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 Josephs Nursing Home
Name of provider:	St. Joseph's Nursing Home Limited
Address of centre:	Lurgan Glebe, Virginia, Cavan
Type of inspection:	Unannounced
Date of inspection:	13 May 2026
Centre ID:	OSV-0005413
Fieldwork ID:	MON-0048806

About the designated centre

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

The designated centre provides 24-hour nursing care to 52 male and female residents who require long-term and short-term care (convalescence and respite). The centre is situated in a rural area overlooking Loch Ramor and in close proximity to a small town. The centre premises are a three-storey building with residents' bedroom accommodation on all three floors. Residents' bedrooms consisted of a variety of single and twin bedrooms. Residents' communal accommodation is located on the ground floor. The provider states in their statement of purpose that the aim of the service is to provide a homely environment where the residents are cared for, supported and valued in a setting that promotes their health and wellbeing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49

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 13 May 2026	09:05hrs to 17:35hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The feedback from residents living in St Joseph's Nursing Home was that they were satisfied with the care they received. The inspector observed that staff in the centre were familiar with residents, their care needs and their preferences.

St Joseph's Nursing Home is located near the town of Virginia, County Cavan, overlooking the shores of Lough Ramor. The centre is a three-storey facility which is registered to provide accommodation for 51 residents. This unannounced inspection was carried out over one day. There were 49 residents in the centre and two vacancies on the day of the inspection.

Following an opening meeting with the person in charge, the inspector conducted a walk around the centre, reviewing the living environment, and meeting with residents and staff. Residents were observed going about their daily lives in the various areas of the centre. Some residents chose to sit together in the communal days rooms, other residents mobilised freely around the building, while other residents chose to remain in their bedrooms. A number of residents were having their care needs attended to by staff.

The living and accommodation areas were spread over three floors which were serviced by accessible lifts. The centre comprised of single and twin-occupancy bedrooms, and a variety of communal spaces. Bedroom accommodation provided residents with sufficient space to live comfortably and adequate space to store personal belongings. Many residents had decorated their rooms with items of personal significance, including ornaments, furniture and pictures. There were a number of communal areas available to residents throughout the centre for rest and recreation, including day rooms and a dining room. There was sufficient space available for residents to meet with friends and relatives, should they wish to. All areas of the centre were found to be appropriately decorated, with communal rooms observed to be suitably styled to create a homely environment. The centre was situated in a rural setting, and many rooms afforded pleasant views of the lake and the surrounding countryside.

The building was found to be laid out to meet the needs of residents and to encourage and aid independence. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. There was a sufficient number of toilets and bathroom facilities available to residents. Call-bells were available in all areas and answered in a timely manner.

There was safe, unrestricted access to outdoor areas for residents to use. These areas contained a variety of appropriate seating areas and seasonal plants. A number of residents were observed enjoying the outdoors throughout the day.

There was a designated outdoor smoking area ,which was adequate in size. There were measures in place to ensure the residents' safety when using this facility, including access to suitable fire-fighting equipment.

The inspector chatted with a number of residents about life in the centre. Residents commented that they were well cared for, comfortable and happy living in the centre. Residents stated that staff were kind, and always provided them with assistance when it was needed. 'Everything is lovely', 'plenty to do', the staff are good to me and I get everything I need', were among some of the comments made by residents. There were a number of residents who were unable to speak with the inspector and were therefore not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

Residents told the inspector that they had a choice in how they spent their day, and that there were opportunities to take part in recreational activities should they wish to. There was an activities schedule in place, which provided residents with in a choice of group and one-to-one activities throughout the day. The inspector observed residents enjoying a variety of activities on the day of the inspection, including exercise and a lively game of skittles in the afternoon. Staff were available to support residents, and to facilitate residents to be as actively involved in activities as they wished. Residents were also provided with access to television, radio, newspapers and books.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. The inspector spoke with a number of visitors who were satisfied with the care provided to their loved ones.

The dining experience at lunchtime was observed to be a relaxed occasion, and the inspector saw that the food was appetising and well presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently.

As the day progressed, residents were observed in the various areas of the centre. The majority of residents were relaxing in the communal areas, watching TV, reading, chatting to one another and staff, or participating in activities. A number of residents were observed moving freely or with assistance around the centre throughout the day. It was evident that residents' choices and preferences in their daily routines were respected. Familiar, respectful conversations were overheard between residents and staff, and there was a relaxed, convivial atmosphere in the centre. Residents were observed to be content as they went about their daily lives. Staff supervised communal areas, and those residents who chose to remain in their bedrooms were supported by staff. While staff were busy assisting residents with their needs throughout the day, care delivery was observed to be unhurried and respectful. Staff who spoke with the inspector were knowledgeable about residents and their individual needs. The inspector observed that personal care needs were met to a good standard.

In summary, residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced monitoring inspection, conducted by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). The inspector reviewed the action taken by the provider to address identified areas of non-compliance found on the last inspection in July 2025. This inspection found that there was evidence of significant improvements in relation to the governance and management arrangements in place. The provider had addressed the majority of non-compliances found on the previous inspection. Notwithstanding the improvements made, the system of oversight in relation to fire safety, records management, and medicines management was not fully in line with the requirements of the regulation.

The registered provider of this designated centre is St Joseph's Nursing Home Limited. The company had three directors, one of whom represented the provider and was present throughout the inspection. The governance and management arrangements were organised, and the centre was sufficiently resourced to ensure that residents were supported to have a good quality of life. There was a clearly defined management structure in place, with identified lines of authority and accountability. There was a person in charge in post, supported by a clinical nurse manager and a full complement of staff, including nursing and care staff, activities, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. Management support was also provided by a regional management team.

A review of the staffing rosters found that the centre was adequately staffed with an appropriate skill-mix of staff to meet the assessed health and social care needs of residents. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of registered nurses, and a team of healthcare assistants. Staff demonstrated an understanding of their roles and responsibilities, and were observed to be interacting in a considerate and meaningful way with residents. Staff were observed working together as a team to ensure residents' needs were addressed. There were appropriate levels of supervision of care delivery in place on the day of the inspection.

Staff had access to education and training appropriate to their role. This included fire safety, infection prevention and control, safeguarding vulnerable adults, and manual handling training.

Policies and procedures, as required by Schedule 5 of the regulations, were available to staff, providing guidance on how to deliver safe care to the residents.

There were a number of management systems in place to monitor the quality and safety of the service. Key information relating to aspects of the service, including the quality of residents' care, was collected and reviewed by the clinical management team on a monthly basis. There was a schedule of audits which evaluated practices such as, infection control, care planning, safeguarding, medicines management, maintenance and environment, and fire safety. Where areas for improvement were identified, action plans were developed. However, the systems of oversight in place were not fully effective, and did not identify a number of issues found on this inspection in respect of fire safety, records managements, and medicines management.

There were systems and processes in place to ensure effective communication between management and staff in the centre. Minutes of meetings reviewed by the inspector showed that a range of issues were discussed, including resident and clinical issues, infection control, staffing, training, and other relevant topics.

An annual review of the quality and safety of the services had been completed for 2025, and included a quality improvement plan for 2026.

The provider had systems in place to ensure the records, set out in the regulations, were available, safe and accessible. However, the inspector found that a number of staff files reviewed did not contain all the required information as detailed under Schedule 2 of the regulations.

The provider had contracts for the provision of services in place for residents, which detailed the terms on which they resided in the centre.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. There were systems in place to identify, document and learn from incidents involving residents. Notifiable incidents were submitted to the office of the Chief Inspector of Social Services within the time frame specified under the regulations.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern.

Regulation 15: Staffing

The number and skill-mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence.

Judgment: Compliant

Regulation 21: Records

The record management system in place did not always ensure that records were maintained in line with the regulations. The inspector found that a small number of staff files did not contain the requirements set out in Schedule 2 of the regulations, for example;

- three files did not contain a full employment history,
- three files contained only one written reference,
- one file did not contain documentary evidence of a qualification.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management and oversight systems in place, to ensure the service was safe and consistent, were not fully effective. For example:

- Audits completed did not identify areas of the service that required quality improvement, such as fire safety, records management, and medicines management.
- Where action plans were developed, there was no evidence that actions were completed or that any learning was identified as a result of the findings.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place, which met the requirements of Regulation 34.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

This inspection found that the management and staff worked to provide a good quality of life for residents living in the centre. The inspector observed significant improvements in the provision of social activities. Residents were satisfied with the care provided in the centre, and spoke positively about the support they received from staff. The inspector observed that residents' rights and choices were upheld. Staff were respectful and courteous with residents.

Staff who spoke with the inspector were knowledgeable about residents and their individual needs. A sample of residents' files was reviewed by the inspector. Pre-admission assessments were undertaken by the person in charge in order to determine if the centre could meet the assessed social and health care needs of prospective residents. Residents' care plans were developed within 48 hours following admission to the centre. Care plans were underpinned by validated assessment tools to identify potential risks to residents, such as impaired skin integrity and malnutrition. The care plans reviewed were person-centred, holistic, and contained the necessary information to guide care delivery. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents received a good standard of nursing care ,and there was appropriate oversight of residents' clinical care by management. Residents had access to medical assessments and treatment by their general practitioners. Arrangements were in place for residents to access the expertise of health and social care professionals when required.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The use of restrictive practices, such as bedrails, were only initiated after an appropriate risk assessment, and in consultation with the multidisciplinary team and the resident concerned.

The inspector observed that management and staff made efforts to ensure that residents' rights were respected and upheld. Residents were free to exercise choice about how they spent their day. There was a schedule of recreational activities in place, and there were sufficient staff available to support residents in their recreation of choice. Residents were supported to meet together and to consult with management and staff on how the centre was organised, as evidenced by the minutes of resident meetings. Access to an independent advocacy service was facilitated where required.

The provider had systems in place to ensure residents' nutritional status was effectively monitored. Staff were knowledgeable regarding the nutritional needs of individual residents. Residents who were assessed as being at risk of malnutrition were supported by appropriate health and social care professionals when necessary.

The design and layout of the centre were appropriate for the number and needs of the residents. However, the inspector observed a number of maintenance issues, including visibly damaged walls, doors and items of furniture throughout the centre. The inspector was informed that a number of quality improvement measures were under consideration to enhance the living environment and facilities for residents, which included an ongoing maintenance programme. A new laundry facility was under construction on the day of the inspection.

Fire procedures and evacuation plans were prominently displayed throughout the centre. There were adequate means of escape, and all escape routes were unobstructed, and emergency lighting was in place. Fire fighting equipment was available, and serviced, as required. However, the providers’ in-house fire safety

checks did not identify error messages on both the fire alarm panel, and the emergency lighting panel, which were observed by the inspector, and which could have potentially impacted fire safety. An immediate action was issued to the provider to address these issues on the day of the inspection, and the provider confirmed that the required action had been taken the day after the inspection. In addition, the floor plans on display throughout the centre contained different room naming conventions from the room names in use in the centre on the day. This will be discussed further under Regulation 28: Fire precautions.

The inspector found that while there were processes in place for the prescribing, administration and handling of medicines, the oversight of medicines management did not support safe medicine administration, in line with current professional guidelines and legislation. This is detailed under Regulation 29: Medicines and pharmaceutical services.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 18: Food and nutrition

There were sufficient amounts of food and drink available to residents at all times. Residents were provided with a choice of meals from a menu that was updated daily. Food was properly and safely prepared, cooked and served, including specialist consistency meals. Residents were assisted with their meals in a respectful and dignified manner when necessary.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under Regulation 26(1).

Judgment: Compliant

Regulation 28: Fire precautions

The day-to-day arrangements in place in the centre did not provide adequate precautions against the risk of fire. For example;

An immediate action was issued to the provider regarding error messages on the fire alarm panel and the emergency lighting panel, as observed by the inspector. These issues could negatively impact fire safety in the event of a fire. This was addressed satisfactorily after the inspection.

The floor plans on display throughout the designated centre contained a number of different room names compared to the room names in use on the day of the inspection. This posed a risk of confusion as staff and fire fighting personnel may receive incorrect instructions during an emergency situation, and thereby compromise the safety of everyone in the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The arrangements in place for dispensing and storage of medicines did not meet the requirements of the regulation. For example, medicines that were no longer required, or had expired, were not segregated from other medicines and were not disposed of in line with national guidance.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and health and social care professionals and services to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives. Residents told inspectors that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

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 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	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 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Josephs Nursing Home OSV-0005413

Inspection ID: MON-0048806

Date of inspection: 13/05/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: A full review of all staff records has been conducted by the management team to ensure all files contain the required documents set out in schedule 2 of the regulations. Regular audits have commenced to ensure full compliance going forward.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The audit systems in place have been reviewed. Audits, such as; fire safety, records management and medication management have been updated. The frequency, action plans and findings have been amended to ensure all areas of the service that require improvement are identified and there is clear evidence that actions are completed and learning identified.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire alarm and emergency lighting panels continue to be checked and recorded daily, with the CNM/PIC reviewing weekly. Any faults are actioned on immediately.	

Work continues to improve our laundry facilities; new floor plans have been ordered to include recent changes to the premises.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: A daily cleaning schedule for nurses remains in place which included the medications room and medication trollies and stock. In addition to the monthly medication audit, the CNM/PIC conduct weekly random checks of the nurses cleaning schedule, medication room/trollies and supplies.	

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 21(1)	The registered provider shall 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.	Substantially Compliant	Yellow	15/05/2026
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	30/06/2026
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre	Substantially Compliant	Yellow	13/05/2026

	and safe placement of residents.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	15/05/2026