the day of inspection. The person in charge was supported by an assistant director of nursing, and two clinical nurse managers. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication.

This inspection was an unannounced one day inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 to 2025 (as amended). The inspector reviewed the compliance plan from a previous inspection in July 2024 as well as the application to vary

submitted by the registered provider prior to the inspection. Ongoing improvement work had been taking place in fire safety and on the day of the inspection some practices required further review as discussed under the Regulation 28: Fire Precautions. There were systems in place to monitor the service including regular staff and management meetings, a comprehensive audit schedule and resources were seen to be implemented as required. Compliance plan actions were seen to have been completed. The registered provider had submitted an update to the Chief Inspector regarding a delay in completing the fire safety work as per the compliance plan, as work was ongoing in this area.

On the day of the inspection, the inspector found there was sufficient staffing resources available to meet residents' individual needs. Garda vetting was in place for all staff and nurses working in the centre had up-to-date registration certificates in place.

Records were generally well-maintained in the centre and available for the inspector to review. However, from a sample reviewed one staff member did not have all of their qualifications in their file in line with Schedule 2 requirements. Residents' personal and clinical details including care plans, assessments and records of treatments given were maintained safely.

The registered provider had submitted a revised statement of purpose with their application to vary. This required some amendments to ensure it was in line with the designated centre as outlined further under the regulation.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

Some improvements were required to ensure the statement of purpose received with the application to vary was in line with the proposed changes to the centre. For example:

- The room descriptions required updating to ensure the en suites and communal bathrooms were appropriately labelled.
- The organisational structure required revision and updating.

Judgment: Substantially compliant

Regulation 15: Staffing

On the day of the inspection there was an adequate number and skill mix of staff on duty to meet the assessed needs of each resident, having regard for the size and layout of the centre.

Judgment: Compliant

Regulation 21: Records

A sample of records were reviewed under Schedule 2 of the regulations. One staff member's file did not contain their nursing qualification as required by the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

While governance arrangements were established, they were not fully effective in all areas to ensure the service provided was safe, appropriate, consistent and effectively monitored. This was evidenced by;

- Notwithstanding the oversight arrangements in place in relation to the premises and fire safety, practices observed on the day required review as outlined further under Regulation 17: Premises and Regulation 28: Fire Precautions.
- The registered provider had submitted an application to vary their registration conditions however, not all of these changes had been made on the day of the inspection.

Judgment: Substantially compliant

Quality and safety

Overall, residents received a good standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were supported with their access to health care. There was a person-centred approach to care, and residents' well-being and independence were promoted.

The provider had taken significant action to ensure residents received care in an environment that met their needs and protected them from the risk of fire and ongoing fire safety works were seen to be taking place in the centre in response to this. On the day of the inspection there was a fire exit door that required attention

to ensure it could be used in the event of an emergency as required. This and further findings are reported under Regulation 28: Fire Precautions.

The residents' accommodation and units were largely well-maintained. Corridors contained handrails for residents to mobilise safely, directional signage was in place to orientate residents to their surroundings and the garden areas were seen to be well used. Some inappropriate storage was observed in some areas of the premises as discussed under Regulation 17: Premises.

Staff showed a good knowledge of residents' assessed needs. The inspector reviewed a sample of care plans from St. Joseph's and Holy Family units. Residents' needs were comprehensively assessed on admission to the centre and in response to changes in need over time. Care plans were written in a person-centred manner and contained detailed information about the resident to guide the staff in providing appropriate and good quality care. There was evidence of family involvement in the care planning process, where residents were unable to fully participate in their own care planning.

Residents had good and timely access to medical practitioners and to other allied health professionals including physiotherapist, speech and language therapist, tissue viability nurse and dietitian. Where required, residents were referred to these professionals and there was evidence that residents were reviewed in a timely manner. Where recommendations were made, these recommendations were incorporated into the residents' care plans to inform appropriate, good quality care delivery by members of the staff team.

The provider had ensured that medication management systems were in place. Controlled drugs were stored safely and checked at least twice daily as per local policy. Checks were in place to ensure the safety of medication administration.

Infection prevention and control measures were in place and monitored by the management team.The centre was visibly clean on the day of the inspection, breaches of integrity were observed on some water jugs in St. Joseph's unit and management provided assurance that these were replaced on the day. The inspector followed up the compliance plan actions in this area and found that they had been completed.

Regulation 17: Premises

The premises was largely well-maintained. Some areas required attention to ensure they were in line with Schedule 6 requirements.

- The garden in new Le Cheile required review to ensure it met the needs of the residents and that loose bark did not create a trip hazard. A courtyard area in St. Joseph's also required upgrading and a removal of debris and equipment from this area.

- Unsuitable storage arrangements were reviewed in the Holy Family unit where a standing hoist and weight chair were being stored in the corner of the day room. This did not support a homely environment and could also pose a trip hazard.

Judgment: Substantially compliant

Regulation 27: Infection control

This regulation was not looked at in its entirety. The inspector followed up on the previous compliance plan and all items were completed. The registered provider had adequate resources available to ensure safe infection prevention and control practices were effectively implemented.

Judgment: Compliant

Regulation 28: Fire precautions

This regulation was not looked at in its entirety. Significant fire safety work had been undertaken by the provider and was ongoing throughout the large premises in line with the revised time line submitted. However, distinct from those issues, on the day of the inspection the following practices were observed:

Arrangements for containment of fire required further oversight. For example:

- Hoists were being charged in a store room in the new Le Cheile unit; this room also had a hole in the roof creating a further risk of fire spreading. In addition an equipment room in St Joseph's unit had a missing large ceiling tile with an exposed timber roof space; this room also contained an open communication unit.

Arrangements for the maintenance of a means of escape required attention. For example:

- A door with fire exit signage in place above it was unable to be opened; later the inspector was told it opened with force and that its placement would be reviewed further.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place in these areas.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Resident care plans were detailed and person-centred, and were informed by an assessment of clinical, personal and social needs. A comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs. A range of validated assessment tools were used to inform the residents care plans. Care plans were formally reviewed at intervals not exceeding four months.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant

Compliance Plan for St Vincent's Hospital OSV-0000520

Inspection ID: MON-0050103

Date of inspection: 29/04/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration: Room descriptions were updated on 19/05/2026 and all en-suites and communal bathrooms are now appropriately labelled. The organisational structure on Page 10 of the Statement of Purpose was updated on 05/05/2026. All documents are resubmitted to HIQA with this Compliance Plan.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The staff file was reviewed following the inspection and subsequently updated with a copy of the missing nursing qualification. The service will undertake an audit of all staff files to ensure that all regulatory required documents are in place This audit will be completed by 31/12/2026.	

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
All changes outlined in the application to vary are now in place. Residents moved into the 'new Le Cheile Unit' following the inspection. The transition of residents was completed by 08/05/2026.
Issues raised under Reg 17 and Reg 28 have been followed up on and actions outlined below under Regulation 17 and Regulation 28.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The loose bark in the new Le Cheile Unit garden was swept up following the inspection and the pathway remains clear. The recruitment process for the replacement of the grounds person is currently in Garda Clearance stage. The courtyard area in St Joseph's unit has been tidied. Once in post, the grounds person will monitor the gardens on an ongoing basis as part of their daily workload. It is anticipated that the grounds person position will be filled no later than 30/09/2026. Hoists and weighing scales are appropriately stored in the designated storage areas. The appropriate storage of equipment is a line item on the unit meeting agenda.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The missing ceiling tile in the roof in St Joseph's unit was replaced. The hole in the ceiling of the storeroom in the new Le Cheile storeroom has also been repaired. The storeroom fire exit signage on SJU was reviewed and the fire exit signage was removed on 17/06/2026 as this is no longer a fire exit. The fire evacuation plans were updated to reflect this and have been updated on the unit.

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
Registration Regulation 7 (3)	A registered provider must provide the chief inspector with any additional information the chief inspector reasonably requires in considering the application.	Substantially Compliant	Yellow	19/05/2026
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	30/09/2026
Regulation 21(1)	The registered provider shall	Substantially Compliant	Yellow	31/12/2026

	ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
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	08/05/2026
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	17/06/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	17/06/2026