



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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Home
Name of provider:	Little Sisters of the Poor
Address of centre:	Abbey Road, Ferrybank, Waterford
Type of inspection:	Unannounced
Date of inspection:	30 April 2025
Centre ID:	OSV-0000245
Fieldwork ID:	MON-0037613

About the designated centre

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

St Joseph's Home is owned and operated by the order of The Little Sisters of the poor. It is a purpose built centre registered to provide care to 48 residents. It is situated in Ferrybank in Waterford city close to all local amenities. It provides residential care to people over the age of 65years. It offers care to residents with varying dependency levels ranging, from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs. The centre comprises of two units on separate floors named; Lourdes and Fatima. All resident accommodation is provided in large single en-suite bedrooms. The centre has ample communal space with numerous dining rooms, sitting rooms and lounges throughout both floors that accommodate residents. A reminiscence room, a sensory room, an aromatherapy room and physiotherapy room and hair salon are all located within the centre. A large balcony is located on both floors, where flowers, herbs and vegetables are being grown by residents. There is a large church where Mass is celebrated daily. Outdoor space in the form of enclosed gardens and seating areas to the front and rear of the building are available for resident and relative use. The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and at night time. The person in charge lives in the centre and is on call as required. The nurses are supported by care staff, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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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
Wednesday 30 April 2025	09:00hrs to 16:25hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

The inspector greeted and chatted to a number of residents in the centre to gain an insight into their experiences of living in St. Joseph's Home and spoke in more detail with seven residents. The inspector also spent time in the communal rooms observing resident and staff engagement. There was a friendly and welcoming atmosphere in the centre, and staff were observed to be helpful, kind, patient and respectful towards residents. Overall, residents were highly complimentary of the staff and the care they received, and were happy living in the centre. One resident spoken with described the centre as a "home from home". Another resident said they were as "happy as bee" living in the centre. Residents used words like "lovely" "very kind" and "wonderful" to describe staff, with one resident spoken with saying staff would "do anything for you, they are always helpful". Residents spoken with had no complaints or concerns and said that if they did, they would happily raise them with management in the centre.

Following an opening meeting, the person in charge accompanied the inspector on a tour of the centre. The centre is purpose-built and located in Ferrybank, Waterford close to local amenities. It is registered to accommodate 48 residents and had no vacancy's on the day of inspection. The designated centre is set out over four floors which residents' could freely access between the floors via lifts and stairs. Residents bedroom accommodation was located on the first and second floor and consisted of all single occupancy rooms with an en-suite. The first floor was referred to as the Lourdes unit and the second floor was referred to as the Fatima unit. Residents' bedrooms were personalised and homely and residents were able to decorate their rooms to their own preferences.

The centre's design and layout supported residents' free movement and comfort, with wide corridors, sufficient handrails, and armchair seating within communal areas. Overall, the centre was clean and bright with a very relaxed atmosphere. On the ground floor, there was a large welcoming reception area, which led to a row of 'shop fronts'. The residents craft room had been decorated to look like a fabric/hobby shop. The room used by the visiting general practitioner was set out to look like the a doctors reception and examination room. The tea/coffee dock was designed to look like a café, with a shop next to it where residents and visitors could by snacks. Residents also had a library with numerous shelves full of books and comfortable seating to enjoy a quiet space to read. There was also a hair salon, which residents were seen to use and enjoy on the day of inspection. An internet café was also available to residents, which was filled with pictures and photo albums of past events that had taken place in the centre. Students from the local community attended the centre weekly to teach residents' how to use the computers. Also on the ground floor, was a large chapel. This was attended daily by a priest to hold Mass in-person, it was also live streamed to residents televisions for those who could not attend. Residents on the first floor could also access the chapel from a balcony area.

Other communal space on the ground floor consisted of several sittings, a concert hall, which was used for large group activities, a music room and a large bright dining room. Residents also had communal space available to them on each floor where they were accommodated. Both the first and second floor had an open lounge area near the nurses station where residents were observed to watch television. The lounge areas opened out onto a terrace, and the inspector was informed that the provider has plans in place to redesign the terrace areas. Communal space also consisted of dining rooms and other lounge areas on both floors.

The lower ground floor contained staff facilities, such as, the laundry and storage. The the third floor, which was not part of the designated centre, was private accommodation for the provider's religious order. In addition, there were also independent living apartments adjoining the designated centre. Some residents from the apartments joined residents during mealtimes.

There was an activity programme in place with activity staff working everyday and activities took place in different parts of the centre. On the day of inspection, residents were observed to attend Mass in the chapel or watch it on their televisions in the bedroom and the communal rooms. Following Mass several residents attended an information presentation from an independent advocacy service on their rights within the centre. In the afternoon, residents were observed to spend time outside enjoying the sunshine in the beautifully manicure gardens and terrace chatting, playing board games, listening to music and having an ice-cream.

Many of the residents were observed to eat in the dining rooms throughout the centre for their meals. Lunchtime was observed to be a very social occasion with residents sitting with their friends and chatting. Dining room tables were nicely set with table cloths and flowers. Residents had two dinner options available to them and had access to a variety of drinks to choose from. The inspector observed that staff who were assisting residents with their meal did so in a patient and respectful manner. Overall, residents were very complimentary of the food served using words like "superb" and "excellent" to describe it. While the dining experience received high praise some improvements were required to the care plans in place for residents with dietary support needs.

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

Overall, the inspector was assured that the service had effective clinical governance and management systems in place to ensure that residents were supported and facilitated to have a good quality of life living at the centre. This inspection found that there was a clearly defined management structure in place and was well-

resourced. The centre was well-managed with residents expressing a high level of satisfaction regarding the care and support provided to them. However, some actions were required to the systems in place to ensure they were fully robust, this is detailed in the report below.

This unannounced inspection was carried out over one day by an inspector of social services. The purpose of this inspection was to assess compliance with regulations and to inform a decision on an application to renew registration for the centre, which was under review. The inspector also reviewed the information submitted by the provider and the person in charge in advance of the inspection.

Little Sisters of the Poor is the registered provider for St. Joseph's Home. The person in charge facilitated the inspection and demonstrated a good knowledge of the legislation and a commitment to providing a good quality service for the residents. They were observed to be well-known to the residents and worked full time in the centre. There was a clear management structure that identified lines of authority and accountability within the centre. The person in charge reported to the regional management board and was supported in their clinical management role by three assistant directors of nursing (ADONs), this is an increase of one ADON since the last inspection, and a clinical nurse manager (CNM). The person in charge was also supported by a building services manager who had oversight of non-clinical day-to-day operations. The person in charge was also responsible for the oversight of a team of nurses and healthcare staff, activity staff, catering staff and household staff.

The registered provider had audit and monitoring systems in place to oversee the service, covering areas such as, pressure ulcers, falls trending, medication, call bells and restraints in use. Actions identified for quality improvement, were assigned to a responsible person, with times for completion noted. Updates on these actions were discussed in management meetings. These identified areas for improvement and effected change. However, some systems in place had not identified areas of non compliance identified on the day of inspection.

Regular meetings were held and minuted to cover all aspects of clinical and non-clinical operations. Senior management meetings also took place at regular intervals covering areas such as, safeguarding, restrictive practice, risk, incidents, audits and monthly key performance indicators. Information in these meetings was trended with time-bound actions identified and a person responsible for completing these.

An annual review of the quality and safety of care delivered to residents had taken place for 2024, with an action plan in place for further service improvement and development for 2025. A copy of the annual review was available to residents and displayed at the reception of the centre. It was evident that residents had been consulted in the preparation of the annual review through a residents' satisfaction survey and residents meetings.

Four staff files were reviewed. All staff files contained Garda Síochána (police) vetting, at least two references, identification and a full employment history. Records were maintained in the centre to a high standard, however, the personnel

files did not contain all the documentation required, which will be discussed under Regulation 21: Records.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew registration of the designated centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 had been made by the registered provider. This application was in the process of being reviewed at the time of inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents for the centre, which was maintained with all Schedule 3 information recorded.

Judgment: Compliant

Regulation 21: Records

While the registered provider had most of the records required for personnel files under Schedule 2 available. Two personnel files did not contain evidence of the staff member's professional qualification.

Judgment: Substantially compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and to protect their property.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider had assurance systems in place, these were not fully robust to be assured of the quality and safety of the service. For example:

- The registered provider had changed the purpose and function of several rooms in the centre without informing the Chief Inspector, meaning the centre was not operating in line with condition 1 of their certificate of registration.
- Although the registered provider was not a pension agent for residents, they held small amounts of money for residents in the centre. Records were maintained for money that was incoming and withdrawn, however, on the day of inspection the records did not accurately reflect the amount of money available to residents.
- The provider had not identified systems in place to ensure residents dietary requirements were met was not fully effective. This is further detailed under Regulation 18: Food and nutrition.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

From a sample of records reviewed in relation to contracts for the provision of services, they contained the number of residents to reside in the bedroom, the services to be provided and information in relation to fees. The inspector found that the terms relating to the bedroom to be provided to the resident was detailed, however, for two residents these were not accurate. For example, both residents were residing in different rooms from what was set out in the terms of their contract.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Further training for infection control and prevention was required for staff. On a review of records, the inspector found that 44% of staff had not completed infection control and prevention national standards training, 31% had not completed hand-hygiene training and 30% had not completed PPE training.

Judgment: Substantially compliant

Quality and safety

Overall, the residents received a good quality of care from a dedicated team of staff. Residents' told the inspector that they felt safe living in the centre. Residents' independence, privacy and dignity were upheld through staff policies and practices. The inspector found that the registered provider had taken appropriate measures to ensure a safe and high quality service was provided to the residents. However, action was required for food and nutrition, protection, premises and infection control.

From observation and review of documentation, the registered provider had taken measures to protect residents from abuse. Staff spoken with were knowledgeable about abuse and how to report suspected abuse in the centre. An Garda Síochána (police) vetting was in place before the commencement of staff employment. The registered provider had a local policy and was investigating allegations aligned with the Health Service Executive (HSE) policy. Training records indicated that all the staff had completed safeguarding training, however, 15 staff were due to complete refresher safeguarding training and no dates had been scheduled for this on the day of inspection. The provider was not a pension agent for residents, however, they held small quantities of money belonging to residents while residing in the centre. The provider had a transparent system in place where all lodgments and withdrawals were recorded. However, the system in place required a review to ensure it was fully effective.

Residents were offered refreshments throughout the day. A sample of menus were reviewed which showed a menu rotation with a variety of food choices each day. The food choices on the menu were also available to residents with particular dietary requirements or those with a modified diet. An adequate number of staff were available to assist residents with their meals and refreshments. Residents expressed satisfaction with the food on offer, the quantity and the variety available, with one resident saying the food was as good as a five-star restaurant. Residents had access to fresh drinking water throughout the day and were seen to be offered a variety of refreshments throughout the day. The dietary needs of residents with modified diets were mostly based on a nutritional assessment in accordance with their individual care plan. However, some care plans did not accurately detail the dietary needs of residents and required review.

Overall the premises was found to be warm, bright and well ventilated and was in a good state of repair. Efforts to create a homely environment were evident. Residents had unrestricted access to outdoor space and were maintained to a high standard. The registered provider also had improvement plans in place to further develop outdoor terrace space for residents to enjoy. There was appropriate furniture and well-maintained equipment in place to support residents. However, some action was required in relation to premise to ensure that it was in accordance with the statement of purpose.

On the day of inspection the centre was found to be clean with a sufficient number of housekeeping staff and a dedicated team of laundry staff each day in the centre. While the centre was generally clean on the day of inspection, further staff training

was required to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), this is discussed under Regulation 16: Training and staff development.

Regulation 17: Premises

The inspector found that the centre provided a premises which conformed with Schedule 6 of the regulations. However, the registered provider had failed to engage with the Chief Inspector in respect of changes that were made to the premises. For example:

- On the ground floor, the chiropody room had been changed to a mattress store.
- On the ground floor, the aromatherapy room had been changed to a personal protective equipment (PPE) store.
- A store room next to the physiotherapy room had been changed to a chiropody room, also on the ground floor.
- On the first floor, a kitchenette/lounge had been changed to a sonas room.
- On the second floor, the kitchenette/lounge room had also been changed to a reminiscence room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Some improvements were required to ensure the dietary needs of residents, as prescribed by a healthcare professional, were met. For example:

- Two residents who were diabetic had a nutrition care plan in place, however, it did not detail that the residents were diabetic, the requirement for them to have their blood sugar levels monitored and how to meet the resident's dietary needs.
- A resident had been assessed by a speech and language therapist and required a modified diet. The resident's swallow care plan detailed how to meet the residents dietary care needs. However, the resident also had a nutrition care plan in place and this had different information, which was not prescribed by the speech and language therapist. This could lead to confusion and may impact the diet provided to the resident.

Judgment: Substantially compliant

Regulation 26: Risk management
There was a risk management policy in place which met the requirements of the regulations. The centre maintained a risk register setting out hazards identified in the centre and control measures in place to minimise the associated risk.
Judgment: Compliant
Regulation 27: Infection control
The inspector observed that the centre had processes in place to ensure protocols relating to infection protection and control were being observed and practised by the staff team. The designated centre was clean and tidy. Management oversight including audits were used to ensure that a high standard of hygiene was maintained.
Judgment: Compliant
Regulation 8: Protection
<p>While the inspector found that all reasonable measures were taken to protect residents from abuse, the system for managing residents money held by the provider required review. This is detailed under Regulation 23: Governance and management.</p> <p>While staff had completed training for safeguarding residents, 15 staff were out-of-date for this training. All staff were required to complete refresher training on safeguarding residents every three years, in accordance with the registered providers policy.</p>
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for St Joseph's Home OSV-0000245

Inspection ID: MON-0037613

Date of inspection: 30/04/2025

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: <ul style="list-style-type: none">• Staff members' qualifications have been sourced and files updated. HR provided these qualifications for the staff on the day of inspection so regulation 21 was closed out on the day as the inspector was notified.• HR are currently auditing all personnel files for verification of qualifications.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• Signage of room use has been updated to reflect current purpose. Statement of purpose and floor plans have been updated and submitted to HIQA to reflect the current use of rooms.• All resident pocket money will be returned to family members.• At pre admission in Care Monitoring a more robust system is now in place to reflect potential new resident's special dietary requirements.• Staff nurse's / key workers will actively ensure dietary requirement compliance. ADONS will ensure dietary requirements are updated and circulated to both main and unit kitchens.	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ul style="list-style-type: none"> • All contracts have now been updated and signed by resident / family member to reflect accurate bedroom occupancy. • We have developed an addendum to the contract of care that will be completed if a resident changes room in the future. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Following a current review of our infection control training 50% of staff had not completed the following:</p> <ul style="list-style-type: none"> • AMRIC basics of infection control • AMRIC hand hygiene • Putting on and taking off PPE in the acute health care setting • Training will be completed by end June. All staff due scheduled for training 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Signage of room use has been updated to reflect current purpose. • Statement of purpose and floor plans have been updated and submitted to HIQA to reflect the current use of rooms. 	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p>	

- At pre admission in Care Monitoring a more robust system is now in place to reflect potential new resident's special dietary requirements. On admission, this information will automatically transfer to admission files to allow staff nurse / key worker to implement dietary requirements immediately. HCA's have been instructed at the daily huddle group to read the interim care plan for a new resident
- Staff nurse's / key workers will actively ensure dietary requirement compliance. ADONS will ensure dietary requirements are updated and circulated to both main and unit kitchens. CNM to ensure all speech and language recommendations are updated in Care Monitoring and forwarded to ADONs to ensure updated information is presented to main kitchen and unit staff.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- All resident pocket money will be returned to family members. 30th June 2025
- Provision has been made for 15 staff members to complete safeguarding training. A training date has been set for 11th June 2025 and quarterly dates for our mandatory training in the future.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2025
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	04/06/2025
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by	Substantially Compliant	Yellow	04/06/2025

	health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.			
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	04/06/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2025
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any)	Substantially Compliant	Yellow	04/06/2025

	of that bedroom, on which that resident shall reside in that centre.			
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	30/06/2025