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:	Holy Ghost Residential Home
Name of provider:	Holy Ghost Hospital Board of Trustees
Address of centre:	Cork Road, Waterford
Type of inspection:	Unannounced
Date of inspection:	03 September 2026
Centre ID:	OSV-0000591
Fieldwork ID:	MON-0047319

About the designated centre

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

The Holy Ghost Residential Home is a single-storey purpose built centre that includes various renovations and extensions which have taken place over the years to enhance the living spaces for residents. It contains 60 single bedrooms with full en-suite bathrooms. Communal accommodation consists of a large communal sitting room called the concourse. A large dining room is located beside a well-equipped kitchen and a second sitting room is across the corridor. Other communal areas includes a fully furnished oratory, a library, a comfortable furnished foyer, a smoking room and a hairdressing room. There are also additional seating areas along some corridors. There is an enclosed garden in the centre of the building and other outdoor spaces are available including walkways at the front of the building. The Holy Ghost is a residential setting catering for residents to live independently with supportive care. The emphasis is on home-style living where each resident has their own room/living space. The Holy Ghost residential home does not provide 24- hour nursing care but a registered general nurse is responsible and accountable for the daily running of the home. This supportive independent care model is reflected in the staffing structure which is household, catering and caring staff as in the community setting. The centre is located in Waterford city in close proximity to the city centre and to public transport networks.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53

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
Thursday 3 September 2026	09:10hrs to 17:25hrs	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 focused inspection on infection control on 25 September 2025 and the announced inspection on 18 February 2025. To gain insight into the residents' experiences in the centre the inspector spoke with residents 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 many residents and thirteen residents in more depth. Residents were generally complimentary about their lived experiences in the centre, providing positive feedback about the food, activities and the staff to the inspector. The inspector was told that the staff were 'marvellous', 'fantastic' and were helpful, responding to their requests for assistance in a timely manner. Residents told the inspector that they felt safe in the centre and that it was 'better than a hotel'. The inspector observed that there was a relaxed atmosphere in the centre and many residents were going about their day in line with their own preferences, for example, choosing when they wished to get up, what activities they wanted to participate in, and the food that they ate. The inspector observed kind and respectful interactions between staff and residents.

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. Holy Ghost Residential Home is a single storey premises located in a quiet cul-de-sac in Waterford City. The location of the centre is in close proximity to shops and transport links in the city. The centre can accommodate 60 residents who require low to medium support. The inspector found that the premises was warm, bright and clean and was well laid out to meet the needs of the residents. Residents had a choice of communal spaces, for example, the concourse provided residents with a large space to enjoy activities or watch television. In addition, residents could access a large dining room, a smoking room and a visitors' room. The sitting room was a bright and comfortable space and had a television, piano, and collection of board games. Resident photographs were displayed on the wall. The oratory and library provided quiet spaces for residents.

Bedrooms were all single rooms with en-suite facilities, including a shower, toilet and wash hand basins. They appeared comfortable and were decorated with residents' own personal belongings. Call bells were available in bedrooms and ensuites. Bedrooms had lockable storage for residents' use and storage was ample for residents' belongings and clothing. Handgel dispensers were available in each bedroom.

Residents could access their garden from doorways on the corridors. The garden area was very well maintained and paved pathways facilitated safe access to outdoor seating areas and a gazebo. The garden had mature flower beds and raised planters and was decorated nicely with garden ornaments, providing an attractive outdoor space for residents to enjoy.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents said there was always a choice of meals. A written and picture menu was displayed in the dining room. The inspector observed the dining experience and saw that the majority of residents chose to sit in the dining room for their main meal. The dining experience was relaxed and sociable with residents sitting together, chatting while they ate their meal. There was a choice of two options available for the main meal and staff served meals to the residents. Residents had a choice of beverages to drink with their meal.

The social activity schedule was displayed on a notice board in the centre and activities included bingo, bowling, exercises, arts and crafts, music and visits from local musicians once a month. The centre had its own minibus, which was available to residents for outings each week. Residents could chose to go to Roman Catholic Mass in a local church once a week. Residents were observed getting their hair done and enjoying a music session in the afternoon.

There was an onsite laundry for domestic items and residents' clothing was laundered off-site by residents' families or through private arrangements made by the resident.

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

Overall, this inspection found that there were effective governance and management arrangements in place, which supported the delivery of good quality of care and support to residents. The compliance plans from the inspections in February 2025 and September 2025 had been progressed and resulted in improvements in staff records, care plans, and oversight of medication administration by healthcare assistants and social care workers. Notwithstanding these improvements, some deficits were found in governance and management systems, these are outlined further under Regulation 23: Governance and management.

The Holy Ghost Hospital Board of Trustees is the registered provider. The board's membership comprised of ten volunteers. The board chairperson represented the provider for regulatory matters and met with the inspector on the day of the

inspection. A member of the board fulfils the role of superintendent and is present in the centre several days per week. 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 of the centre is a registered nurse and is supported in their clinical role by an assistant manager and a team consisting of nurses, healthcare assistants, social care workers, porter, and catering, household and maintenance staff. The superintendent holds an operational management role in the centre.

The staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support. While the centre is not required to have a registered nurse on duty in the centre at all times, a review of the roster identified that a registered nurse was on duty each night and day. There was an ongoing schedule of training in the centre and compliance with attendance was high. The centre had a policy on staff induction, supervision and training.

There was a clear management structure within the centre and a system was in place to monitor the quality and safety of care delivered in the centre, for example a monthly quality of care analysis was completed and included incidence of falls and infections. Also, a schedule of audits was implemented and included audits on falls prevention, dining room experience, and medication management. Action plans were documented in response to audit findings. Staff meetings were held and minutes recorded. The minutes included discussion points such as audits, activities and infection control. The Board of Trustees also held meetings to discuss the operational management of the centre, this included a report from the person in charge. The annual review was completed for 2025 and included a quality improvement plan. Some gaps in systems were identified and are outlined under Regulation 23: Governance and Management.

Records and documents were well presented and were available to the inspector. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

The inspector was told that there were no complaints made in 2025 or 2026. The centre had a named complaints officer and residents told the inspector they could raise a complaint with a staff member if they had a concern. The complaints procedure was displayed in the centre and there was a suggestion box in the front lobby. Information on independent advocacy services to support residents to make a complaint were displayed in the centre.

Regulation 15: Staffing

Based on the inspector's observations of staffing levels, a review of the 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

Staff have access to a wide range of training and a review of documentation identified that all staff had completed training in topics such as fire safety, infection prevention and control, safeguarding and managing responsive behaviours. There was also good compliance with training in other topics, such as medication management, cardiopulmonary resuscitation, and diabetes and insulin administration.

Judgment: Compliant

Regulation 21: Records

Staff files contained the records outlined in Schedule 2 of the regulations, for example evidence of references and photographic identification. These were stored securely in the centre and made available for the inspector to review

Judgment: Compliant

Regulation 23: Governance and management

There were some gaps in governance and management systems, for example:

- The annual review did not include consultation with residents and their families.
- The centre's medication policy did not include the training requirements for healthcare assistants and social care workers to administer medications. Also, the policy did not provide clear guidance to healthcare assistant and social care worker staff regarding medications that they were not authorised to administer.
- The centre's policy on managing diabetes did not include guidance for staff on the management of emergency issues, such as hypoglycaemia.

- The management of one alleged safeguarding incident was not conducted fully in accordance with the centre's own safeguarding policy and was not notified to the Chief Inspector.

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.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre and residents told the inspector that they could speak to staff to raise a complaint. A local complaints policy was in place and it detailed the procedure in relation to making a complaint, which was in line with regulatory requirements.

Judgment: 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 observed to be kind and respectful. Residents that spoke with the inspector were complimentary about the centre and care delivered by staff. Since the previous inspection, improvements had been made in the area of care planning.

The inspector reviewed a sample of care plans and found that they were comprehensive and person-centred. A wide range of validated assessment tools were used to identify risks such as falls, pressure ulceration and malnutrition. Progress notes were recorded daily to facilitate continuity of care. A small number of care plans reviewed identified that the careplan was not commenced within 48

hours of a resident's admission to the centre, this is discussed further under Regulation 5: Individual assessment and care plan.

Residents had access to a wide range of health and social care services, for example, the local integrated care programme for older person's team, tissue viability nurse, occupational therapy and the community mental health team. Residents without transport were supported to attend appointments by the staff. Clinical observations were taken following falls and recorded. Wound care plans were detailed and included wound assessment and recommendations from specialist services.

Residents told the inspector that they could choose how they wished to spend their day and they had a choice at mealtimes and in relation to activities. A noticeboard in the centre listed outings and community clubs, such as a book club and story telling club. Residents' input into the organisation of the centre was sought at resident meetings. Residents had access to newspapers, television, radio, books and Wifi.

On the day of inspection, the centre was clean, warm and bright. Residents had a choice of communal spaces in the centre and there was adequate space for activities to take place. Comfortable seating areas off corridors provided small bright spaces for residents to sit. Bedrooms were clean and were personalised with resident's own belongings. 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. The premises was well maintained with service records available for the generator, laundry machinery and boilers. The garden area was very well maintained.

Staff had completed safeguarding training and the provider did not act as a pension agent for any resident. Residents told the inspector that they had access to their own monies and that they feel safe in the centre. The centre has a safeguarding policy which is up to date and references the HSE (2014) 'Safeguarding Vulnerable Persons at Risk of Abuse- National Policy and Procedures'.

Residents were offered a range of drinks, snacks and meals during the day. The dining room was a large room and was decorated with a large mural of a local seaside village. Food appeared nutritious and was well presented. Residents were complimentary about the food and said they have a choice.

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 very well-maintained both internally and externally.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were complimentary about the food served in the centre and said that they had a choice of what they would like to eat. The food appeared nutritious and residents had access to drinks throughout the day. Staff were available during dining to assist residents where required.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed a sample of residents' records and where a resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving service. Upon residents' return to the designated centre, all relevant discharge information was obtained and filed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While there was good practice in the area of individual assessment and care planning, two careplans reviewed were not commenced within 48 hours of the resident's admission to the centre.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a wide range of community health and social care services, for example, occupational therapy, physiotherapy and the community mental health team. Residents could access national vaccination programmes.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken appropriate measures to protect residents from abuse, such as:

- The provider had a local policy in place that referenced the national safeguarding policy.
- Staff received training on safeguarding.
- Garda Siochana (Police) vetting was in place for staff.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were provided with opportunities to be consulted with and participate in the organisation of the designated centre. It appeared that residents' rights and choices were promoted and respected in the centre and independent advocacy service information was displayed. Residents could choose to participate in planned activities or in activities in accordance with their own preferences.

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	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Holy Ghost Residential Home OSV-0000591

Inspection ID: MON-0047319

Date of inspection: 03/09/2026

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	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
1 - The Annual Review did not include consultation with residents and their families.
The Annual review has been revised to clearly outline the residents and family involvement, i.e. Care Planning and evaluation, Residents meetings with actions resulting in additional activities chosen by the residents. The Residents Committee and their involvement in the services and their planned specific involvement going forward into 2027 Annual Review. To be completed by the 12th October 2026
2 – The Centre's medication policy did not include the training requirements for healthcare assistants and social care workers to administer medications.
The Medication policy has been revised and updated to reflect the specific training requirements for Social Care Workers and Health Care Staff. Social Care Workers and Care Assistants with extensive experience and training will also be required to complete training annually on HSELand followed by biennial Safe administration of medication training with a recognized registered provider. The specific staff will participate in annual competencies review with the Nurse Manager or as required.
In the event of an emergency, query or uncertainty, senior Nursing staff are available to assist during out of hours.To be completed by the 5th October 2026
3 – The policy did not provide clear guidance to healthcare assistant and social care worker regarding medications that they were not authorised to administer.
The medication policy has been revised and updated to reflect an issue of administration of medication that Social Care Workers or Health Care staff are not authorized to administer. In such an event, arrangements will be made for Nursing staff to support the resident. Many residents are independent in the administration of medication therefore supervision can be provided to support the residents when required. A registered nurse is on duty daily to facilitate - .Date Actioned – with immediate effect.
4 – The Centre's policy on managing diabetes did not include guidance for staff on the management of emergency issues such as Hypoglycemia.
The Centre's policy on Managing Diabetes has been reviewed and now includes a step-by-step guide on what to do in the event of a Hypoglycemic emergency. All staff involved

with direct care of the residents have received diabetes training which includes scenarios on such emergencies. Residents with Diabetes are under the care and guidance of the Diabetic Nurse in the Public Health Services. To be completed by the 12th October 2026
5 – The management of one alleged safeguarding incident was not conducted fully in accordance with the centre's own safeguarding policy and was not notified to the inspector.
Going forward, all relatable incidents will be communicated to HIQA inspector and Safeguarding team.
We will continue to document Incident reports and ABC Charts.
PIC /Manager will fully review the Safeguarding Policy and Safeguarding training programme facilitated by HSELand. – To be completed with immediate effect. 5th October 2026

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:
1 – Careplan was not commenced within 48 hours of a resident admission to the centre. The plan going forward is to hold a full meeting with Nursing Staff and Social Care staff to discuss the assessment process and review the current process in place. PIC / Nurse Manager to evaluate within 24 / 48 hrs upon admission. Continue to gather information from the initial assessment using the Common Summary Assessment Form.
Staff will review the admissions policy with immediate effect.
To be completed by 8th October 26.

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 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	05/10/2026
Regulation 23(1)(f)	The registered provider shall ensure that the review referred to in subparagraph (e) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	12/10/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the	Substantially Compliant	Yellow	05/10/2026

	designated centre concerned.			