



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

Issued by the Chief Inspector

Name of designated centre:	St Columban's Retirement Home
Name of provider:	Maynooth Mission to China (Incorporated)
Address of centre:	Dalgan Park, Navan, Meath
Type of inspection:	Unannounced
Date of inspection:	22 July 2025
Centre ID:	OSV-0000166
Fieldwork ID:	MON-0047721

About the designated centre

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

St. Columban's Retirement Home is a ground floor building situated within Dalgan Park and located between Navan and Dunshaughlin. Dalgan Park also includes St Columban's College, home of the Columban Missionaries, which adjoins the centre enabling residents to continue to engage and interact with the Columban Community on-site, as desired. St Columban's Retirement Home provides care for Columban Priests for convalescence and long term care. Residents with a disability, cognitive impairment, dementia, chronic and life limiting illnesses can be provided for an individual and clinical assessment. The overarching aim is to provide the highest standard of care to promote the health and wellbeing of residents while striving to provide a home with a happy and homely atmosphere in which each resident feels at home, cared for, content, listened to, valued and at ease. The centre comprises of 32 single bedrooms with accessible en-suite facilities that are suitable for low, medium and high dependency residents. A variety of communal rooms, an external courtyard and surrounding gardens are available for residents use.

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
Tuesday 22 July 2025	09:00hrs to 16:15hrs	Sheila McKevitt	Lead

What residents told us and what inspectors observed

The centre is a retirement home for St Columban Fathers, most of whom have returned to Ireland after spending a long period of time working on the missions. 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.

The centre was calm and peaceful with a low level of activity. Residents feedback about life in the centre was overwhelmingly positive. Residents said their rights were upheld and they felt safe and secure living in the centre. Those spoken with said they were always treated with dignity and respect by staff.

Residents were involved in how the centre was run and said that they felt their voice was heard. They confirmed that they had a residents' meeting the day prior to this inspection and the only issue they had was regarding the quality of the food. The general manager and person in charge had a meeting with the head of catering on the day of inspection to discuss this issue and put an improvement plan in place. Other than this one issue the residents reiterated that they had no further complaints about the service they received.

The complaints policy was on display and it included the contact details for advocacy services. The residents next-of-kin was also a St Columban Father who visited them in the centre everyday. The residents told the inspector that they brought any issues or concerns they had to the attention of the person in charge without delay and these were acted upon immediately.

The inspector observed staff supervising residents in the main communal living area and in the dining room at lunchtime. On several occasions during the day staff were observed being attentive to residents' individual needs, such as, accompanying a resident to walk in the accessible garden, assisting a resident to mobilise to their bedroom and obtaining items for the residents on their request.

Staff were observed knocking and seeking permission prior to entering residents' bedrooms and each bedroom had a privacy lock in place. In addition, each resident had access to adequate storage facilities within their bedroom for personal items including a secure storage facility for valuable items for which only they and their nominated next of kin held the code.

Residents said their clothes were laundered for them. They were returned clean, folded and ironed all on the same day. The service was described by residents as "excellent".

The residents attended Mass each morning and following Mass, they gathered in the living area for morning refreshments and a review of the wide range of UK and Irish daily papers delivered on a daily basis.

There was an activities schedule on display and the residents spoken with said that they had the choice to participate or not and that their choice was respected by staff. Sometimes they looked on in the background and enjoyed this also. They told the inspector that the exercise classes and music were by far their favourite activities.

The premises was clean, tidy, bright and airy. All the bedroom and compartment doors in the main part of the house had been replaced as part of the provider's programme of upgrading the fire safety works at the centre and the corridor walls and wood surrounds repainted. Residents said their bedrooms were cleaned on a daily basis and they were satisfied with the standard of cleaning.

Residents were unanimous in their view that the centre provided a safe and secure space in which their rights were upheld.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This centre has capacity and capability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). The provider and person in charge were providing residents with a good quality service where their individual social, religious and healthcare needs were being met.

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. In addition, this inspection was also conducted to inform a decision on the renewal of the registration for the designated centre. Two restrictive conditions had been previously applied to the registration of this centre to ensure the provider was taking all the required action to achieve compliance with Regulation 28: Fire safety. While the majority of the required works had been completed there continued to remain outstanding actions in respect of compartmentation, which were being mitigated with the additional restriction on admission to four bedrooms located in a high risk area.

The registered provider for St Columban's Retirement Home was Maynooth Mission to China (Incorporated). There was a written statement of purpose that described the service and facilities that were provided in the centre. The statement of purpose

described the current management structure of the designated centre. This structure ensured that the centre had good leadership, governance and management arrangements in place which contributed to residents experiencing a quality service, where they were safe-guarded as far as possible from all incidents of abuse.

There was evidence to indicate that the centre was well resourced. The centre was clean, warm and furnished to a high standard. There were sufficient numbers of staff on duty at the time of the inspection. Mandatory and relevant training was provided and completed by all staff including contracted staff.

The centre had a range of tools to monitor and audit the quality of care delivered to the residents such as incidents, falls, resident care plans and cleaning schedules. However, staff files inspected indicated that a review of these files was required to ensure they fully met the regulatory requirements outlined in Schedule 2 and to ensure recruiting processes were robust and effective in safeguarding the residents.

The centre had a complaints policy in place and the inspector saw that there were no complaints.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration, together with all the required documentation had been submitted to the Chief Inspector of social services in a timely manner.

Judgment: Compliant

Regulation 15: Staffing

The skill-mix and number of staff on duty were adequate to ensure that residents needs were met. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Staff were appropriately supervised on the day of the inspection. Training records were

maintained and updated and the inspector was assured that all staff working with residents in the centre had completed all the required mandatory training.

Supervision of staff and residents was evident on the day of inspection.

Judgment: Compliant

Regulation 19: Directory of residents

An established directory of residents was maintained and had been updated as required.

Judgment: Compliant

Regulation 21: Records

Records outlined in Schedule 2, were not available in each staff members file. For example;

- One staff file had no photographic identification.
- One staff file did not contain a full employment history.
- Two staff files only contained one reference.

This is a repeated finding in this registration cycle.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance of this centre was good. The person in charge, the general manager and a company director who was the provider representative met on a monthly basis and minutes of these meetings were available for review. The agenda and minutes showed that all areas of governing the centre were discussed and where necessary appropriate actions taken to address issues.

The person in charge had an audit schedule for the year and a review of a sample of audits completed in 2025 assured the inspector that continuous auditing practices was leading to improved outcomes for residents. For example, the newly implemented directory of residents audit had led to an improved level of compliance under Regulation 19.

The person in charge had completed the annual review for 2024.
Judgment: Compliant
Regulation 31: Notification of incidents
A review of accidents and incidents recorded assured the inspector that all notifiable events had been submitted to the Chief Inspector of Social Services as per the regulatory requirements.
Judgment: Compliant
Quality and safety
The inspector was assured that residents were living in a centre where their rights were upheld and where adequate resources, policies, procedures and supervision ensured residents were safeguarded in their home. The inspector found that appropriate staffing levels and effective systems of governance and management impacted positively on the quality and safety of consistent person-centred care to residents. The inspector saw evidence that all staff had garda vetting in place prior to commencing employment in the centre. There was a safeguarding policy in place, which staff had a good knowledge of, however it needed to be updated to reflect all practices followed in the centre. There was a low level of restraint use within the centre. One resident who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) at times had a care plan in place which reflected trigger factors and de-escalation techniques that staff could use to prevent the behaviour escalating. The premises ensured the safety of residents. They had independent access to the enclosed garden which they enjoyed using independently and some under the supervision of staff. Residents were facilitated to lock their bedroom door and staff respected their right to privacy and maintained their dignity during this inspection. Residents who were risk assessed as being safe to exit the nursing home independently had been given the code for the front door to ensure they could maintain their independence.

The inspector saw that in accordance with the restrictive condition bedrooms 20, 21, 22 and 23 were vacant and closed to admissions until the required works outlined under Regulation 28: Fire precautions are completed.

The inspector reviewed a sample of sample of resident care plans and spoke with staff regarding residents' care preferences. There was evidence that that they were completed within 48 hours of admission and reviewed at four month intervals. Communication care plans were in place and they were person-centred, the safeguarding and social care plans reflected a person-centred approach to safe-guarding residents and upholding their rights.

There was access to advocacy services with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided, which were addressed promptly by the management team. Residents were facilitated to communicate freely. They had access to radio, television, newspapers, internet and other media outlets. Their religious needs were met by attending Mass celebrated in the centre each morning and attending other daily prayer and reflection events.

Residents had access to an activities schedule and their choice whether to attend or not was respected. Care staff and external staff facilitated the implementation of the activities schedule.

The processes for management of residents' finances were robust and reflected the centre's policy. Staff had completed safeguarding training and were aware of what to do if they suspected any form of abuse. Any incidents that had occurred in the centre were appropriately investigated and all residents reported that they felt safe and secure in the centre.

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 17: Premises

The premises was clean and tidy and met the requirements of the 24 residents living there.

Judgment: Compliant

Regulation 27: Infection control

There was evidence of good infection prevention and control practice in the centre however, the following areas for improvement which are fundamental to good infection control practice were identified:

- The one accessible clinical hand wash sink at the nurses station did not meet the required specifications and there was no clinical hand wash sink available in the treatment room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider did not provide adequate means of escape to safeguard the residents from the risk of fire. For example:

The current layout of the centre allowed for one escape staircase to open directly into a protected corridor as it was not enclosed. This did not provide adequate means of escape and had been identified in the previous inspection and in the provider's own fire safety risk assessment.

The lift was no longer in use as the enclosure under the staircase that was used as an electrical lift machine room was not formed of fire resisting construction. The risk to residents had been reduced with the restrictive condition on the certificate of registration which stated that no resident would be admitted to bedrooms 20, 21, 22 and 23 until the registered provider has completed the installation of the automatic opening vent on the staircase and completed the works required to achieve effective compartmentation in this area of the designated centre. The inspector saw that all four of these bedrooms were vacant and that outstanding work to be completed was at the tender stage.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A sample of resident assessments and care plans were reviewed on this inspection. The assessments reflected the residents met during the inspection, and clearly identified their assessed needs. The care plans reviewed were person-centred and

outlined the residents' wishes and preferences. Each residents comprehensive care plan had a section in relation to maintaining a safe environment which included clear information on what procedures they should follow in order to keep their valuable personal possessions safe in their bedroom.

The assessments and care plans reviewed were developed within 48 hours of admission and were updated on a four monthly basis.

There was evidence that residents were consulted about their care planning reviews

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre was actively promoting a restraint-free environment, in line with national policy. Alternatives to restraint were in use where assessed as being suitable.

The policy on managing behaviour that is challenging was available for review. One resident who exhibited responsive behaviours had person-centred care plans in place to support the management of their behaviours. These care plans described the behaviours, known triggers and de-escalation techniques used by staff to ensure safe care delivery. Antecedent, Behaviour and Consequence charts (ABC charts) were maintained.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place. However, in its current updated format it did not reflect all the practices followed in the centre. For example, the policy did not state that all staff had their garda-vetting renewed every three years nor did it reflect that the residents had access to a safeguarding officer or that staff with any criminal history would not be employed in the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

Residents had access to meaningful activities. The activity schedule was on display and residents were involved in person-centred activities throughout the day.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Columban's Retirement Home OSV-0000166

Inspection ID: MON-0047721

Date of inspection: 22/07/2025

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Conducted a full audit of all staff files to ensure compliance with Schedule 2 requirements in early August. If any files did not meet Schedule 2, then the missing information was included so that all files complied with the requirements. Special focus was on photographic identification, a full employment history, requisite references, and Garda vetting. Also updated the recruitment and induction checklist to ensure Schedule 2 documentation is fully collected and verified before commencement of employment.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • Reviewed the specifications of all existing clinical hand wash sinks in consultation with infection prevention and control guidelines (including HPSC and HIQA standards) to identify non-compliance or gaps. • Arranged for the replacement of the existing clinical hand wash sink at the nurses' station to ensure it meets the required clinical specifications (e.g., hands-free tap operation, appropriate size and drainage, placement of alcohol hand rub and soap dispensers). • A new sink has been ordered and is expected to take 4-6 weeks to arrive, according to the supplier and is expected to be in place by mid-October 2025.	

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider has obtained three quotations for the required fire safety works, as recommended for providing adequate means of escape. Following the evaluation, a preferred contractor is appointed, and all necessary work is scheduled to commence within four weeks and is expected to be completed by November 2025. The lift is not in use since the last fire inspection in August 2024. We continue to implement a restrictive condition on the certificate of registration, which states that no resident would be admitted to bedrooms 20, 21, 22, and 23. An automatic open vent was installed on the staircase in May 2025.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The safeguarding policy has been reviewed and updated to ensure it accurately reflects all current practices within the centre. The following areas have now been incorporated into the policy: • Confirmation that garda-vetting for all staff is renewed every three years. • Assurance that residents have access to a designated safeguarding officer. • Clarification that any staff member with a criminal history will not be employed at the centre. All outstanding information has now been included, ensuring the policy is fully aligned with the centre's procedures and the requirements of Regulation 8.	

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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	27/08/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/10/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/11/2025

Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/11/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/11/2025
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	27/08/2025