

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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Patrick Street, Trim, Meath
Type of inspection:	Unannounced
Date of inspection:	02 September 2025
Centre ID:	OSV-0000542
Fieldwork ID:	MON-0048081

About the designated centre

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

The designated centre is registered to accommodate up to 50 residents. It provides 24 hour nursing care to male and female residents, who require long term and respite care. A day hospital adjoins the centre. Although the building is two storey residents are accommodated on the ground floor in two distinct units. Butterstream is a 14 bed dementia specific unit completed in October 2019, providing single bedrooms with shower en-suites for all residents and Camillus has 36 single bedrooms of which 34 have full shower en-suite facilities. Camillus unit is decorated and furnished to a high standard with spacious corridors, a variety of sitting/quiet rooms and seated areas, two dining and day rooms, a spacious chapel, an activity room, a library with computer facilities and a hair salon is available for residents' use. A secure and accessible courtyard is also available. Butterstream is specifically designed to meet the needs of residents with dementia providing a range of well thought out internal and external living spaces. The centre's philosophy is one of upholding the rights of residents, promoting independence, health and well-being and aimed at facilitating residents to receive a safe therapeutic environment where privacy, dignity and confidentiality are respected. Involvement of family and friends is encouraged to enrich care and contribute to a happy homely atmosphere.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50
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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
Tuesday 2 September 2025	07:30hrs to 15:00hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

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

From the observations of the inspector and from speaking to residents and their families, it was evident that residents were living in a centre where their rights were upheld. There were adequate resources, policies, procedures and supervision in place, ensuring that residents were safeguarded in their home.

The centre was calm and peaceful at 07:30 in the morning. The majority of the residents were in bed asleep; a small number of residents had already started their morning routine in the privacy of their bedroom, some due to availing of early morning transport to attend pre-arranged appointments.

On the day of inspection, the inspector spoke with 11 residents and two groups of visitors. Residents stated that they felt well cared for by staff, describing staff as 'kind' and 'always willing to help'. The overall sentiment was that the residents valued staff relationships and described the atmosphere in the centre as 'friendly' and 'homely'.

The premises was warm, clean and well-maintained, internally and externally. The physical environment was designed to minimise risk including, secure entry systems and well-lit areas. Fire exits and escape pathways were noted to be clear from obstruction.

In talking with the residents, the inspector heard that St. Joseph's Community Unit recently won an award for Nursing Home/Residential Centre (Public) of the Year, 2025. Residents said the reward was in recognition for the high standard of care they received from the dedicated management and staff.

Residents said that they felt safe living in the centre. They felt this was due to the staff who knew them well and they trusted that staff would act promptly, if any concerns arose.

Residents stated that they valued being treated as individuals. They highlighted the importance of staff recognising their personal preferences and supporting them in their daily decisions such as meal choices, activities and visiting arrangements.

Residents were supported to enjoy a good quality life in the centre. Activities provided were varied, and informed by residents' interests, preferences and capabilities.

The inspector heard how residents were supported to remain connected to their communities and enjoyed the various outings scheduled for them including, a trip to

a local racecourse where residents said they enjoyed the thrilling horse racing; a visit to the local bingo hall, and a flower arranging class in a local hotel which included, tea or coffee and sweet treat afterwards.

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. The inspector saw that residents had access to their call-bell when in their bedroom alone, and all residents spoken with said their call-bell was answered promptly.

Most residents said their clothes were laundered for them in the centre and were always returned clean and without delay; one relative spoken with said they liked to do their relative's laundry, and were facilitated to do so.

Relatives said the communication between staff and families was excellent; staff called them and reported any issues, in a prompt manner. All relatives expressed satisfaction with the high standard of safe care provided to residents.

During the inspection many positive meaningful interactions were observed between staff and residents. Both parties were seen chatting and laughing together, as residents went about their daily routines. Care delivery was observed to be unhurried and staff were seen to be patient and kind.

Arrangements were in place for residents to give feedback on the service provided to them. There were monthly residents' forum meetings, where residents could contribute to the organisation of the service. They discussed a range of items with staff and management, such as activities, menus and they could raise any issues of concern they had.

The complaints policy was on display in various prominent places throughout the centre and it included the contact details for the advocacy services. The residents and visitors spoken with told the inspector that any concerns raised were dealt with promptly.

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

The findings of this inspection were that the registered provider had good governance and oversight procedures in place, which ensured the delivery of a sustainable quality service where residents were effectively safeguarded from any forms of abuse.

This was an unannounced inspection reviewing the governance, leadership and management arrangements in place with respect to adult safeguarding and how effective these arrangements were in ensuring the residents were kept free from harm. In addition, this inspection was also conducted to follow up on the compliance plan from a previous inspection and to review the application to renew registration of the centre for a further three years.

This centre was found to have the capacity and capability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended).

The Health Service Executive (HSE) is the registered provider of St Joseph's Community Unit. The person in charge was supported by a senior management team including the HSE head of services for older persons, HSE general manager for older persons, regional manager, director of nursing and administration team. At operational level, the person in charge led a team consisting of clinical nurse managers, staff nurses, healthcare assistants, housekeeping and maintenance to name a few.

The registered provider had clear safeguarding policies and procedures in place, aligned with national safeguarding legislation and best practice guidelines.

A review of a sample of audits completed in 2025, assured the inspector that continuous auditing practices were in place ensuring residents were safeguarded by robust and effective management processes.

There were sufficient resources available to provide the service in line with the statement of purpose and to ensure residents' safety and well-being at all times.

Mandatory safeguarding training and other relevant training was provided and completed by all staff. Training included recognising the signs of abuse and responding appropriately. Staff demonstrated a good knowledge of what constituted abuse and what procedure they would follow if they witnessed any form of abuse.

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. Residents and their families knew who to complain to if they needed to.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration, together with all the required documentation had been submitted to the Chief Inspector of social services in a timely manner.

Judgment: Compliant

Regulation 15: Staffing
The number and skill-mix of staff on duty were adequate to ensure that the care needs of the residents were met in a prompt and safe manner.
Judgment: Compliant
Regulation 16: Training and staff development
Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely including, safeguarding vulnerable persons. On the day of inspection, the level of supervision was appropriate to ensure the care being delivered was safe and person-centred.
Judgment: Compliant
Regulation 23: Governance and management
There was a clearly defined management structure in place that identified the lines of authority and accountability. The registered provider had established management systems in place to monitor the quality and safety of the service provided to residents.
Judgment: Compliant
Quality and safety
This inspection found that overall, the provider was proactive in their approach to safeguarding residents. Appropriate measures were taken to protect residents from harm and to promote resident's safety. There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of residents' care plans, which were reviewed every four months or more frequently if required. Care plans reviewed were person-centred and reflected the care needs of the resident.

There was a low level of restraint use within the centre. 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 that staff could use to prevent the behaviour escalating.

The registered provider had taken all reasonable measures to protect residents from abuse. Any concerns were addressed promptly through clear reporting lines and escalation pathways to senior management and external agencies.

There was an open and transparent communication culture where residents, staff and families were facilitated to communicate, and enabled to exercise choice and control over their life. Individual residents' communication needs and personal preferences were outlined in clear and comprehensive care plans. The registered provider had ensured accessible communication methods for all residents, including assistive technology, as needed.

Residents reported that their rights were respected and were satisfied with the activities and facilities available to them. Activities were tailored to meet residents' needs and they had input into planning their schedule including trips out of the centre. Feedback from residents and families was actively sought and used to inform service improvements.

The premises met the needs of the residents and provided a safe, secure and accessible environment for all residents. Safety systems were used appropriately, balancing security with residents' privacy rights.

Suitable fire systems and fire safety equipment were provided throughout the centre. Training records demonstrated that all staff received annual training in fire safety. There was evidence of fire drills taking place in the centre to ensure residents could be evacuated within a reasonable time from the largest fire compartment.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties could communicate freely, while having regard for their wellbeing, safety and health and that of other residents. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of the residents. The centre was well-maintained, spacious and welcoming.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety arrangements in the centre were in line with the regulation and the registered provider had taken adequate precautions to ensure that residents were protected from the risk of fire. Adequate means of escape were maintained in all areas within the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were personalised and contained detailed information specific to the individual needs of the residents. There was evidence of resident and family involvement, where appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre's policy on management of behaviour that challenges was available for review. The centre was actively promoting a restraint-free environment, in line with national policy.

There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs.

Judgment: Compliant

Regulation 8: Protection

There were robust policies and procedures in place for preventing, detecting and responding to all forms of abuse or neglect.

The centre was pension-agent for a small number of residents and a separate central private property account was in place to safeguard residents' finances.

Staff files reviewed contained all the required documents, providing assurance that residents were safeguarded through robust human resources practices. All staff files reviewed had obtained Garda vetting prior to commencing employment.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were observed to be treated with dignity and respect; residents were living in a safe and supportive environment, where their individual choices and rights were upheld.

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 4: Application for registration or renewal of registration	Compliant
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 17: Premises	Compliant
Regulation 28: Fire precautions	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