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 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:	28 August 2026
Centre ID:	OSV-0000542
Fieldwork ID:	MON-0048964

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

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
Friday 28 August 2026	07:00hrs to 15:15hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. The inspector spoke with residents, visitors and staff to elicit their opinion on the service being provided and spent time observing the residents' daily life in the centre to understand their lived experience.

Overall, residents said that they were supported to live very comfortably in St Josephs Community Nursing Unit. Residents spoke about the wonderful care they received and had high praise for the staff within the centre.

The inspector spoke with many staff who said that they had been working in the centre for a very long time. The inspector observed how the presence of long-standing staff correlated with increased resident satisfaction. For example, residents' feedback consistently highlighted themes of safety and emotional comfort.

One resident said the 'staff here know my routine, and I don't have to explain it to new faces every day'. Another resident said, 'I feel safe and don't feel anxious when they help me as I know them very well', while another resident said, 'staff can tell by just looking at me that something is wrong, even before I say anything'.

Visitors described how staff and management looked after the residents well, and many told the inspector how grateful they were for such 'dedicated staff'.

The inspector saw that the nursing home was constantly striving to enhance resident care and heard about one initiative that fostered a deep professional pride among staff. The 'This is me' project helped residents explore and communicate their identity, personal wishes, fears and what mattered to them most, before moving to sensitive conversations about future care and advance care planning discussions.

The lived-in environment was clean, nicely decorated and met residents' needs. There was sufficient private and communal space for residents to relax in. Residents had easy access to enclosed outdoor courtyards. The corridors were clutter-free and fire exits were kept clear.

Resident bedrooms were found to be clean and organised. Residents who spoke with the inspector were happy with their bedrooms and said that there was plenty of storage for their clothes and personal belongings.

Residents told the inspector that they were very happy with the laundry service. The majority of residents had their laundry done on-site, while a small number of residents' relatives brought items of personal clothing home for laundering, as was their preference.

The inspector observed the lunch-time dining experience. Residents spoken with confirmed they enjoyed the food on offer and had no complaints about the menu, meal times or the quality of the meals provided.

A schedule of activities was available for residents, providing a range of opportunities for social engagement and participation. Many residents told the inspector that they particularly enjoyed the live music, while another resident said that they enjoyed the various outings, including a trip to the local library. There were resident forum meetings to discuss key issues relating to the service provided and where they could voice concerns, if any.

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

Capacity and capability

Overall, this was a well-governed centre with effective management systems to monitor the quality of care to residents. The provider sustained good levels of care and oversight of the service across all regulations reviewed.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's 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).

The registered provider of St Josephs Community Nursing Unit is the Health Service Executive (HSE), the national statutory body providing public care service. The person in charge was supported by a senior management team including the HSE head of services for older people, HSE general manager for older persons, regional manager, director of nursing and administration team. Also in support were clinical nurse managers, staff nurses, healthcare assistants, activity, houskeeping and maintenance staff.

There were robust management systems in place to monitor the centre's quality and safety. There was evidence of comprehensive and ongoing schedule of audits in the centre and the audits were found to be objective and identified areas for improvements.

An annual review of the centre was available, and a quality improvement plan was in place. The residents' opinions and their views were considered when developing the annual review.

Documents were available for review, such as the directory of residents, staff files and insurance contract, and were fully compliant with the legislative requirements.

Regulation 15: Staffing

The provider maintained an appropriate, consistent skill-mix to ensure that the care needs of the residents were met in a prompt and safe manner.

All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013. This ensured that comprehensive records were maintained of a resident's occupancy in the centre.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspector on the day of inspection and the management of the records was found to be in line with regulatory requirements.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability, and actively promoted a culture of continuous quality improvement.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met.

Residents received a high standard of evidence-based nursing care in accordance with professional guidelines. Staff knew residents very well and were able to identify subtle changes in a resident's condition, which detected clinical deterioration quickly and allowed early clinical intervention.

Residents were supported where possible to manage their own accounts and property while also ensuring that safeguards were in place to protect them and prevent financial abuse. They had access to adequate lockable space to store and maintain personal possessions.

The designated centre had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs, wishes and preferences.

Residents' nutritional and hydration needs were met. Residents' nutritional status was assessed monthly, and healthcare professionals, such as dietitians, were consulted if required.

Appropriate arrangements were in place to ensure that when a person was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure resident's safety.

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes were laundered regularly and promptly returned.

Judgment: Compliant

Regulation 13: End of life

The inspector was assured that residents nearing end-of-life received care based on their assessed needs, which maintained and enhanced their quality of life. They received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. Residents on modified diets received the correct consistency of meals and drinks. Residents' weights were routinely monitored. There were adequate numbers of staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre, this happened in a planned and safe manner. Upon residents' return to the designated centre, the staff ensured that all relevant information was

obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 6: Health care

It was observed that through ongoing comprehensive assessment resident's health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out-of-hours.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 6: Health care	Compliant