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:	09 September 2025
Centre ID:	OSV-0000575
Fieldwork ID:	MON-0048170

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:	9

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 9 September 2025	09:15hrs to 17:15hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

From what the inspector observed and what residents reported, residents were happy and content living in the centre. Over the course of the inspection, the inspector spoke with seven of the nine residents to gain insight into the residents' lived experience in the centre. All residents spoken with were complimentary in their feedback and were delighted to have 'finally' moved into the new building. They all said they loved their single bedroom and were thrilled to have their own individual bathroom with shower. They said they loved the layout and facilities, and commented that the place was bright and airy. They highlighted the array of art displayed throughout the building and explained they were scenes of local places; another resident highlighted the feature walls and beautiful curtains. They showed the inspector the courtyard that led from the day room and explained that the door was open for them to go outside. It was clear that residents were thrilled with their new home and proud to show off all the beautiful features. All interactions observed between residents and staff were calm, gentle, relaxed and respectful.

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse. There was a calm and welcoming atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff. Residents said that they could speak with staff if they had any concerns or worries.

St Joseph's Community Hospital currently open to residents, comprises the new extension which can accommodate 11 residents; the older building is temporarily closed for refurbishment. There were nine residents living in the centre at the time of inspection. The design and layout of the new extension met the individual and communal needs of the residents. The building was bright, well-lit, warm, and adequately ventilated throughout. Residents have access to a new dining room and day room; both were beautifully decorated and soft furnishings and curtains added to the overall surroundings creating a warm and welcoming atmosphere. Seating areas were created along corridors as well as at the temporary entrance, and these were seen to be relaxing spaces for resident to enjoy resting with views of either the internal courtyard or the entrance.

There is directional signage throughout the centre for bedrooms and communal areas. This signage was white with black writing in old Irish script and names of places were in both Irish and English, and looked really well.

Residents accommodation comprises 11 single bedrooms, all with en suite facilities of shower, toilet and wash-hand basin. Bedrooms were seen to be personalised and decorated in accordance with residents wishes and preferences. Lockable storage space was available for all residents, and personal storage space comprised a bedside locker, a chest of drawers, and double wardrobes. All bedrooms were bright and enjoyed natural light, and easily accommodated a comfortable bedside chair.

Residents have access to an enclosed courtyard with access from the day room. There was garden furniture of tables and chairs, a water feature and unobstructed views of Caha mountain behind the centre. While there was a second internal enclosed space, this was not available to residents currently; the next phase of building works was due to commence, and when that is completed, residents will have access to a second outdoor space along with other facilities such as a bathroom with bath for example.

There are two designated smoking areas available to residents; one was installed in the new courtyard (by the day room) and had a fire blanket, and cigarette butt receptacle within the shelter; alongside the smoking shelter there was a fire extinguisher. While there was a call bell within this courtyard to enable people call for assistance should they require help, it was not identified as a call bell, and residents and staff spoken with were unaware that it was a call bell. The second smoking area was near the new temporary entrance. This comprised a small overhang for shelter, with a seat, fire retardant apron and receptacle for cigarette butts. Staff explained that the resident that used this smoking area was always supervised from a distance by staff and they also bring the mobile call bell with them when going out. This was observed throughout the day of inspection.

The inspector observed residents interacting with staff, attending activities, and spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day, and it was evident that residents had good relationships with staff. Many residents had built up friendships with each other and were observed sitting together and engaging in conversations with each other. There were many occasions throughout the day in which the inspector heard laughter and banter between staff and residents.

Activities were part of the roles and responsibilities of all staff and different staff were seen to provide meaningful activities with residents throughout the day. Activities provided were in accordance with residents' choice including live-streaming mass in the morning, followed by reading the news paper, then watching a movie with a break to say the angelus at 12 mid-day. In the afternoon, residents participated in the exercise programme and then a very entertaining quiz was observed. The Ireland versus Armenia soccer match was live-screened on TV at 5pm so the gentlemen gathered round the TV in the day room to watch this and staff brought their them their tea to enjoy while watching the match. The ladies went to the dining room for their tea as they had 'no interest' in the match.

All residents whom the inspectors spoke with were complimentary of the food and the dining experience in the centre. The daily menu was displayed in the dining room which showed that residents were offered lots of choice for each meal including their main meal. The inspector observed the main meal at lunchtime and teatime; meals were seen to be sociable experience, with residents enjoying each other's company as they ate while engaging in conversation. The food served appeared nutritious and appetising. Staff were observed to be respectful, and discreetly assisted the residents during the meal times. The inspector observed that drinks and snacks were offered to residents mid morning and mid afternoon. One

resident had an appointment in hospital and staff were heard assuring the resident that they would hold their dinner for them to have when they returned from hospital.

Breakfast and evening meals were freshly prepared in the centre, and the main meal of the day was facilitated by a local restaurant, as the main kitchen was closed as part of the refurbishment works required. Facilities available for preparing food included a pantry with cooking facilities of hob and air-fryer, a large fridge, domestic dishwasher and storage shelves and presses; this had a separate handwash sink. There was a smaller pantry that was used to prepare salads and cold tea-time menu items; this had two separate sinks, one for preparing food and the second designated for hand washing only. There was a separate dry goods store with an array of food items. In the main pantry there was a list of residents, their individual dietary requirements as well as their personal choices and preferences to enable staff provide meals in accordance with their personal preferences.

Laundry was completed on site and residents whom the inspector spoke with during the inspection did not raise any issues with the laundry service. Laundry staff were observed returning clean laundry to residents' bedrooms and neatly fold clothing and tidy wardrobes.

Emergency evacuation floor plans were displayed throughout the building. They were orientated to reflect their relative position in the centre. Within the floor may, there were primary and secondary escape routes, exit points and locations of fire fighting equipment.

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

Capacity and capability

This was un-announced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations with a focus on safeguarding. Findings of this inspection were that St Joseph's Community Hospital was a good centre where residents were supported to have a good quality of life. Issues from previous inspections were followed up and actions completed included the premises, meals and mealtimes, personal possessions, residents' rights and fire safety precautions identified; issues that remained outstanding from that inspection were Schedule 5 policies and procedures, governance and management relating to effective monitoring of the service. Actions required identified during this inspection included, care documentation, statutory notifications and the overall governance of the centre.

The Health Services Executive (HSE) is the registered provider for St Joseph's Community Hospital, Millstreet, Co. Cork. At the start of the inspection, the inspector

was informed that there was no person in charge and that the CNM had resigned their post in July. A nurse in charge was assigned on a daily basis, and liaised with the office of the general manager daily regarding the operational management of the centre. The absence of a person in charge was followed up with the office of the general manager who informed the regulator that the required notification was submitted on 3rd September. However, when this was checked, the notification had not been sent due to a systems failure. Notwithstanding this, the notification was not sent within the specified time-frame of the registration regulations regarding any intended change in the identity of the person in charge of a designated centre. The provider assured the inspector that a person in charge had been recruited and was due to start imminently, and that there was oversight of the centre from the office of the general manager.

In addition to there being an ill-defined management structure, senior managers with responsibility for the centre were not named as persons participating in management on the centre's registration. The provider was required to review these arrangements and was afforded until October 31st 2024 to do so. However, at the time of this inspection, these senior managers had yet to be named, so the restrictive condition remained on the centre's registration. This finding is actioned under Regulation 23: Governance and Management.

Schedule 5 policies and procedures were examined and policies relating to safeguarding were available to staff and up to date; these policies included the prevention, detection and response to abuse, managing behaviour that is challenging, use of restraint as well as recruitment of staff, staff training and development. Nonetheless, issues were identified regarding Schedule 5 policies and are reported under Regulation 4: Written policies and procedures.

The registered provider had supported staff in reducing the risk of harm and promoting the rights of residents by providing training. Records viewed on inspection showed that staff had completed the human rights-based approach to care, responsive behaviours, safeguarding, restrictive practice and dementia care training, and the inspector observed that staff were knowledgeable and applied the principles of training in their daily practice. The inspector observed that the outcomes for residents were positive, and that staff and resident interactions were personal and meaningful, upholding the residents' fundamental rights while promoting their privacy and dignity.

A register of restraint was maintained with two bed rails acknowledged, however, sensor mats or chair mats were not included. A record was maintained of residents receiving chemical 'as required' (PRN) medication, however, this did not feature as part of the restraint resister; these as well as the sensor mats were not reported as part of the mandated quarterly restraint notifications to the Chief Inspector.

A review of the incident and accident and post falls log showed good oversight of such events. Issues were seen to be followed up thoroughly with action plans to ensure best outcomes for residents. One safeguarding concern had an associated safeguarding plan and this was observed to be thoroughly implemented, discreetly,

on inspection.

The inspector viewed records of quality and patient safety meetings, and staff meetings which had taken place since the previous inspection. There was evidence of audits up to July, however, there were none completed since then. While results of audits were available, action plans to address issues identified were not evident, to enable quality improvement. This and other issues are detailed under Regulation 23: Governance and management.

Registration Regulation 6: Changes to information supplied for registration purposes

The Chief Inspector had not been informed of the intended change of the person in charge in accordance with specified regulatory requirements:

- The intended change of person in charge was known before the end of July, however, the required notification was not submitted to the Chief Inspector in accordance with the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 Regulation - 6 (1) (a) *The registered provider shall as soon as possible – give notice in writing to the Chief Inspector of any intended change in the identify of the person in charge of a designated centre for older people.*

Judgment: Not compliant

Regulation 15: Staffing

The inspector reviewed the staff rosters and saw there was adequate staff for the size and layout of the centre and the number of residents in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

From a safeguarding perspective, the provider had ensured that all staff had access to relevant training modules, for example, safeguarding of vulnerable adults, the management of restrictive practices, and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Ongoing training was scheduled to ensure staff training remained current. Additional training was also provided regarding promoting a human rights-based approach to

care.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were reviewed and these demonstrated that all relevant documentation was in place for staff, including vetting disclosures, professional registrations, and documentary evidence of qualifications achieved.

Judgment: Compliant

Regulation 23: Governance and management

Senior managers with responsibility for the service (as detailed in the statement of purpose) were not named as persons participating in management. Consequently, the Chief Inspector applied an additional condition to the registration of this centre, requiring:

"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."

The reason this additional condition was applied was in order for the Chief Inspector to be assured that the person in charge is adequately supported by a suitable management team and to be assured that there is a sufficient and clearly defined management structure in the designated centre. However, to date, the registered provider has not complied with this.

In addition:

Th management structure in the centre was not clearly defined:

- the inspector was informed at the start of the inspection that there was no person in charge. The person in charge was not on the duty roster since 27 August 2025; the CNM had resigned their post and was no longer on the duty roster since 10 July 2025, so deputising arrangements during an absence of the person in charge were unknown. Consequently, the duty roster showed there was no management structure on site since 27 August 2025,
- the duty roster did not reflect the roles and responsibilities of staff on duty on a daily basis. For example, while there was a nurse in charge on a daily basis they were not identified as such on the roster. One MTA assigned care duties

on the roster was re-allocated to household duties; the person rostered for household duties was relocated to the laundry for example; however, none of this was reflected in the staff roster to be assured that the staff allocation was appropriate for the operational management of the centre.

The inspector viewed records of quality and patient safety meetings that had taken place since the previous inspection. There was evidence of audits up to July, however, there were none completed since then in accordance with their schedule of audit for 2025. While results of audits were available, action plans to address issues identified were not evident, to enable quality improvement and ensure effective monitoring to enable a consistent and safe service.

Judgment: Not compliant

Regulation 31: Notification of incidents

Action was required to ensure notifications were submitted in accordance with regulatory requirements as follows:

- there was no quarterly return notification for the first quarter of 2025. While a notification was submitted for the second quarter, all the restrictive practices in the centre were not included in the notification as specified in the regulations, such as chemical PRN administration and sensor alarms were not included.

Judgment: Not compliant

Regulation 34: Complaints procedure

A review of the complains' log showed that while complaints were followed up, the follow-up records were maintained as part of the resident's care records rather than they being distinct from and in addition to the resident's individual care plan as specified in the regulations. This was a repeat finding.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Action was required to ensure policies and procedures associated with Schedule 5 were in place, and updated in accordance with regulatory requirements as follows:

- there was no policy regarding the temporary absence of a residents for occasions when residents are temporarily relocated to another healthcare facility; this was a repeat finding,
- the creation of, access to, retention of, maintenance of and destruction of records was out of date since November 2024.

Judgment: Substantially compliant

Quality and safety

The purpose of this inspection was to review the measures in place to promote and protect people's human rights, their health and well-being. This involved assessing the quality of service being provided to residents to ensure they were receiving a high-quality, safe service that protected them as part of adult safeguarding. This inspection found that there were robust systems in place to recognise and respond to safeguarding concerns in the centre, and to ensure all measures were taken to protect residents from harm. Improvements were found in managing behaviour that is challenging, protection, residents' rights and the premises. Notwithstanding these positive findings, the inspector found that residents' care planning did not align fully with the requirements of the regulations and this is outlined under Regulation 5: Individual assessment and care plan.

The inspector reviewed a sample of residents' care records. Residents documentation showed that they signed consent for care planning and photographic identification. Family members such as spouses were involved in the care planning process and signed records to say they were involved. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Validated risk assessments tools were available to staff to enable a high standard of nursing care assessment. The inspector viewed a sample of residents' safeguarding care plans and the management of behaviours that are challenging care plans; these were seen to have excellent insight into residents and their individual care needs, with possible interventions to support the resident to enable best outcomes for them. Observation on inspection showed that staff had excellent knowledge of the resident and their interests and past lives, and used this information to actively engage with residents. Most care plans demonstrated equally good information, and in general, medical histories informed the assessment and care planning process, however, a significant medical history did not inform the care records for one resident. This is further detailed under Regulation 5: Individual assessment and care plan.

Residents had good access to medical care, including out-of-hours service, allied health professionals and specialist services such as the community psychiatric team, and community diabetic nurse specialist.

Transfer letters were examined and these were seen to be comprehensively filled to

enable the receiving health care facility care for the resident in accordance with their current needs.

The records reviewed showed incidents and allegations of abuse had been investigated in accordance with the provider's policy. The centre's risk register contained information about active risks and control measures to mitigate these risks. Arrangements were in place for the identification, recording, investigation, and learning from serious incidents which included falls, injuries to residents, and medication management.

Improvements were found in upholding residents' rights since the previous inspection. Staff assigned to the provision of social activities had introduced an exercise programme which residents reported that they really enjoyed. Residents had access to local and national newspapers, televisions, and radios. Other recreational opportunities included quiz, games, music, and bingo. One resident's son brought in some eggs in an incubator and residents monitored this on a daily basis until the chicks hatched. When they were a few weeks old they returned to the farm as they got 'very noisy'. Residents really enjoyed the few weeks monitoring the incubator.

Information regarding advocacy services was displayed in the centre and residents notes showed that advocacy was accessed in accordance with residents' needs and consent.

Arrangements were in place for consulting with residents in relation to the day-to-day operation of the centre. Resident feedback was sought in areas such as activities, meals, and mealtimes, and care provision. However, issues were raised regarding meals and activities, but it was not evident that these were followed up.

Regulation 10: Communication difficulties

From observation during the inspection it was apparent that staff were familiar with residents and their individual communication needs; staff supported residents to communication and were seen to take time to listen to residents and actively engage with them in a respectful manner.

Judgment: Compliant

Regulation 11: Visits

Visitors were seen calling to the centre throughout the day. Staff welcomed them, knew them by name and actively engaged with family members and provided updates on their relative's status in a friendly and respectful manner. Staff were familiar with upcoming appointments for residents and assured families of the

arrangements regarding transport to these appointments.

Judgment: Compliant

Regulation 12: Personal possessions

Huge improvement was seen on previous monitoring history of the centre. Residents now had their own single bedroom with ample space for a double wardrobe, bedside locker with lockable storage and a large chest of drawers to store their clothing and personal belongings. Laundry was done on site and there were no issues raised by residents either on the inspection or in the minutes of residents' meetings regarding laundry services.

Judgment: Compliant

Regulation 17: Premises

Notwithstanding the new premises, action was required to ensure the requirements as set out in Schedule 6 regarding the premises were in place, as:

- while there were call bell within the enclosed courtyard to enable people call for help should they require assistance, these were not identified as call bells; residents and staff spoken with did not know that these grey boxes were call bells.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Transfer letters were examined and these were seen to be comprehensively completed to enable the receiving healthcare facility care for the resident in accordance with their current needs. A review of healthcare notes showed that discharge letters and reports were obtained upon residents' return to the centre, to ensure the resident could be cared for in accordance with their changed needs; associated prescriptions were also available.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medications were seen to be administered before the residents meals to enable them to enjoy their meal un-interrupted. A sample of medication administration charts were examined and were comprehensively maintained. They had photographic identification, allergies recorded and residents reactions to these medications. A records was in place for administration of psychotropic 'as required' (PRNs). Medications were prescribed in accordance with best practice guidelines. Controlled drugs were seen to be maintained in accordance with professional guidelines. Staff had access to separated fridges for keeping medications and specimens. A daily record of temperature checks for both fridges was kept.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was required to ensure care plans were prepared in accordance with the assessed needs of residents, as:

- significant medical history did not feature in the resident's care planning documentation to be assured that the resident could be cared for in accordance with their known needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to GP services and out-of-hours medical services. Medical notes demonstrated that residents were reviewed regularly, and this review included medication review. Residents had timely referrals to allied health professionals, specialist services and national screening.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre. Restrictive practices were implemented in line with national guidance, and the provider's own local policy. Alternative approaches were attempted by staff to assist the resident before

implementing any restrictive practice. Risk assessments aimed to identify any physical, psychological, emotional, social or environmental factors that may trigger responsive behaviours, in order to prevent or limit behaviours that may warrant the use of restrictive practices. Staff had access to appropriate training on managing the types of behaviours that may occur in the centre.

Judgment: Compliant

Regulation 8: Protection

The registered provider has taken all reasonable measures to safeguard and protect residents. This was evidenced by the following:

- on the day of inspection, staff displayed excellent understanding of residents, their care needs and overall well-being to ensure residents were safe while at the same time, promote their independence and freedom,
- any incidents or allegations of abuse were investigated and referred to appropriate external agencies, for example the safeguarding and protection team and advocacy services, where required
- safeguarding plans were seen to be implemented in practice to safeguard all residents; this was done in a respectful and discreet manner.

Judgment: Compliant

Regulation 9: Residents' rights

Notwithstanding some of the excelling findings and improvement in respecting residents' rights, action was required regarding consultation and resident involvement in the organisation of the centre, as:

- minutes of residents' meetings showed that residents gave feedback about some of the dinners served, however, there was no evidence that this was followed up to ensure the quality of meals served
- during the residents' meeting in January, residents requested rings and dart boards and management said they would get a quote for these, however, this was not followed up in subsequent meetings and there was no evidence that these had been procured for residents' enjoyment.

Judgment: Substantially 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 6: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Joseph's Community Hospital OSV-0000575

Inspection ID: MON-0048170

Date of inspection: 09/09/2025

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**
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: A Director of Nursing has been appointed in the Hospital and commenced employment on 16th September 2025. The Director of Nursing appointed will be the Person in Charge. Subsequently all related notifications have been submitted to the regulator	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider has made representations under section 50 Health Act 2007 [as amended] in relation to Regulation 23 Governance and Management that the person who will participate in management of the designated centre is the Person In Charge, and their qualifications have already been submitted to the Chief Inspector pursuant to section (i) b (ii). The person in charge is supported by the Older Persons Services South A Director of Nursing has been appointed in the Hospital and commenced employment on 16 09 2025. The Director of Nursing will be the Person in Charge. Subsequently all related notifications have been submitted to the regulator. Looking forward rosters will be segregated into caring / housekeeping to assure staff allocation is appropriate for the operational management of the centre	

The Person in Charge will oversee the completion of audits in accordance with the audit schedule, to ensure completion and that action plans are in place to address issues that are identified

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.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Going forward the Person in Charge will ensure all notifications are submitted on time.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
To address this noncompliance a new complaints log has been introduced in St. Joseph's Community Hospital and is in use

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
The Admissions and Discharges Policy is under review and will be available once ratified
The updated Creation, Access, Retention and Destruction of medical records is now in place

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Permanent signage has been erected to highlight the call bell for use in the residents courtyard	
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 identified care plan has been updated to ensure that the resident can be cared for in accordance with their known need	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The person In Charge will ensure that actions raised from residents meetings are followed through , discussed and documented as appropriate	

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
Registration Regulation 6 (1) (a)	The registered provider shall as soon as practicable give notice in writing to the chief inspector of any intended change in the identity of the person in charge of a designated centre for older people.	Not Compliant	Orange	19/09/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/10/2025
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability,	Not Compliant	Orange	16/09/2025

	specifies roles, and details responsibilities for all areas of care provision.			
Regulation 23(1)(c)	The registered provider shall ensure that there are deputising arrangements for key management roles in place.	Not Compliant	Orange	30/12/2025
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	16/09/2025
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2)(a) to (e) of Schedule 4.	Not Compliant	Orange	16/09/2025
Regulation 31(4)	Where no report is required under paragraphs (1) or (3), the registered provider concerned shall report that to the Chief Inspector at the end of each 6 month period.	Substantially Compliant	Yellow	16/09/2025
Regulation 34(6)(a)	The registered provider shall ensure that all complaints	Substantially Compliant	Yellow	30/11/2025

	received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	30/12/2025
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/12/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for	Substantially Compliant	Yellow	10/10/2025

	a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/11/2025