



**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 Hospital
Name of provider:	Health Service Executive
Address of centre:	Millstreet, Cork
Type of inspection:	Unannounced
Date of inspection:	28 April 2026
Centre ID:	OSV-0000575
Fieldwork ID:	MON-0044255

About the designated centre

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

St Joseph's Community Hospital is registered to accommodate 11 residents as part of the new extension to the existing building. The old building is currently closed for refurbishment. Bedroom accommodation comprises 11 single en suite bedrooms. Communal space comprises a dining room and day room leading onto an enclosed courtyard. St Joseph's Community Hospital provides 24 hour nursing care to both male and female adults requiring continuing, respite, convalescence and palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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 28 April 2026	09:25hrs to 16:50hrs	Louise O'Hare	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out over one day by an inspector of social services. From what residents said, and what the inspector observed, residents living in St. Joseph's Community Hospital were supported to have a very good quality of life by a dedicated team of staff who knew them well. The inspector spoke to eight residents, who all spoke highly of their experiences in the centre. One resident told the inspector that "it couldn't be better". The inspector also spoke with three visitors who all gave extremely positive feedback.

On arrival to the centre, the inspector was greeted by the nurse in charge and accompanied on a walk through of the centre, followed by a brief introductory meeting. Residents were observed to be relaxing in the sitting room, or walking around the centre, while some residents were relaxing in their rooms. The premises was observed to be bright, warm and welcoming. Corridors were decorated with items such as photographs of local landmarks, and there was a large display of historical posters and newspaper clippings from Millstreet. There was clear signage throughout to orientate people living in, or visiting the centre. Communal areas were homely and well-decorated. In the dining room, a large mural of an old hearth decorated one wall, while reminiscence items that held meaningful memories for residents such as a rotary phone and old medical equipment, were displayed. The sitting room had comfortable seating and opened out into a secure courtyard, which residents were observed using throughout the day. A second internal courtyard, had recently been completed and decorated with outdoor seating and planting.

St. Joseph's Community Hospital is located a short distance from the town of Millstreet in Co. Cork, and has undergone considerable refurbishment. Residents currently reside in the new extension which was opened in 2025, while the older building is closed for ongoing renovations. The current premises is laid out as a single-storey building. Residents' accommodation is comprised of 11 single bedrooms, each of which has ensuite facilities. Residents' bedrooms were spacious, with comfortable seating and sufficient storage including a double wardrobe, chest of drawers and bedside locker in each room. Residents told the inspectors how much they liked their bedrooms, and some had chosen to personalise them with items such as pictures and plants.

Staff interactions with residents were observed throughout the day of inspection and seen to be kind and respectful. Staff clearly knew residents well, and were able to speak to the inspector about their individual preferences. Residents described staff as "very kind" and "great to look after us". An activities schedule was displayed on the doors to the communal areas. The inspector was told that activities were normally provided by healthcare staff. On the day of inspection, residents watched mass in the sitting room in the morning, while in the afternoon residents enjoyed sitting outside and eating ice-cream with staff in the sunny weather. The inspector was told that outings took place every couple of weeks, and one resident told the

inspector about they had enjoyed a recent shopping trip. The centre had good involvement with the local community groups. For example, for the recent St. Patrick's day celebrations the parade had come from the town to the centre. Local groups also attended the centre and facilitated some activities such as card games, which one resident told the inspector she greatly enjoyed.

The inspector observed the dining experience and saw that it was a pleasant and social experience for residents. Lunch was served at 1pm. Tables were laid nicely with condiments and there was sufficient seating for all residents to attend in line with their preferences. Staff were mindful of the residents' experience and ensured that noise from ongoing renovation work, which was audible in the dining room, was stopped while residents were eating. The daily menu was displayed on a board, and residents were offered a choice of main course, desserts and drinks. Residents told the inspector that they enjoyed the food provided to them. There were sufficient staff to provide assistance in an relaxed and unhurried manner.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced 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 (as amended). Overall, findings of this inspection were that there was good oversight of staff training and development; however, action was required with regards to governance and management, and the complaints procedure.

The Health Service Executive (HSE) is the registered provider for St. Joseph's Community Hospital which is registered to provide accommodation to 11 residents, and was fully occupied on the day of inspection. The senior management team with responsibility for the centre included a general manager for older persons. Since the previous inspection a person in charge had been appointed, and they had been working full-time in the centre since September 2025. They had the experience and qualifications required for the role. They were supported in their role by a team of registered nurses, healthcare assistants, catering, housekeeping and administrative staff. There was a vacant clinical nurse manager post at the time of inspection, and the inspector was told there was an active recruitment process, and there was a plan to interview for the role in July.

A condition was attached to the centre's registration on it's renewal in 2024. This required the HSE to submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2013 as amended in relation to

any person who participates or will participate in the management (PPIM) of the designated centre. On the day of inspection this condition remained in place as, although the provider had notified the Chief Inspector of the appointment of a PPIM, not all relevant documentation had been received, as detailed under Regulation 23: Governance and management.

The systems in place to ensure the service provided were safe, consistent and effectively monitored were limited. An audit schedule was in place using an electronic system, and while some audits had been completed, the inspector noted that several had not and that action plans were not consistently developed. Key performance indicators of clinical care were not recorded. This meant that gaps or deficits in the quality of care may not be identified, or addressed. The inspector saw that quality meetings had been held in the centre, but no meeting minutes after June 2025 were available on inspection. Therefore, the inspector was not assured that there was sufficient oversight, as detailed under Regulation 23: Governance and management.

Residents' surveys of their experience of living in the centre had been carried out, and the inspector was told about quality improvement plans in the centre. However, an annual review of the quality and safety of care had not been completed as detailed under Regulation 23: Governance and management.

There was effective oversight of training, and staff were up-to-date with mandatory training in the centre. Staff were supported to access other training to support their care of residents. There were systems in place to ensure staff could raise concerns about the quality and safety of care provided to residents in the centre. Staff meetings were held in the centre, and other systems, such as the use of a suggestion box were also in place.

There was sufficient staff rostered to meet the assessed needs of the residents. While a review of rosters showed that staffing levels were not in line with the statement of purpose, the inspector noted that the staffing levels outlined in this document had not changed significantly since bed numbers in the centre had been reduced due to the ongoing refurbishments in progress. However, while housekeeping staff were rostered on duty five days a week in the centre, on the day of inspection there were no housekeeping staff on duty. Multitask attendants were observed to be completing both caring and cleaning roles. There is a risk that dual responsibilities may dilute the effectiveness of both roles and may increase the risk of transmission of infection.

A sample of incident records were reviewed and showed that notifiable incidents were submitted as required by the regulations. The inspector reviewed all complaints submitted since the previous inspection. Records indicated that complaints were followed up, actioned and recorded appropriately and in line with the centre's policy. However, some action was required as detailed in regulation 34: Complaints procedure.

Regulation 14: Persons in charge
The person in charge had been in post since 2025. They worked full-time in the centre and had the required experience and qualifications for the role.
Judgment: Compliant
Regulation 15: Staffing
There was sufficient staff rostered on duty to meet the assessed needs of residents. There was a minimum of one nurse rostered on duty at all times.
Judgment: Compliant
Regulation 16: Training and staff development
Staff had access to appropriate training, and were up-to-date with mandatory training. The person in charge had ensured that the Act, and relevant standards were available to staff.
Judgment: Compliant
Regulation 19: Directory of residents
The provider had established and maintained a directory of residents, which included the information required by the regulations, as set out in Schedule 3.
Judgment: Compliant
Regulation 23: Governance and management
On the day of inspection the provider had not complied with condition 4 of registration: "The registered provider shall, by 31 October 2024, submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 as amended in relation to any person who participates or will participate in the

management of the designated centre." While the registered provider had submitted the required notification to name a person participating in the management of the centre in the weeks previous to the inspection, all relevant documentation had not been submitted so could not be progressed.

The governance and management of the centre did not meet the requirements of the regulations, as evidenced by:

- An annual review of the quality and safety of care delivered to residents in 2025 had not been completed, as required by the regulations, and therefore was not available to residents.
- Management systems were not sufficient to ensure the service provided was consistent and effectively monitored. For example, while there was a schedule of audits in place, several had not been completed in line with this. Some of those completed did not have an associated action plan, therefore were not used to improve quality of care.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had submitted notifiable incidents in writing to the office of the Chief Inspector in a timely manner. Quarterly notifications were also submitted as required in Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

While the inspector saw documentation that indicated complaints were recorded, actioned and the outcomes clearly documented, the complaints procedure was not displayed in the centre as required by the regulations.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents living in St. Joseph's Community Hospital were supported to have a good quality of life, and that their choices and preferences

were respected. Some action was required with regards to information provided to residents, as detailed under Regulation 20: Information for residents

Residents had good access to medical services to ensure their healthcare needs were met. A local general practitioner (GP) attended the centre up to five days a week, and attended the centre twice on the day of inspection. From a review of documentation, residents were referred to health and social care professionals, such as physiotherapy, occupational therapy and dietetics, as needed and in a timely manner.

The inspector reviewed a sample of three care plans and found that care plans were sufficiently detailed to guide care. Evidence based tools were used to assess risk factors such as falls risk, skin integrity and risk of malnutrition. This information was used to inform care planning and direct care. For example, residents who had identified risk issues with skin integrity were provided with appropriate equipment such as pressure relief cushions or mattresses. A register of restrictive practices was maintained in the centre. Where restrictive practices such as bedrails or sensor mats were in use, appropriate risk assessments had been completed. Documentation indicated that alternatives were considered and that the least restrictive practice was in use, in line with national guidance.

The provider had systems in place to ensure residents nutritional status was monitored. Residents' dietary requirements and preferences were clearly documented and communicated effectively to catering staff. Residents who required additional nutritional supports were referred to appropriate health and social care professionals and recommendations were seen to be incorporated into their care plans. Meals, snacks and refreshments were offered at reasonable times throughout the day. The inspector observed a refreshment trolley being brought to residents in the afternoon, serving a selection of fruit, yoghurts, cheesecake and hot and cold drinks.

Staff were up-to-date with training related to infection prevention and control practices, such as hand hygiene training, and staff who spoke to the inspector were familiar with this. There was a sufficient number of clinical handwash sinks in the centre. Used laundry and waste was seen to be segregated in line with best practice. Cleaning trolleys were equipped with lockable storage for chemicals, and had a physical partition between clean and soiled cloths. The centre was seen to be very clean throughout.

Residents rights were protected in the centre, and residents told the inspector their choices were respected. Residents had access to national and local newspapers, radio, television and other media. The person in charge maintained good links with community groups, and this was discussed in residents meetings. Trips out were organised regularly, such as a trip to a local shopping centre. An activities schedule was facilitated over seven days a week, and included items such as bingo and card games.

Regulation 13: End of life
Where a resident was approaching the end of their life, the person in charge had ensured the wishes of the resident were respected, and that appropriate care and comfort was provided which addressed the physical, emotional, social, psychological and spiritual needs of the resident.
Judgment: Compliant
Regulation 18: Food and nutrition
The person in charge had ensured that residents had choice at mealtimes, and that meals, refreshments and snacks were provided at reasonable times throughout the day. There were adequate staff to assist residents at mealtimes.
Judgment: Compliant
Regulation 20: Information for residents
While a residents guide was available it did not include all the information required by the regulations, including information on the facilities in the centre, how to access inspection reports for the centre, the complaints procedure, and independent advocacy services.
Judgment: Substantially compliant
Regulation 27: Infection control
The provider had ensured that infection prevention and control procedures were consistent with the National Standards for infection prevention and control in community services (2018). Staff were up-to-date with relevant training and the person in charge was the link practitioner for infection prevention and control.
Judgment: Compliant
Regulation 5: Individual assessment and care plan

Care plans reviewed were prepared within 48 hours of admission, and formally reviewed at intervals not exceeding four months. Evidence-based tools were used to assess risk and inform care planning. Care plans were person-centred and contained detailed information that was sufficient to guide staff in providing care.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to access appropriate medical and health care. The inspector saw that there was good access to local GP services. Residents were referred in a timely manner to other health and social care professionals such as occupational therapy, speech and language therapy and dietetics. A physiotherapist attended the centre weekly.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

When restrictive practice was used, appropriate risk assessments were carried out and the inspector saw documentation that indicated alternatives were considered and the least restrictive option was used, in line with national guidance. Staff were up-to-date with training in responsive behaviour.

Judgment: Compliant

Regulation 9: Residents' rights

From speaking to residents and staff, and reviewing documentation, it was evident to the inspector that residents could exercise choice and that their rights were respected.. Residents were supported to access radio, television, newspapers and other media. Resident meetings took place, and residents were surveyed about their experience of living in the centre. Links with the local community were promoted, residents were supported to access independent advocacy services and information on this was displayed in the centre.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	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 Joseph's Community Hospital OSV-0000575

Inspection ID: MON-0044255

Date of inspection: 28/04/2026

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: PPIM is in place, Head of Service. The provider can now confirm that they have submitted the required paperwork to HIQA on Friday 26th June by registered post. The garda vetting remains outstanding but is in process. The annual review of the quality and safety of care delivered to residents in 2025 has been completed and submitted to HIQA. It is available to residents and their families at the front door. <i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</i>	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints procedure is on display inside the door.	
Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents: The information leaflet for residents is complete and available to residents and families.	

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 20(2)(c)	A guide prepared under paragraph (a) shall include how to access any inspection reports on the centre.	Substantially Compliant	Yellow	22/06/2026
Regulation 20(2)(d)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	22/06/2026
Regulation 20(2)(f)	A guide prepared under paragraph (a) shall include information regarding independent advocacy services.	Substantially Compliant	Yellow	22/06/2026
Regulation 20(2)(a)	A guide prepared under paragraph (a) shall include a summary of the services and facilities in that designated centre.	Substantially Compliant	Yellow	22/06/2026
Regulation 23(1)(b)	The registered provider shall	Not Compliant	Orange	21/09/2026

	ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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.	Not Compliant	Orange	21/09/2026
Regulation 23(1)(e)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	22/06/2026
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure	Substantially Compliant	Yellow	22/06/2026

	for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.			
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