



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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Supported Care Home
Name of provider:	St Joseph's Supported Care Home CLG
Address of centre:	Old School Lane, Kilmoganny, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	29 June 2026
Centre ID:	OSV-0000555
Fieldwork ID:	MON-0049811

About the designated centre

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

St. Joseph's Supported Care Home commenced operations in 1982 to offer accommodation, in a homely environment, to residents from surrounding parishes who have low to medium dependency needs. It is managed by a voluntary non-profit organisation. It can accommodate 19 residents, both male and female, over the age of 18 years. Nursing care available is for low to medium dependency needs as there is not a nurse on duty on the premises over a 24-hour period. Healthcare assistants provide care under the supervision of the nurse and manager. It is constructed over two floors and is well decorated and maintained. Two stairwells provide access to the first floor and both are serviced by stair-lifts. The centre has 17 single and one twin room. There are two sitting rooms and a dining room off the kitchen. There is also a small church where mass is celebrated regularly. There is a parking area to the front and side of the premises with extensive gardens to the front.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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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
Monday 29 June 2026	09:45hrs to 17:35hrs	Sinead Corbett	Lead

What residents told us and what inspectors observed

This inspection was a one day unannounced inspection conducted by one inspector to monitor compliance with the regulations and to follow up on the compliance plan from the previous inspection on 02 July 2025. To gain insight into the residents' experiences in the centre the inspector spoke to residents, visitors and staff, and spent time observing the environment and reviewing documentation.

Overall, based on the observations of the inspector and discussions with residents, the centre appeared to be a nice place to live. The inspector spoke with ten residents and one visitor about their experience in the centre and the feedback in relation to staff and the care in the centre was positive, for example residents told the inspector that 'the staff are lovely' and that they attend to their needs promptly when requested. One resident described the centre as 'like a hotel' and another said the centre was 'homely'. Residents said that they feel safe in the centre and that they choose how they wish to spend their day and what food they wish to eat. Interactions between staff and residents were observed to be courteous and respectful. Nineteen resident responses to a provider questionnaire completed in November 2025 were reviewed. Residents were surveyed about their experiences across a number of areas, including the food, staff, safety and privacy and their bedrooms. Positive responses to all survey questions were noted.

The inspector arrived to the centre in the morning and conducted a walk around of the premises, followed by an introductory meeting with the person in charge. St Josephs Supported Care Home is a two storey designated centre registered to provide care for 19 residents in the village of Kilmaganny in Co. Kilkenny. The inspector found that the centre was warm and clean and well ventilated. Residents had access to sufficient communal spaces in the centre, for example a conservatory, dining room, day room and sitting room. Residents also had access to a large oratory and a salon in the centre. Two stair lifts provided access to rooms on the first floor. Corridors were wide with a handrail on one side to support residents' mobility.

The inspector observed that residents had access to a large mature garden at the front of the centre with access from the main entrance door and the conservatory room porch. Doors in the centre were open to the central courtyard garden, where residents could access and sit outside.

Bedrooms were mainly single rooms with one twin room. They were clean and comfortable with adequate storage for residents' personal items. Residents also had access to a locked safe in their rooms to store personal items. Residents told the inspector that they were satisfied with their bedrooms.

Residents were complimentary about the food and said that there was always a choice of meals. The daily menu was displayed in the dining room and there was a

choice of two options available for the main meal. Residents told the inspector that if they did not like what was on the menu they could ask for something different. Jugs of water and cordial were available for residents throughout the day in communal areas. The inspector was told that residents could access food and drinks at any time, as they wished. The dining experience at lunchtime was observed to be relaxed and sociable. Residents sat together at dining tables and chatted as they ate their meal. Residents were served a three course meal, which appeared nutritious and appetising. Staff were present to support residents as required.

The inspector was told that activities took place in the centre each week, they included reminiscence, walks outside, Roman Catholic Mass and bingo. Residents had access to televisions, radio, newspapers and books. The daily activities were displayed on a notice board. The centre provided a day service care once a week and had recently sourced a small bus to facilitate outings from the centre. The centre held a tea party in February 2026 for the Irish Alzheimer's Society and held a Christmas party in 2025. Some residents had their own transport and go into the local village or town.

The centre provided a laundry service for residents. All residents whom the inspector spoke with on the day of inspection were happy with the laundry service.

Visitors were seen in the centre during the day and residents spoken with said that visitors were welcome. Visitors had a sign in book and residents could choose to meet visitors in the communal spaces or in their own room.

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

Capacity and capability

The inspector found that overall there were good governance and management systems in place. While the registered provider had progressed the compliance plan since the last inspection in July 2025, there were some gaps in these areas, these are discussed further under Regulation 27: Infection control and Regulation 28: Fire precautions.

St Joseph's Supported Care Home CLG is the registered provider of St Joseph's Supported Care Home. The registered provider is operated by a voluntary board of management. The centre was established for the supported care of older people from the local, and surrounding areas. The centre provides long-term, and respite care for residents' who require minimal assistance only, in a homely environment. The centre is registered on the basis that the residents' do not require full-time

nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The person in charge works full time in the centre and is supported by a registered nurse, healthcare assistants, kitchen staff, housekeeping and maintenance staff. There was a clear reporting structure, and on the day of the inspection there appeared to be sufficient number of staff on duty to meet the needs of the residents.

The inspector was told that there was an induction programme for all new staff to support them in their new role. Information on the HIQA standards and the Health Act were displayed for staff. In addition, there was an ongoing schedule of training for staff across many areas, such as safeguarding, manual handling, cardiopulmonary resuscitation, data protection, infection control, fire safety and medication management. Staff that spoke with the inspector were knowledgeable about their role in responding to safeguarding concerns and fire safety procedures. Notwithstanding this, there were some gaps identified in training compliance, this is discussed further under Regulation 16: Training and staff development.

There were good local governance systems in place to monitor the effectiveness of care delivered to residents and to identify areas for improvement. The person in charge gathered information on a monthly basis to monitor the prevalence of issues such as antibiotic usage, number of wounds and dependency levels. Audits were carried out frequently in the centre to monitor the quality of care delivered, for example in care planning, medication management, cleaning and infection control. The annual review for 2025 was completed with quality improvement plans documented. There was good oversight of incidents in the centre and incident forms were overseen and signed by management. Staff meetings were held in the centre to share information and updates and the minutes were recorded. However, there were some gaps in governance systems, these are discussed further under Regulation 23: Governance and management.

Regulation 15: Staffing

Based on the inspector's observations of staffing levels, a review of the worked and planned rosters and from speaking with residents, it was evident that the provider had sufficient staff with an appropriate skill mix to meet residents' needs.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the records identified that not all staff had completed or were up to date on training, this was evidenced as follows:

- Only one staff member had completed training on managing responsive behaviours, no other staff in the centre had completed this training.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were some gaps in governance and management systems, this was evidenced as follows:

- A shower room was in use as an activity store room. As an application to vary was not submitted by the registered provider to the Chief Inspector, this did not align with the centre's statement of purpose and condition one of the centre's registration, the basis on which the centre is registered by the Chief Inspector.
- While audits did identify areas for improvement, there were no quality improvement plans to address the findings and drive quality improvement.
- One incident of bruising of unknown cause was identified, while the inspector was told that incidents of bruising of unknown cause were reviewed with the team, the review was not documented. Therefore, the outcome and any learnings were not clearly identified.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of a sample of residents' contracts for the provision of service confirmed that residents had in place a signed contract of care which outlined the services to be provided and the fees which were to be charged, including fees for additional services. However, the contracts did not include the bedroom number assigned to the resident.

Judgment: Substantially compliant

Quality and safety

Overall, from what residents told the inspector and what the inspector observed, residents were supported to have a good quality of life in the centre. Staff and resident interactions were kind and respectful. Residents and visitors that spoke with the inspector were complimentary about the centre and care from the staff. Notwithstanding this, the inspector noted some deficits in the areas of care planning, infection control and fire safety, which are discussed further in the report.

The inspector reviewed a sample of resident care plans and good practice in this area was observed; for example pre-admission assessment forms were recorded, care plans were person-centred and updated quarterly, and validated assessment tools were used to assess residents' risks of falls, pressure ulceration and malnutrition. However, the inspector identified that care plans were not always sufficiently detailed to direct the care of the resident. This is discussed further under Regulation 5: Individual assessment and care plans.

Residents' medical and health needs were met through a broad range of community-based health and social care services, for example General Practitioner (GP), Integrated Care Programme for Older Persons team, wound management specialists, mental health team and health and social care professionals. The inspector saw that residents could also access vision screening services.

Residents were provided with opportunities to be consulted with and participate in the organisation of the designated centre. For example, resident forum meetings were held in the centre and attended well by resident. Also, residents were invited to complete a provider's survey on the quality of care in the centre in November 2025. A schedule of daily activities were displayed on a notice board in the centre and residents had access to newspapers, books, televisions, and radios. The inspector was told by residents that they had choices how to spend their day and meals they wished to eat. Information on independent advocacy services was displayed in the centre and information on the centre's resident advocates were also displayed.

On the day of inspection, the centre was warm and comfortable. Residents had a choice of communal spaces in the centre and there was adequate space for activities to take place. Residents had access to call bells in their bedrooms and in bathrooms and they had adequate space for personal items and lockable storage in their bedrooms. Repair works had been completed following a leak in the centre.

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available. There was a relaxed atmosphere in the dining room for the main meal at lunch time.

Overall, communal areas and bedrooms were observed to be cleaned to a good standard. Household staff were observed cleaning the centre on the day of the inspection and cleaning trolleys with separate sections for clean and soiled mop heads and cloths were used. Staff told the inspector that there was a schedule for cleaning rooms each day and a deep-cleaning schedule for each bedroom at a minimum of each week. Hand sanitiser gel dispensers and personal protective equipment were located close to the point of care, reducing the risk of cross

contamination. The centre has an up to date infection control policy and an infection control link practitioner to enhance communication and access to specialist infection control support. Notwithstanding these good practices some areas were identified that did not fully aligned with the national standards. This is set out further under Regulation 27: Infection control.

Good systems were in place to manage the risk of fire in the centre. Fire equipment such as fire doors, fire alarm call points, emergency lighting, fire extinguishers and blankets were in place throughout the centre. In addition, fire escape signage and evacuation maps were displayed in the centre. Personal Emergency Evacuation Plans (PEEPs) were stored in a file, they outlined the name, mobility, room, dependency level and equipment needed for evacuation for each resident. The fire alarm panel showed no fault when checked on the day of the inspection. A system was in place for servicing the fire equipment. The fire alarm and emergency lighting was serviced quarterly since the previous inspection. Annual maintenance of the fire extinguishers, hose reel, and fire blankets was completed in January 2026. The centre recorded daily and weekly checks, including daily checking of the fire panel for any faults and weekly checking of emergency lighting, fire fighting equipment and escape routes. The centre had an up to date Fire Safety Management Policy Plan. Staff had completed training and participated in fire evacuation drills. A plan was in place to repair or replace fire doors following an audit that was conducted by an external service in 2024. While the inspector was told that the preparatory work was underway, the work had not been completed. This, and other gaps in fire safety precautions are outlined further under Regulation 28: Fire precautions.

Regulation 11: Visits

The centre had arrangements in place to ensure the ongoing safety of residents. There was suitable private spaces for residents to receive a visitor if required. The centre had an up to date visitor policy.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents' clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the premises met residents' individual and collective needs. The premises conformed to the matters set out in Schedule 6 of the regulations and was well-maintained both internally and externally.

Judgment: Compliant

Regulation 18: Food and nutrition

Meals provided to residents were nutritious and well presented. Residents had access to meals, snacks and drinks throughout the day. Residents were complimentary about the food and confirmed that they have a choice of meals.

Judgment: Compliant

Regulation 27: Infection control

While the provider met many of the requirements of Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018), there were some areas noted that did not fully align with these, for example:

- Dust was noted on internal door frames and the vent in the visitors' toilet.
- Legionella testing was not completed in the centre to ensure that the flushing regime was effective in ensuring that legionella bacteria growth did not pose a risk to residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some areas of fire safety were not sufficiently robust, for example:

- While it is acknowledged that the registered provider sought to amend and replace older fire doors by the 31 December 2025, as outlined in the compliance plan, this work had not yet been completed. The required works on fire doors were identified during an audit in November 2024. This delay posed a risk as identified issues with fire doors had not yet been addressed

- A door wedge was used to hold the door of the kitchen and one bedroom open, posing a significant risk as fire and smoke would not be contained in the event of a fire. This was a repeat finding.
- Drill records showed that fire evacuation drills were not conducted within the largest compartment in the centre.
- One drill record recorded a 'fair' result, however, no follow up action or learning was documented to seek to improve the result.
- One cross corridor fire door was not closing sufficiently to fully seal and contain smoke in the event of a fire. This was brought to the attention of the person in charge on the day of the inspection.
- PEEPs did not include information on sensory impairments for residents, for example, hearing impairment.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of care plans were reviewed and were not consistently detailed to direct the care of the resident, for example:

- One resident was assessed as being at risk of pressure related skin damage, however, a care plan to address this risk was not documented.
- A resident who was identified as having swallowing issues did not have an up to date care plan documenting the actions to manage the risk of choking.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a range of health and social care services, for example, public health nursing, general practitioners (GPs), health and social care services, and specialist medical and nursing services. Residents had access to aids and appliances to maximise their independence and reduce risks, such as falls and pressure ulceration.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. Residents could access newspapers, television and radio. Details of advocacy groups were displayed in the centre. Residents were provided with the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents meetings

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Joseph's Supported Care Home OSV-0000555

Inspection ID: MON-0049811

Date of inspection: 29/06/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff will attend training on how to manage behaviors that challenge.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• An application to vary will be sent to HIQA regarding the shower room.• Audits will include a quality improvement plan going forward.• Any reports on unknown causes of bruising will include a written review going forward.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:	

The 2 contracts that did not have a room number have now been amended with room numbers.	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Areas of dust on door frames and vents have been addressed with cleaning staff. Regular cleaning audits have also included due diligence on this particular matter.</p> <ul style="list-style-type: none"> • A legionnaires test was completed on the 11/08/2026. Test results showed no Legionnaires were found. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Fire door amendments and fixtures have commenced again since the 1st of September 2026. We continue to engage with those contracted to fulfil the work. • We are awaiting an electrician to fit door closers and magnets on these particular doors. Staff have been reminded not to put door wedges on fire doors. • Fire evacuations have since taken place in the largest compartment of the building. • Any fair result on fire drills will have a follow up plan in place going forward. • The cross corridor fire door has been identified in our previous fire door assessment. These works will be completed with the other fire door amendments. • PEEPS will have information to identify any sensory issues to aid in the process of evacuation. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- The resident assessed for pressure related skin damage, in practice was not a concern as their issue had been addressed. Unfortunately the follow up was not documented. All staff responsible for care plans have been reminded to address this in future.
- The swallow care plan for any individual must have any significant updates written up on the swallow care plan. All staff responsible have been reminded to report any changes or notable information onto the care plan for future reference to enable continuity of care for individuals of concern.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/11/2026
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	30/11/2026
Regulation 24(1)	The registered provider shall	Substantially Compliant	Yellow	01/08/2026

	agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	11/08/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2026
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 and safe	Substantially Compliant	Yellow	31/12/2026

	placement of residents.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	14/09/2026