



**Health  
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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 Unit
Name of provider:	Health Service Executive
Address of centre:	Bantry General Hospital, Bantry, Cork
Type of inspection:	Unannounced
Date of inspection:	27 February 2025
Centre ID:	OSV-0000597
Fieldwork ID:	MON-0041993

## About the designated centre

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

St Joseph's Unit, Bantry General Hospital is located on the first floor of Bantry General Hospital. It was opened in 1991. St Joseph's Unit currently has 24 registered beds: 18 are continuing care beds, four are respite beds and two palliative care beds. There are 12 single rooms with en-suite facilities, including two palliative care suites, two four bedded rooms with en-suite facilities and two two bedded rooms with en-suite facilities. There is 24 hour nursing care and residents have access/ referral to physiotherapy, occupational therapy, chiropody, podiatry, dietitian and speech and language therapy.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	24
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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 27 February 2025	09:45hrs to 16:45hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

From what the residents told the inspector, and from what the inspector observed, St. Joseph's Unit was a nice place to live. The overall feedback from the residents was that they enjoyed a good quality of life and were supported by staff, who were kind and caring. The inspector met with most of the residents and spoke with six residents in more detail to gain an insight into their experience of living in the centre. Many of the residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared to be content and comfortable with staff. Residents were well cared for by a committed and dedicated team of staff, who strove to ensure that residents were supported with their needs.

St. Joseph's Unit is located on the first floor of Bantry General Hospital. Residents accommodation is provided with two rooms with four beds, two twin rooms and 12 single rooms. All bedrooms in the centre had en suite toilet and shower facilities. Two of the bedrooms were designated as palliative care suites, with adjoining space that included a seating area and kitchenette, for family and visitors' use. The inspector saw that there was a separate entrance for visitors and relatives to the palliative care rooms with a sheltered area and outdoor seating. On the day of inspection, both palliative care suites were occupied and families were able to come and go, to visit their loved ones, as they wished.

The inspectors saw that residents' bedrooms were clean and well maintained and residents had ample storage areas for their belongings. The inspector saw that when residents were in bed, their call bells were within easy reach, should residents require to call for assistance. A number of bedrooms were personalised with residents' memorabilia, photographs and other personal possessions.

There was a number of warm, homely communal rooms in the centre, with an interconnecting dining and day room, a visitors' room and a large sitting room. The inspector saw that the woodwork in the sitting room had been painted, since the previous inspection. An exercise bicycle was available for residents' use and staff told the inspector that one of the residents used it regularly. The sitting room had an outdoor sheltered terrace, which had raised beds for plants and flowers and outdoor seating.

During the day, the inspector saw that residents were offered snacks and drinks regularly. The inspector observed the lunch time meal and saw that residents had a choice of main course and dessert. Residents gave very positive feedback regarding the quality and portion sizes of food provided. The inspector saw that where residents required meals, that were texture modified, these were well presented. Residents could choose to eat in their bedrooms or the dining room. The inspector saw that the lunch time meal was served at the early time of 12.00pm. This is discussed further in the report.

Visitors were warmly welcomed in the centre. The inspector met with three visitors during the inspection, who spoke very positively, regarding the care provided to residents living in the centre. Residents were supported to go out with their families on day trips or for longer, should they choose to. A resident told the inspector how they enjoyed trips to a local coffee shop with the activity co-ordinator.

The inspector observed that interactions between residents and staff were person-centred and respectful. It was evident that staff knew residents' preferences and were seen to stop to chat with residents and assist them as required during the day. The activity co-ordinator was observed providing residents with one-to-one chats and support during the day and a group activity was held in the morning, where the local and national news was discussed. In the afternoon, the monthly residents' meeting was held where activities, food and upcoming plans for spring were discussed. Following the meeting a group of residents did crosswords together, with the activity co-ordinator, and shared a cup of tea and chats. The activity schedule was supported by local volunteers and an external provider, whereby interactive arts and music sessions were enjoyed by the residents. A local priest celebrated mass in the centre the day before the inspection, whereby recently deceased residents were remembered.

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

## Capacity and capability

This was an unannounced inspection carried out over one day, to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. Overall, findings of this inspection were that the centre was well resourced and had good management systems in place to monitor the quality and safety of care provided to residents and to ensure they had a good quality of life. All areas identified on the previous inspection, that were required to be addressed, had been completed. However, action was required with regards to governance and management, in relation to the appointment of a person in charge, who met the regulatory requirements.

St. Joseph's Unit is a designated centre for older persons that is owned and managed by the Health Service Executive who is the registered provider. The centre is operated and managed through the governance structures of Bantry General Hospital, and the Cork University Hospitals Group, acute hospital services. The Director of Nursing of Bantry General Hospital was a person participating in management for the centre and had good oversight of the service provided. The person in charge had departed from their role in December 2024, and the Chief Inspector had been notified, as per regulatory requirements. This left a gap in the management structure, which did not provide effective governance of the centre.

The provider engaged with the office of the Chief inspector regarding recruitment efforts to appoint a suitably qualified and experienced person in charge. At the time of inspection, a person had been appointed as a manager for the centre in January 2025. However, although this person had extensive nursing and management experience they did not have a management qualification, which is a regulatory requirement. Therefore, they could not be appointed the person in charge until they obtained this management qualification. The inspector was informed the person was currently undertaking a post registration management course and that this qualification would be achieved in a timely manner, with the aim for future compliance with Regulation 14; Person in Charge. This finding is further detailed under Regulation 23; Governance and management.

The centre also had a full time clinical nurse manager grade 1 and a full complement of nursing and care staff, housekeeping, catering, administrative and activity staff. The inspector found that there was an appropriate number and skill mix of staff to meet the assessed needs of the 24 residents living in the centre on the day of inspection. There was a minimum of two registered nurses rostered 24 hours a day, seven days a week. Nursing and care staff working in the centre could also access support and advice from the practice development staff, palliative care specialist nurses and infection control specialist nurses, based onsite in the acute hospital.

The provider ensured staff had access to training appropriate to their role. From speaking with staff during the inspection, it was evident they were aware of residents' care needs and preferences. The nurse manager was in the process of updating the training matrix for the centre, from a review of records, it was evident that staff were up-to-date with training appropriate to their role.

The provider ensured there was good oversight of the quality and safety of care provided to residents. There was a schedule of audits in place that included care planning, infection control, medication management and restrictive practices. Key clinical indicators such as falls, wounds, pressure ulcers, infections and antibiotic usage were also monitored.

Required incidents were notified to the office of the Chief Inspector within the required time frames. A record was maintained of complaints received and the procedure was displayed in the centre and included the nominated complaints officer and review officer as required in the regulations.

## Regulation 14: Persons in charge

The provider did not have a person in charge who met the requirement of the regulations. The business of a designated cannot be carried on without a person in charge. The person in charge has responsibility under the regulations for key areas of governance, operational management and administration of the designated

centre, including responsibility for the supervision of staff who provide care and support to its residents.

Judgment: Not compliant

### Regulation 15: Staffing

The inspector found that the number and skill mix of staff was appropriate, to meet the assessed needs of the 24 residents living in the centre, given the size and layout of the centre, on the day of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector reviewed the training matrix and saw that staff were provided with training appropriate to their role. There was a schedule of training available for staff in safeguarding vulnerable adults, managing responsive behaviour, restrictive practice, infection control, manual handling and fire safety. Staff were appropriately supervised by the clinical nurse managers, in their roles.

Judgment: Compliant

### Regulation 23: Governance and management

The following required to be addressed pertaining the governance and management of the service:

- The provider had not appointed a person in charge of the centre that met the requirements of the regulations, leaving a gap in the management structure as actioned under regulation 14.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had an accessible and effective procedure in place for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre.

Judgment: Compliant

### Quality and safety

Supportive and caring staff promoted and respected residents' rights to ensure that they had a good quality of life in St Joseph's Unit. Residents' needs were being met through good access to health care services, opportunities for social engagement and a well maintained premises that met their needs. Action was required in relation to Regulation 18; food and nutrition and Regulation 6; Health care as outlined under the relevant regulations.

Residents were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to general practitioners from local practices, who attended the centre five days a week. There was evidence of appropriate referral to and review by health and social care professionals where required. Each resident had a nutritional assessment completed using a validated assessment tool. Residents were weighed regularly and any weight changes were closely monitored. Onsite access to podiatry or chiropody services onsite were not available at the time of inspection as outlined under Regulation 6; Healthcare.

Residents had access to palliative cares services, that were based on site, in the acute hospital. There were two palliative care beds in the centre, with access to facilities for families, to be with their loved ones, who required end of life care.

Residents told the inspector that staff respected them in the centre. Staff were observed to speak with residents in a kind and respectful manner and to ask for consent prior to any care interventions. There was evidence of alternatives to bedrails such as crash mats and low beds in use in the centre and the management team were working to reduce the number of bedrails.

The inspector saw that residents' malnutrition risk was assessed regularly and there was close monitoring of residents' weights in the centre. Residents were provided with a choice of meals for the lunch time and evening meal and residents gave positive feedback on the food and drinks available to them. The inspector observed that the lunch time meal was served very early at 12.00pm, this is detailed under Regulation 18 Food and nutrition.

The centre was laid out to meet the individual and collective needs of residents and there was a rolling programme of maintenance in the centre. Personal emergency evacuation plans were in place for each resident and updated four monthly or if a resident's condition changed. Fire safety training was provided to staff annually in the centre.

Residents were supported to engage in group and one-to-one activities based on residents' individual needs, preferences and capacities. Residents were supported to express their feedback on the quality of the service and staff engaged with residents to ensure the service residents received was based on their preferences and choice. Meetings were held with residents and records reviewed showed a good attendance from the residents. There was evidence that residents were consulted about the quality of the service, food choices and activities. Residents had access to independent advocacy services when required.

### Regulation 11: Visits

There was a number of visitors coming and going to the centre on the day of inspection. Visitors and residents told the inspector that there was no restrictions on visiting and that visitors were warmly welcomed.

Judgment: Compliant

### Regulation 13: End of life

From a review of a sample of care plans it was evident that residents' care preferences for their end of life, were discussed with them and recorded in their care plan. There was evidence of general practitioner and specialised palliative care services involved in residents' care at end of life. Residents' spiritual preferences were recorded. The unit had two designated palliative care rooms with a separate access and adjoining space that included seating and kitchenette for family and visitors' use.

Judgment: Compliant

## Regulation 17: Premises

The premises was well maintained and met the requirements of schedule 6 of the regulations.

Judgment: Compliant

## Regulation 18: Food and nutrition

Action was required to ensure meals were served at reasonable times, as the inspector found that the lunch time meal was served very early from 12.00pm. This meant that residents may have a very short time between their breakfast and their lunch time meal.

Judgment: Substantially compliant

## Regulation 25: Temporary absence or discharge of residents

From a review of a sample of residents' records, it was evident that relevant information about a resident was provided to the receiving hospital and was obtained from the discharging hospital as required, where a resident was temporarily absent from a designated centre.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire fighting equipment, emergency lighting and the fire detection and alarm system were all being serviced at the appropriate intervals. Annual certification was available to review. Staff spoken with, confirmed to the inspector, that they had received appropriate training and had completed drills to simulate the evacuation of residents. Staff were up-to-date with fire safety training.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

The inspector found care plans were developed within 48 hours of admission, as per regulatory requirements. Validated assessment tools were used to assess risks to residents and care plans were developed and updated based on the findings of these assessments. Care plans were person-centred and detailed enough to direct care.

Judgment: Compliant

### Regulation 6: Health care

While there were appropriate measures in place for the monitoring of residents' healthcare needs and residents had timely access to general practitioners, residents living in the centre did not have access to onsite podiatry services as outlined in the centre's statement of purpose.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. Restrictive practices were monitored by the management team and there was evidence of use of alternatives to bed rails in accordance with best practice guidelines. The management team were working to reduce the number of restrictive practices such as bedrails in use in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents living in St. Joseph's Unit had access to advocacy services. Residents' views on the running of the service were sought through monthly residents' meetings and regular surveys. The centre had an activity co-ordinator who was supported in their role, by a team of volunteers, care staff and external activity providers such as arts for health who attended the centre twice a week. Residents had access to newspapers, radios and televisions. The inspector found that staff promoted residents' rights 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Joseph's Unit OSV-0000597

Inspection ID: MON-0041993

Date of inspection: 27/02/2025

## 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
Regulation 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: 28th March 2025 Results of QQ1 level 6 effective people management received by CMN3 – Results Distinction. Appointed into PIC Role.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: QQI Level 6 course completed 28.03.2025 by CMN3.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Following discussion with the residents through the residents meeting, Lunch mealtime was moved to 12.15pm. Residents felt 12.30pm was too late. Discussions took place with Catering & Household Manager and Chef – this change took place 28.02.2025	

Regulation 6: Health care	Substantially Compliant
<p data-bbox="172 208 1358 282">Outline how you are going to come into compliance with Regulation 6: Health care: Discussions have taken place with a chiropody service provider.</p> <p data-bbox="172 322 986 356">Chiropody service to commence within unit in June 2025.</p>	

## 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 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Not Compliant	Orange	28/03/2025
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	28/02/2025
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details	Substantially Compliant	Yellow	28/03/2025

	responsibilities for all areas of care provision.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	30/06/2025