

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

Issued by the Chief Inspector

Name of designated centre:	St Oliver Plunkett Community Unit
Name of provider:	Health Service Executive
Address of centre:	Dublin Road, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	01 October 2025
Centre ID:	OSV-0000539
Fieldwork ID:	MON-0048445

About the designated centre

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

St. Oliver Plunkett Community Unit is a ground floor building comprising of a day hospital and a nursing home. It is located onsite and to the rear of Louth County Hospital on the outskirts of the town of Dundalk. The centre has undergone extensive refurbishment in recent years that has resulted in a variety of private and communal facilities for residents and a number of secure outdoor areas. Central facilities include a church, lounge, reception area, main kitchen where prepared food is delivered to, offices and storage rooms. Residents also have use of the day services and activities provided in the adjoining day hospital.

A total of 63 residents can be accommodated in the residential centre that has two distinct units, St. Cecilias that accommodates up to 44 residents and St. Gerard's (dementia specific unit) that accommodates up to 19 residents. Residents' bedroom accommodation consists of a mixture of single and twin bedrooms. Some have en-suite facilities and others share communal facilities.

The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions. It encourages individual choice and active participation with the involvement of family and friends in a homely atmosphere where people are valued.

A vision of being open to new ideas and ways of working to ensure effective communication and teamwork to develop and provide safe person centred care is outlined.

Services provided include respite, day care, dementia care, extended care and interim funding initiative beds.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 1 October 2025	09:00hrs to 16:00hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

This was an unannounced monitoring inspection, conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

This inspection found that safeguarding was embedded into all aspects of care delivery. This ensured that the residents were living in a safe environment where their rights and well-being were protected at all times.

On the day of inspection, the inspector met with many residents and spoke more in-depth with nine residents and two relatives. Residents stated that they felt well-cared for by staff, describing them as 'kind' and 'compassionate'. The relatives spoken with expressed satisfaction with the high standard of safe care provided to their relative.

The premises was spacious, clean and well-maintained. The physical environment was accessible for all residents and designed to minimise risk, including secure entry systems.

Residents reported that they lived in a safe, respectful and supportive environment. There was an open and transparent communication culture where residents said they felt safe to raise concerns without fear of reprisal.

Lunchtime was observed to be a sociable and relaxed experience. Residents told the inspector that the food was always 'first class'. The inspector observed that there was a good choice of food on offer, and residents confirmed that they could have alternatives to the menu if they wished. Staff provided discreet and respectful assistance to residents who required support.

Residents reported that they enjoyed a good quality life in the centre. One resident showed the inspector their 'tavern', where they could enjoy their beverage of choice whenever they wished. On the morning of inspection, a group of residents attended rosary in the chapel and those spoken with said they 'enjoyed it very much'. Some of the male residents told the inspector how they liked attending the men's club every week. Another resident said that they looked forward to the various outings, including a trip to the local beach.

The inspector was informed that the table quiz was the highlight of the week for some residents. Residents spoken with had fond memories of sharing that interest with another resident who had sadly passed away and how the quiz was named after the resident, as a tribute to their memory. The inspector heard that they were now proudly using that resident's quiz books, which were kindly donated by the family.

The inspector observed that staff endeavoured to keep residents safe, by providing

supervision to them when in the communal living areas and in the dining rooms.

All residents had access to call-bell facilities in their bedrooms and a bedside light. On the day of inspection, the inspector observed that call-bells were answered promptly.

The inspector heard about the in-house safeguarding awareness campaign in operation in the centre; this included, safeguarding toolbox talks at daily handover reports and safeguarding was an agenda item at all staff and resident meetings. Information posters on recognising abuse and accessing support services were on display in prominent areas throughout the centre.

A record of complaints was kept in the centre and appropriate action appeared to be taken to address any concerns. There were no open complaints at the time of inspection and residents spoken with said they had no complaints.

The following 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

This inspection found that the registered provider had good governance and oversight procedures in place, which ensured the delivery of a sustainable quality service where residents were kept free from harm in their home.

This was an unannounced inspection to assess the providers level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). It also focused on the leadership and management arrangements in place with respect to adult safeguarding.

The Health Service Executive (HSE) is the registered provider of St Oliver Plunkett Community Unit. The person-in-charge had responsibility for the day-to-day operations of the centre and was supported in their role by the Assistant Director of Nursing (ADON).

The provider had nominated a staff member to the role of designated Safeguarding Officer, with responsibility for safeguarding oversight, reporting and compliance.

A review of the duty roster and observations on the day of inspection, indicated that adequate staffing levels were maintained to ensure residents' safety and well-being at all times.

Training records were maintained and provided assurance that all staff working with

residents in the centre had completed the required mandatory training, including safeguarding vulnerable persons.

Staff were encouraged to pursue ongoing professional development in areas such as dementia care, human rights-based training and gerontology.

Regulation 15: Staffing

The registered provider had ensured that the number and skill-mix of staff were suitable to meet the identified needs of residents while maintaining their safety and promoting their rights, at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role. Staff demonstrated an appropriate awareness of their training and their role and responsibility in recognising and responding to allegations of abuse. Supervision of staff and residents was evident on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. Management systems were effectively monitoring quality and safety in the centre.

Judgment: Compliant

Quality and safety

This inspection found that residents were living in a safe, respectful and supportive environment. It was evident that their right to dignity and privacy was upheld in their daily life and care decisions.

The inspector reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. Care plans reviewed were person-centred and reflected the care needs of the resident. There was evidence that they were completed within 48 hours of admission and reviewed at four month intervals.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) had care plans in place which reflected trigger factors for individual residents and de-escalation techniques. Staff spoken with were aware of each resident's individual needs and had supports in place to help them to respond appropriately.

All reasonable measures were in place to protect vulnerable residents from harm. Staff files reviewed contained the required documentation, providing assurance that residents were safeguarded through robust and safe recruitment practices. For example, all staff files reviewed had obtained from An Garda Síochána vetting prior to commencing employment.

Residents were supported to make informed choices, with advocacy support offered where required. Activities were tailored to meet residents' needs and they had input into planning their schedule, including trips out of the centre. Regular staff-resident meetings promoted shared decision-making and allowed residents' voices to be heard.

The registered provider ensured that there were accessible communication methods for all residents, including assistive technology and picture flow charts, as required.

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was high and described person-centred and evidence-based interventions to meet the needs of the residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a restrictive practice register in place in the centre. The centre was actively promoting a restraint-free environment, in line with national policy.

Judgment: Compliant

Regulation 8: Protection

The provider had robust policies and procedures for preventing, detecting and responding to all forms of abuse, neglect and exploitation. The management team maintained accountability through clear reporting structures and transparent decision-making. There were regular reviews of safeguarding practices to ensure continuous improvement.

Judgment: Compliant

Regulation 9: Residents' rights

The provider promoted a rights-based service for all residents. All interactions observed during the day of inspection were person-centred and courteous.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

