



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

Issued by the Chief Inspector

Name of designated centre:	St Josephs Unit, Listowel Community Hospital
Name of provider:	Health Service Executive
Address of centre:	St Josephs Unit, Listowel Community Hospital, Greenville, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	11 May 2026
Centre ID:	OSV-0000564
Fieldwork ID:	MON-0044320

About the designated centre

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

St Joseph's Unit is a designated centre that is part of the complex of Listowel Community Hospital, located on the outskirts of Listowel town in North Kerry. It is operated by the Health Service Executive (HSE) and registered to accommodate a maximum of 24 residents. Bedroom accommodation in the centre comprises of two four bedded rooms, one triple room, one twin room and eleven single rooms. All bedrooms have en-suite facilities. Communal space available to residents includes a large day room/dining room, a visitors room, a quiet room and a sitting room. The centre also has a patio area and surrounding garden as well as an enclosed courtyard. St Joseph's unit provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care and palliative care is provided, mainly to older adults.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 11 May 2026	14:10hrs to 20:30hrs	Erica Mulvihill	Lead
Tuesday 12 May 2026	08:50hrs to 14:10hrs	Erica Mulvihill	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one evening and one day. The inspector found that residents living in St Joseph's Unit, based in Listowel Community Hospital were well cared for and supported to live a good quality of life, by a dedicated team of staff, who were well known to residents. In conversation with the inspector, residents were content about their experience living in the centre; many of the residents who spoke with the inspector described the kindness they experienced from staff. Comments such as "we are treated and cared for so well" while another resident described staff as "amazing" and they were "so blessed" with the care they provided. Residents overall, who spoke with the inspector felt safe living in the centre.

Following an introductory meeting on the first day of the inspection, the inspector spent time walking through the centre, which provided the inspector with an opportunity to introduce themselves to residents and staff. During the two days of the inspection, the inspector met many of the residents in the centre and spoke with 12 residents in detail and met with seven visitors.

On the first afternoon of the inspection, some residents were observed to be attending activities in the dayroom, whilst other residents were watching TV in their room as per their preference.

Residents were invited to take part in the running of the centre and one resident was actively involved with the Health and safety committee for the centre. Throughout the two days, the inspector observed staff knocking before entering resident rooms and were observed communicating in a friendly, fun manner with residents who knew them well and enjoyed their company.

St. Josephs Unit, Listowel Community Hospital is a designated centre for older people registered to accommodate 24 residents. There were 24 residents living in the centre on the day of this inspection. The centre is situated in the town of Listowel, in North Kerry. Bedroom accommodation in the centre comprises of 11 single, one twin room, one triple room and two four bedded rooms. All rooms have en suite facilities or shared bathrooms and all rooms had sufficient wardrobe space for residents to store their personal belongings. Many residents' personalised their rooms with displays of photographs and items of importance to them. The inspector saw that in multi-occupancy rooms, residents had privacy curtains, adequate storage space and separate televisions with headsets if required to enable them to watch a TV show of their own choosing.

The centre was very clean, and well maintained throughout. Residents living in the centre had access to a number of communal areas including day room, dining room, a recreation and a sensory room. The day room/dining room, which was named by residents as the "robin's nest", where a large group of residents were observed on

the two days of the inspection was comfortable and nicely decorated with pictures, plants and a large flat screen TV. This room had two large doors opening onto a patio area which had a large enclosed garden area. The inspector noted that the multi occupancy bedrooms had a large sliding door which also opened out onto the garden. The terrace of the garden were decorated with lots of plants and colourful flower boxes, some residents were involved in the upkeep of the garden area.

The inspector observed the evening meal on the first day of the inspection and the main lunch time meal on the second day. The inspector saw that the meals provided were well presented and looked nutritious. Residents were provided with a choice of main course and dessert at the lunchtime meal and a choice was provided with their evening meal also. Residents spoken with, confirmed that if they did not like any of the choices on the day then staff would arrange another choice for them as per their preference. Residents who required assistance with eating and drinking were provided with this, in a dignified and unhurried manner. Residents could choose to eat their meals in the dining rooms or in their bedrooms.

During the inspection, many examples of person-centred care was observed by the inspector. Residents appeared well cared for and were dressed as per their own style and preferences. Staff who spoke with the inspector were very knowledgeable about residents and their needs and felt very supported by management in their roles. Residents had easy access to call bells and it was observed that staff were very attentive in answering bells in a timely manner.

Activities staff ensured that residents could avail of daily group activities. Interactions observed were respectful and kind and it was evident the activity staff knew residents well. An activity schedule was available for review, the centre recently held a Tea Party for the Alzheimers Society, which the residents enjoyed with their families and friends. Notwithstanding these positive findings, the activity programme in the centre required review to ensure that a varied activities programme were tailored to some residents' individual capacity and interests. This is actioned under Regulation 9: resident rights.

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 on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection, carried out by an inspector of social services over two days, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, as amended. Overall, this inspection found the centre to be well managed, where the management and staff focused on ongoing improvements to enhance the lives of

the residents. However, further action was required in relation to governance and management and resident rights.

The registered provider of the centre is the Health Service Executive (HSE). The provider had been granted a certificate of renewal of registration of the centre effective from May 2024. As part of this process the Chief Inspector assesses the governance and management arrangements of the registered provider. Although it was evident that there was a defined management structure in place and the lines of authority and accountability were outlined in the centres statement of purpose, the senior managers with responsibility for the centre were not named as persons participating in management on the centres 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 and the restrictive condition remained on the centres registration. This finding is actioned under regulation 23: Governance and Management.

There was a clearly defined management structure in place locally in the centre. The person in charge worked full-time and was supported by a clinical nurse manager and a team of nursing, health care, household, catering, activity and maintenance staff. The person in charge reports to a General Manager in the HSE, who was available for consultation and support on a daily basis. The service is also supported by centralised departments, such as human resources, fire and estates and practice development.

Over the course of the inspection, the inspector found that there were sufficient resources in place to ensure the effective delivery of care in accordance with the statement of purpose. The inspector was told that the activities staff had dual activity and laundry roles. This is not typically the operational norm in the majority of nursing homes. There is a risk that dual responsibilities may dilute the effectiveness of both roles. The centre had a very competent and engaged infection prevention and control link nurse who was knowledgeable around her roles and responsibilities and supported staff locally to ensure they were up to date with Infection control practices.

The provider had management systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. Key clinical risks to residents were monitored and there was a schedule of audits in place that included person centred care planning, environmental audits, nutrition and hydration and falls management.

There were effective communication systems in place between staff and management in the centre and staff were facilitated to raise concerns about the quality and safety of the care and support provided to residents at twice daily handover meetings.

The inspector reviewed records of incidents that occurred in the centre and this was made available on the days of the inspection. From a review of these records, it was evident that required notifications were submitted to the Office of the Chief Inspector.

The centres' complaints policy was displayed in the centre. Residents and visitors who spoke to the inspector were aware how to raise a concern or complaint. Upon review of the centres complaints documents, there was a low level of complaints evident in the centre, but the documentation reviewed was in line with regulatory requirements.

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the assessed needs of the 24 residents living in the centre, on the day of the inspection. There was a minimum of two registered nurses working in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. On the day of the inspection, staff were appropriately trained and the training records reviewed showed evidence of ongoing refresher training planned. Staff were knowledgeable of their roles and responsibilities.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an insurance contract in place against injury to residents and other risks including loss of damage to a residents property.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not yet complied with the restrictive condition placed on the centre's registration. This condition stated that: " The registered provider shall, by the 31st October, 2024, submit to the Office of the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007(Registration of Designated Centres for Older People) Regulations 2015 as

amended, in relation to any person who participates or will participate in the management of the designated centre".

While management systems generally ensured that the service provided was safe, appropriate, consistent and effectively monitored, as required under regulation 23(d). However, further action was required to be fully compliant. This was evidenced by the following:

- there was a lack of oversight of residents privacy in relation to the installation of CCTV cameras in communal areas where some residents spent most of the day. There would be an expectation of privacy in this room. Also the position of viewing monitors which were placed on an open corridor, were easily observed by visitors to the centre. This did not ensure appropriate privacy and dignity for residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All notifications requiring to be submitted to the Office of the Chief Inspector were submitted within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an accessible and effective procedure for dealing with complaints, which included a review process. The required timelines for the investigation into, and review of complaints was specified in the procedure. The procedure was displayed in the reception area of the centre for review. A record of complaints was maintained in the centre in line with the requirements of the regulation.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider prepared written policies and procedures in accordance with Schedule 5 of the regulations. Records demonstrated that policies and procedures were reviewed at regular intervals and they were available to staff.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the care and support provided to residents was of a good standard, whereby residents were supported to have a good quality of life. Residents living in the centre had good access to health and social care services.

Some positive indicators of quality care were identified on inspection. For example, the provider was preparing for the implementation phase of the "IRESTORE" tool to aid the detection of early, acute clinical deterioration in older people in designated centres. The inspector was told that the project had raised awareness of the "soft signs of deterioration" which supported staff to detect, manage and escalate acute deterioration early.

Paper based resident care plans were accessible and available for review. The inspector viewed a sample of four residents' care plan records. It was evident that residents' had a comprehensive assessment of their needs assessed prior to admission and a care plan developed within 48 hours of their admission. All residents had a person centred, detailed record of their care requirements and interests. These care plans were updated four monthly or as the assessed needs of the resident changed, to ensure ongoing care could be directed for staff looking after them. Care plans were developed using validated assessment tools and were up to date.

Residents had good access to medical services. The centre had access to five General practitioners as per the residents choice and preferences and a GP was onsite three days a week. Residents nutritional and hydration needs were assessed and closely monitored in the centre and residents were being evaluated and monitored for signs and symptoms of malnutrition. When required, referrals were made to dietetic services and speech and language therapy services and evidence of physiotherapy and vascular review were also readily available.

The inspector saw the premises was clean, bright and homely. Residents were encouraged to personalise their bedrooms and the inspector saw that residents' bedrooms were clean and well maintained. Residents who were accommodated in multi-occupancy rooms had a shared bathroom but it was observed that the hand wash sinks did not have the ability to retain water to facilitate residents to carry out personal hygiene in the privacy of the bathroom.

Fire records were examined and it was evident that servicing of fire safety equipment was recorded and in date. Fire drill records were available for review and showed that drills of the largest compartment were supervised by an external fire

safety contractor and were occurring regularly to ensure staff knowledge on evacuation was consistently monitored.

The inspector observed staff providing person centred care and support to residents, who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). All restrictive practices were risk assessed and consent was obtained prior to commencement of these devices.

Residents had access to social engagement in the centre and attended resident forums to ensure they were consulted about and participate in the organisation of the centre. Records of meetings were reviewed and residents spoken with were satisfied with communication in relation to updates in the centre.

Regulation 10: Communication difficulties

Communication requirements for residents who required assistance were seen to be recorded in person centred care plans. A personalised care plan was evident for one resident who had been appropriately assessed for assistance technology to enable the resident to communicate freely. Staff were seen to be attentive to those residents with communication difficulties and were observed to use all methods of communication to ensure their needs were being met.

Judgment: Compliant

Regulation 17: Premises

While the premises were generally designed to and laid out to meet the number and needs of residents in the centre, some areas required review to be fully compliant with Schedule 6 requirements, for example:

- Residents accommodated in multi-occupancy rooms did not have access to wash-hand basins for personal hygiene purposes, including washing and shaving as there was no method to retain water in the sinks for those specific purposes.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector saw that residents were offered a choice of courses for the lunch time meal and many residents were complimentary regarding the quality and variety of food provided. Residents who required assistance received it, in an unhurried and respectful manner. It was evident that residents who required review by a dietitian or a speech and language therapist, were referred and assessed, in a timely manner. The inspectors saw that drinks and snacks were provided to residents regularly throughout the two days of the inspection.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Transfer documents were provided to the receiving centre upon transfer of a resident to another care facility. Resident care records were reviewed showed comprehensive information was received upon residents being transferred back to the centre. Evidence of discharge advice and updated medication changes were available for review to ensure the resident could be cared for in accordance with their changing needs and medical management.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured there was good oversight of fire precautions in the centre and these were monitored by the fire officer for the centre. The provider ensured that fire safety drills and simulated evacuations were carried out at regular intervals. A review of these drills assured the inspector that staff were familiar with emergency evacuation procedures. Training was up to date for all staff. Annual certification of the centres' fire extinguishers and emergency lighting was available for review and was up to date.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments were completed for resident on or before admission to the centre. Care plans based on assessment were completed no later than 48 hours after the residents' admission to the centre and reviewed at intervals not exceeding four months. Overall the standard of care planning was good and described person

centred and evidence based interventions to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 6: Health care

Residents had very good access to medical assessment and review by their General Practitioner (GP). A range of allied health professionals were also available to residents such as a physiotherapist, dietitian, speech and language therapy, chiropody and tissue viability expertise. These services were all available based on referral and evidence of these referrals was available on the day of the inspection.

Records reviewed showed that residents had access to a high standard of evidence based nursing care in accordance with professional guidance. Wound care assessments and reviews were carried out to ensure up to date information was available to direct care for staff.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Where restrictive practice measures were in place, such as the usage of bed rails, the inspector found that residents were assessed appropriately and it was used in line with national policy. On review of a sample of resident files, there was evidence of discussion with residents and consistent monitoring and review of these restraint practices. Staff were up to date with training in responsive behaviours. The inspector observed staff providing person centred care and support to residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 9: Residents' rights

Further action was required in relation to the social engagement for residents in the centre in order to be fully compliant. For example:

- | |
|---|
| <ul style="list-style-type: none">• Two residents spoken with stated that whilst activities are ongoing in the centre, the schedule can be monotonous at times and would like to have a variety of activities suited to their interests and capabilities. |
| 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	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	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Josephs Unit, Listowel Community Hospital OSV-0000564

Inspection ID: MON-0044320

Date of inspection: 12/05/2026

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:	
The registered provider has taken the necessary steps to address the restrictive condition in relation to the management of the designated centre. An NF 31 application was submitted to the Office of the Chief Inspector on the 8th of April and the application is currently under review. The CCTV cameras installed in communal areas—where some residents spend a significant portion of their day and which were previously viewable on a monitor near the care station—have been disconnected to uphold residents' privacy and dignity The compliance plan response from the provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	
Following a review by Infection Prevention and Control ADON and the maintenance/plumbing team all wash hand basins in multi-occupancy rooms have been assessed. Suitable sink stoppers will be installed to ensure basins can retain water for resident's personal hygiene needs, thereby supporting resident's comfort, dignity and independence. Completion of these works will be monitored by management to ensure ongoing compliance with Regulation 17.	

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The activities program has been reviewed following residents' feedback. A broader range of meaningful person-centred activities will reflect residents individual interest's ,preferences' and abilities. Regular resident's consultation, satisfaction surveys, and residents' meetings will inform the ongoing development of the programme. Participation and feedback will be monitored by the Person In Charge to ensure residents social and recreational needs are consistently met.	

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 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	15/07/2026
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, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	01/08/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	16/06/2026

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	01/07/2026