



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

Issued by the Chief Inspector

Name of designated centre:	St Josephs Nursing Home
Name of provider:	St. Joseph's Nursing Home Limited
Address of centre:	Lurgan Glebe, Virginia, Cavan
Type of inspection:	Unannounced
Date of inspection:	24 July 2025
Centre ID:	OSV-0005413
Fieldwork ID:	MON-0047526

About the designated centre

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

The designated centre provides 24-hour nursing care to 52 male and female residents who require long-term and short-term care (convalescence and respite). The centre is situated in a rural area overlooking Loch Ramor and in close proximity to a small town. The centre premises are a three-storey building with residents' bedroom accommodation on all three floors. Residents' bedrooms consisted of a variety of single and twin bedrooms. Residents' communal accommodation is located on the ground floor. The provider states in their statement of purpose that the aim of the service is to provide a homely environment where the residents are cared for, supported and valued in a setting that promotes their health and wellbeing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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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
Thursday 24 July 2025	08:30hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead
Thursday 24 July 2025	08:30hrs to 17:00hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

Overall, residents were relaxed and were generally content in their surroundings. The inspectors met with residents, visitors, staff and members of the centre's management personnel. Residents who spoke with the inspectors spoke positively about the staff caring for them and the support provided, but during this inspection, they gave mixed feedback about the quality of their social lives in the centre.

The inspectors observed that there were up to 34 residents resting for most of the day in the sitting room. These residents had varied needs and capacities, and as the sitting room was a spacious, open-plan area, it comfortably accommodated these residents. While there was a social activity programme in place, a small number of the residents were observed participating in it; many of the residents, including residents with impaired cognitive ability, did not participate in any activities on the day of the inspection. A number of residents told the inspectors that the social activities scheduled on the day did not interest them. This feedback concurred with the inspectors' observations during the day of this inspection. Some residents told the inspectors that they liked participating in bingo and the games; others said there was nothing of interest happening and that they were not interested in the social activities that were taking place. Two residents said 'I do my own things to pass the time' and at times the day can be very long here'. Residents said they were happy that they could participate in the Mass streamed each morning on a large screen television in the sitting room. There was only one member of staff with assigned responsibility for facilitating residents' social activities available in this room, and the inspectors observed that they alone could not facilitate a varied social activities programme that suited each resident's interests and capacities.

St Joseph's Nursing Home is located on a short avenue from the road and overlooks Lough Ramor. Residents could enjoy views of the lake from the sitting room on the ground floor and a number of the bedrooms on each floor. The premises were arranged over three floors with protected stairs and lift access between the floors. The ground floor was arranged on two levels, and access from one level to a lower level was by means of a ramped corridor. A small wheelchair-accessible open lift provided residents who did not wish to, or who could not safely navigate the significant corridor incline, with an alternative means to access between the two ground-floor levels. All residents' communal sitting and dining rooms were located on the ground floor level.

Residents' bedroom accommodation was provided in a variety of single-occupancy and twin-occupancy bedrooms. Each resident had access to either en-suite facilities or to the shared toilets and showers to meet their personal care and hygiene needs. While a small number of the residents' bedrooms were on the ground floor, most of the residents' bedrooms were located on the first and second floors. The inspectors observed that the residents' bedrooms were bright, nicely decorated and contained suitable furniture to meet their needs. Many of the residents had personalised their bedrooms with their personal possessions. The inspectors observed that since the

last inspection, the provider had completed actions to ensure the layout of the twin bedrooms met residents' needs and that residents had adequate storage for their belongings in their bedrooms. The provider's actions also included a change of purpose of one twin bedroom to a single occupancy bedroom.

A large external enclosed patio area extended the length of the residents' sitting room and had suitable outdoor seating for residents. The inspectors observed that residents could access this area and another smaller outdoor area as they wished.

The inspectors observed that interactions between residents and staff were empathetic and respectful. Care staff were observed to ask the resident's permission before commencing care interventions. Residents who were non-verbal appeared comfortable in the presence of staff. All residents who spoke with the inspectors were complimentary in their feedback regarding the staff caring for them and the service they provided. Residents' comments included that the staff were 'more than kind', 'always smiling' and 'nothing was ever a problem for them'. One resident informed the inspectors that 'staff couldn't be nicer', whilst another said 'they are very good to me'. Similarly, visitors who spoke with the inspectors were complementary regarding the care that their family members received.

The inspectors observed that staff caring for residents continued to be involved in answering the front door, which was a distance from the communal rooms and where residents spent their day. This meant that staff had to leave what they were doing with residents to complete this task.

Stainless steel hand-hygiene sinks had been installed following the last inspection. However, these sinks did not comply with the recommended specifications for clinical hand wash basins. Also, all hot water from these sinks was cold on the day of inspection, the provider arranged for urgent assessment from plumbers whilst the inspectors were on site.

Residents told the inspectors that they were happy with the laundry service. However, the infrastructure of the on-site laundry did not support the functional separation of the clean and dirty phases of the laundering process. There was a mix of commercial and domestic washing machines within the laundry, and compliance with thermal disinfection standards could not be assured using a domestic washing machine cycle. As with the housekeeping room, the laundry room was not clean, and neither the hand-hygiene sink nor the large stainless steel sinks were clean.

Inspectors observed that the ancillary facilities, including the housekeeping room, the laundry and sluice rooms, did not support effective infection prevention and control. Staff had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. The janitorial unit and hand-wash sink in this room were not clean, and there was inappropriate storage of items in here, which may become contaminated during the room processes. Similarly, the flooring in the household store was in a poor state of repair.

There were sluice rooms available for the reprocessing of bedpans, urinals and commodes, which were generally clean and contained well-maintained and serviced

equipment needed for the functions of this room. However, the equipment for residents' use was unclean and not appropriately stored.

Residents told the inspectors that they felt safe in St Joseph's nursing home and would talk to staff or their relatives if they had any concerns.

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

Capacity and capability

This was an unannounced inspection completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors followed up on the completion of the provider's compliance plan following the previous inspection in January 2025, and on the statutory notifications and other information received.

This inspection found that some improvements had been implemented since the last inspection. However, repeated non-compliance with a number of the regulations as found on this inspection did not give adequate assurances regarding the provider's oversight of the quality and safety of the service and residents' quality of life in the centre. While there were systems in place to monitor the quality and safety of the service, actions continued to be necessary by the provider to improve the timeliness with which identified deficits that were impacting the quality and safety of the service and residents' quality of life were effectively addressed.

St Joseph's Nursing Home Limited is the registered provider of St Joseph's Nursing Home. There were clear lines of accountability, and the staff members were knowledgeable regarding their roles and responsibilities. On a day-to-day basis, the person in charge is supported by a clinical nurse manager to manage the centre. A regional operations manager and a general manager provided senior support for the person in charge. The general manager and regional operations manager also provided oversight and support to two other designated centres operated by the provider. Other staffing resources in this service included staff nurses, healthcare assistants, activity coordinators, housekeeping, maintenance, catering and administrative staff.

The inspectors reviewed the staff rosters and spoke with residents and staff in relation to staffing in the centre and found that the provider had not ensured that there were adequate numbers of staff with appropriate skills to ensure that residents' social activity needs were met. This was also validated by the inspectors' observations on the day, and was negatively impacting on the residents' quality of life in the centre. This finding is repeated from the inspection completed in January 2025.

Staff had access to mandatory training, and the training records evidenced that all staff had attended up-to-date mandatory training requirements, which included annual fire safety, safeguarding residents from abuse and safe moving and handling procedures. A programme of professional development training was made available to all staff to ensure that they had the necessary skills and competencies relevant to their role in meeting residents' needs. However, the findings on the day of the inspection indicated that further training was required to ensure staff are knowledgeable and competent in residents' care planning and implementation of standard infection control precautions. Additionally, the inspectors found that staff did not demonstrate appropriate skills and knowledge in providing meaningful social activities for residents. Improved supervision of staff was necessary to ensure their practices were in line with the centre's policies and procedures and that residents' needs were adequately met.

Infection prevention and control audits were undertaken and covered a range of topics, including equipment and environment hygiene, waste management, hand-hygiene and the use of personal protective equipment (PPE). However, many of the audit action plans addressing identified issues did not assign a responsible person. For instance, actions were noted as requiring tasks such as 'must be done daily' and 'all nurses should be informed'.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, and colour-coded cloths and mops to reduce the risk of cross infection.

The centre had managed two large Norovirus (infectious vomiting and diarrhoea) outbreaks this year, with only a short time in between the two outbreaks. An outbreak review was completed following both outbreaks, but more detail was required in this report, as this is an opportunity for the provider to identify what they did well and where improvements are needed.

The provider ensured that records that must be maintained in the centre were available to the inspectors on the day of the inspection.

The provider had agreed on the terms and conditions of each resident's residency in the centre in their contract of care; however, the additional fees to be paid by them were not clearly stated.

There was a complaints procedure in place which was made available for residents and their representatives. Complaints were discussed at team meetings, and staff were made aware of any improvements that were required.

Regulation 15: Staffing

The registered provider had not ensured that the number and skill-mix of staff were appropriate and adequate to meet the needs of residents. This was evidenced by the following findings;

- The staffing resources available were not sufficient to meet each resident's social activity needs. The allocation of one member of staff to provide activities for the 43 residents in the centre on the day of this inspection, most of whom spent the day in the sitting room on the ground floor, was not adequate to ensure that each resident had sufficient opportunities to participate in meaningful social activities in line with their preferences and capacities. As a result, many of the residents in the sitting room did not participate in any social activities. Residents told the inspectors that they had little to do to pass the time or were not interested in participating in the activities taking place on the day.

This is a repeated finding from the last inspection.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff did not have access to appropriate training in relation to the provision of residents' social care. As a result, the inspectors found that the provision of social activities did not ensure that all residents who wished to participate had access to meaningful activities that were in line with their preferences and capacities.

Staff supervision was not adequate again on this inspection and required improvement. For example:

- Staff were not always completing residents' care documentation and records to the required standards and in line with the centre's own policies and procedures. This posed a risk that residents' needs would not be effectively met and that pertinent information regarding residents' needs and preferences would not be effectively communicated to all staff.
- Not all staff practices and procedures were in line with national standards in Infection prevention and control, and this posed a risk to residents' safety from infection.

These findings are repeated from the last inspection.

Judgment: Not compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 were kept in the centre and were made available to the inspector. The provider ensured that all records were stored securely, and a policy on the retention of records was available and in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not ensured that sufficient resources were available, and inspectors found the following;

- Insufficient staffing resources were negatively impacting on residents' quality of life.
- The residents' environment on the first floor was not well-maintained, and the necessary work to replace the damaged floor covering was not completed in one corridor.

The oversight management systems in place did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. While auditing of key-aspects of care and service delivery was taking place and identifying areas needing improvement, this process was not effectively addressing a number of deficits as identified in the audits completed. For example;

- Infection prevention and control and antimicrobial stewardship governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. The overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example, while antibiotic consumption had been monitored, it had not been documented for several months. There was no evidence to show that this data was audited or used to inform antimicrobial stewardship quality improvement initiatives.
- The management systems did not always ensure the rights of residents were supported and upheld, as detailed under Regulation 9: Residents' rights.
- Oversight of assessment and care planning processes did not ensure that procedures were implemented in line with the provider's own policy and procedures and the requirements of the regulations. The inspectors found that a urinary catheter care plan for one resident and wound care plans for a number of residents were not descriptive regarding catheter care and checking wound sites. This was identified in the centre's own audits dated 27.06.2025 and 15.05.2025, but had not been effectively addressed. As a result, the relevant information regarding each resident's needs and care interventions was not available to staff. These findings are discussed further under Regulation 5: Individual assessment and care plan.
- The management systems to monitor the quality of infection prevention and control measures, including equipment and environmental hygiene, were not

effective. For example, the audits were not identifying that the cleaner's room and the laundry room were not cleaned in line with the centre's own cleaning policy, and action plans following audits were not always in place and allocated to staff to ensure closure of identified deficits. Unclean commode pans were seen stacked on top of each other or placed in drying racks, which were overloaded. Both practices pose a risk of cross-contamination for residents. This was also seen during the centre's own environmental audit dated 25.03.2025

- The provider's oversight of restrictions in the residents' environment that were negatively impacting on their rights and choices was not adequate and was not in line with the provider's own policy or the National Restraint policy.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A review of a sample of residents' contracts found that the services for which residents were charged an additional fee were not clearly described and included items residents may be entitled to that are free of charge or at a reduced cost to them.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the office of the Chief Inspector of any notifiable or confirmed outbreak of infection.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place and had been updated in line with the changes in the regulations. The complaints policy identified the person responsible for dealing with complaints and included a review process, as required. A summary of the complaints procedure was displayed and was included in the centre's statement of purpose. Procedures were in place to ensure all expressions of

dissatisfaction with the service were recorded, investigated, and the outcome was communicated to complainants without delay.

There was evidence from a review of the complaints received that the person in charge maintained communication with complainants and ensured that agreed actions were taken to resolve any dissatisfaction with the service provided.

Residents knew who they could talk to if they had a complaint and also that they could access advocacy services to support them as needed.

Judgment: Compliant

Quality and safety

Overall, this inspection found that although some improvements were made since the last inspection, significant improvements continued to be required to ensure that a safe and good quality service for residents was provided, particularly in the areas of residents' rights, social care, infection prevention and control and residents' care planning. Actions were also necessary by the provider to ensure that the centre premises were maintained and cleaned to the required standards. Although reduced since the last inspection, restrictions on residents' access to their living environment continued.

Residents had access to appropriate medical and allied health care support to meet their needs. Residents had timely access to their general practitioners (GPs) and specialist services such as tissue viability and physiotherapy as required. Residents also had access to other health and social care professionals such as speech and language therapy, a dietitian and chiropody. While residents' nursing needs were mostly met, actions were necessary to ensure that residents' needs were comprehensively assessed and their care plan documentation reliably guided staff on the clinical and social care and supports that should be provided for them. The inspectors' findings are discussed further under Regulation 5: Individual assessment and care plan.

Inspectors found again during this inspection that although staff made efforts to provide residents with opportunities to participate in meaningful social activities to meet their interests and capability needs, there were limited meaningful social activities available on the day of the inspection for most of the residents, including residents living with cognitive impairments and dementia. The inspectors also observed that actions were necessary to ensure residents' social activity needs were adequately assessed and that their social activity care plans directed staff on a social activity programme in line with their preferences and capacities.

The provider had completed actions to ensure the layout of and storage for residents' clothing and possessions in the twin occupancy bedrooms met their needs. Improvement works included the replacement of most of the floor covering

in the corridors on the first floor. However, further improvements were necessary to complete the replacement of damaged floor covering on one of the first-floor corridors and to address the layout of and maintenance in the laundry room. The inspection findings are discussed further under Regulation 17: Premises.

This inspection found that the provider had implemented improvements since the last inspection to ensure residents were effectively safeguarded from risk of abuse. Assurances were available that the provider had adequately reviewed and put systems in place to effectively manage peer-to-peer incidents and any associated risks posed to residents.

Inspectors found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their friends and visitors in the centre. Visits were encouraged, with precautions in place to manage and mitigate the risk of infection to residents.

Residents had access to local and national newspapers and radios. While televisions were available in the communal sitting rooms, some residents in the twin bedrooms shared a television and did not have an individual choice of television viewing and listening as they wished.

Inspectors identified some examples of good practice in the prevention and control of infection. Waste was segregated in line with best practice. Appropriate use of personal protective equipment (PPE) was observed over the course of the inspection, and equipment was generally clean and well maintained. The person in charge and the regional manager had completed Infection prevention and control link nurse training, and this supported them to focus and structure compliance with infection prevention and antimicrobial stewardship practices within the centre. Regular hand-hygiene audits were taking place to encourage good practice, but the centre was not using the Health Service Executive (HSE) audit form to support them with the assessment of compliance levels. Infection prevention and control staff training was up-to-date, but was only available online, instead of the recommended blended learning approach that includes face-to-face sessions and e-learning for staff.

The inspectors identified some examples of antimicrobial stewardship. However, the antibiotic register had not been updated since 01.05.2025. This register is important to support the service in reducing the risk of antimicrobial resistance for the residents in the centre. Staff were engaging with the "skip the dip" campaign, which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing, which does not benefit the resident and may cause antibiotic resistance.

The provider had implemented a number of Legionella controls in the centre's water supply. For example, unused outlets and showers were run weekly, and showers and water tanks were regularly maintained. Nonetheless, documentation was not available to confirm that the hot and cold water supply was routinely tested for Legionella to monitor the effectiveness of controls.

Regulation 11: Visits

There were no visiting restrictions in place, and visitors were observed visiting residents on the day of inspection. Visitors confirmed that their visits were encouraged and facilitated in the centre. Residents were able to meet with their visitors in private outside of their bedrooms as they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were provided with adequate storage space for their belongings and could access and maintain control of their personal possessions and clothing in their wardrobes and in their bedside lockers. Residents' clothing was laundered in the designated centre's laundry as necessary, and their clothes were returned to them without any reported delays.

Judgment: Compliant

Regulation 17: Premises

Notwithstanding the improvements made by the provider since the last inspection, further actions were found to be necessary to ensure the premises conformed to the requirements of Schedule 6 of the regulations as follows;

- Parts of the internal premises were not kept in a good state of repair, and the provider could not be assured that these surfaces were effectively cleaned. For example, paint was damaged and missing in a number of areas on the wooden door and wall surfaces along the corridors. Areas of the floor covering in one corridor on the first floor, as well as in the cleaner's store, were worn, damaged, and stained.
- The floor, wooden and wall-surfaces in the laundry room were in disrepair and paint was chipped and missing from large areas of the floor and walls, and open cracks were visible in the floor and wall surfaces. This meant that the surfaces in the laundry room could not be effectively cleaned.
- Suitable and sufficient storage facilities for residents' equipment and supplies were not available. For example, clean linen was stored with continence supplies, and a hoist was stored along a corridor. Storage of hoists along the corridors potentially hindered residents' safe access and posed a trip/fall hazard for residents.

- The temperature of the water in the hot water taps for residents' use was cold. Assurances were not available that the hot water temperatures to the sinks was monitored to ensure it was maintained at a maximum temperature of 43 degrees Celsius as recommended by the National Standards for Residential Care Settings for Older People in Ireland (2016).

This is a repeated finding from previous inspections.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were provided with a varied diet on this inspection, and they could have alternatives to the menu offered if they wished. The menu was displayed for the residents' information. Residents' special dietary requirements were known to catering staff, and their food was prepared in accordance with residents' assessed needs and the recommendations of the dietitian and speech and language therapists. Fresh drinking water, flavoured drinks, snacks and other refreshments were available throughout the day. Mealtimes were facilitated in the dining room and in the sitting room in line with residents' individual preferences. There was sufficient staff available at mealtimes to assist residents as needed.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors observed that a copy of all transfer letters where a resident had been recently temporarily transferred to the hospital was kept in the resident's file in the electronic system. This letter included information such as the resident's weight, infections and vaccination status, and details of their food and fluid consistency status needs.

This document also contained details of healthcare-associated infections and colonisation to support the sharing of and access to information within and between services.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and risk register in place, which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.

Judgment: Compliant

Regulation 27: Infection control

Actions by the provider were necessary to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018). This was evidenced by the following findings:

- Alcohol hand-gel dispensers were in place along the corridors but were not available at the point of care in residents' bedrooms, to enable staff easy access to clean their hands. Practices were in place where dispensers containing alcohol gel were topped up and refilled from a bulk container, and did not support effective hand hygiene. Disposable single-use cartridges or containers should be used to reduce the risk of contamination.
- A large bottle of saline was used to carry out a number of residents' dressing procedures. The date 'opened' written on the bottle was 01.07.2025. Once opened, the saline will be susceptible to contamination. This practice increased the risk of cross-contamination when used for residents' wound care.
- Shared toiletries were observed in the residents' communal bathrooms, and this practice posed a risk of cross infection.
- Commode pans were unclean and were inappropriately stacked on top of each other or placed in drying racks that were overloaded in the sluice room. Both these findings posed a risk of cross-contamination and infection to residents.
- A domestic-style washing machine was used in the laundry, and assurances were not available that the recommended wash-cycle temperatures would be achieved.
- Cleaning cloths and mops for which a minimum water temperature of 60 degrees Celsius is recommended were being washed at 30 degrees Celsius. Washing and cleaning textiles at an incorrect washing temperature will not kill harmful micro-organisms.
- Stainless-steel sinks located in a number of areas in the centre did not comply with current recommended specifications for clinical hand-washing sinks and did not ensure effective hand hygiene.
- There was inappropriate storage of residents' equipment alongside the storage of supplies. This posed an increased risk of cross infection.
- The layout of the on-site laundry did not support the functional separation of the clean and dirty phases of the laundering process, and there was

<p>inappropriate storage of unclean residents' clothing in the laundry room. For example, there was also a trolley full of unclean clothes ready for the machine instead of being safely stored in colour-coded linen bags until prepared to go in the wash.</p> <ul style="list-style-type: none"> • The janitorial sink in the cleaner's room was stained and visibly unclean. This posed a risk of cross contamination. • A waste bin for segregation of non-healthcare risk waste was not available in the cleaner's room.
<p>Judgment: Not compliant</p>
<h3>Regulation 5: Individual assessment and care plan</h3>
<p>The inspectors reviewed a number of residents' assessments and care plan documentation and found that actions were necessary to ensure residents' needs were assessed and informed by their care plan information. This was evidenced by the following findings;</p> <ul style="list-style-type: none"> • One resident with a specialised urinary catheter did not have a care plan developed to guide staff on their specific care needs to ensure safe and effective use of this device. • Although it was documented that a number of residents were carriers of Multiple Drug Resistant Organisms (MDROs), a care plan was not in place for one resident colonised with an MDRO and with specific care needs. • Residents' pre-existing MDROs were not assessed on admission. This assessment is important to ensure residents' effective care planning and appropriate accommodation in the centre. • While each resident's social interests and capacities were assessed, the assessment was not always used to inform a person-centred care plan describing a programme of social activities that interested each resident and in line with their individual preferences and capacities. As a result, residents' care plans did not effectively guide staff regarding each resident's social care needs in line with their interests and capacities. <p>This is a repeated finding from the last inspection.</p> <p>Judgment: Not compliant</p>

Residents had access to their general practitioner (GP) and specialist medical health services as required. There was access to specialist services such as speech and language therapy and a dietitian.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were a number of restrictions in the residents' living environment, which were impacting on their choice to freely mobilise around the centre as they wished. For example:

- The coffee dock/visitors' room, which is registered as a communal space for residents, was not accessible to them as they wished. This was due to secured doors to this area, which meant that residents had to be escorted there either by staff or visitors and then had to ring a bell and wait for a member of staff to come and open the door to give them access back into the rest of the designated centre.

This is a repeated finding from the last inspection.

Judgment: Not compliant

Regulation 8: Protection

The provider had policies and procedures in place to safeguard residents from abuse and was available to staff. All staff were facilitated to attend up-to-date safeguarding residents from abuse training. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had failed to ensure that residents were provided with adequate opportunities to participate in meaningful social activities that met their interests and capacities. The inspectors observed that the social activity programme for residents was limited and was only available for a small number of residents. Many of the residents sitting in the sitting room on the day of the inspection were not supported to participate in meaningful social activities to meet their interests and capabilities,

leading to a high reliance on television viewing. The inspectors' observations were supported by feedback from a number of residents who told the inspectors that they did not participate in any social activities or that there were no social activities available that suited their interests and capacities.

Residents' choice and right to make an informed decision were not always supported as follows;

- Residents with unintentional weight loss did not always have an opportunity to meet with the dietitian to discuss their nutritional needs and treatment plans. Where these reviews were carried out, the assessments and treatment plans for individual residents were developed remotely, relying solely on information provided by staff in the centre.

This finding is repeated from the last inspection.

Judgment: Not 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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Josephs Nursing Home

OSV-0005413

Inspection ID: MON-0047526

Date of inspection: 24/07/2025

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: St Joseph's Nursing Home has recruited a new Activity Co-ordinator who will lead the Activity team. Activity hours have been reviewed, and additional hours have been allocated to deliver Activities to the residents. External Holistic services have been secured to support the Activities team to deliver an enhanced programme of Activities to the residents of St Joseph's NH.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Activity staff have completed training in Care Pals & Exercise programmes for the elderly. Further training is planned for all members of the Activity team. Social interaction Care plans have been reviewed to include levels of support required to enable residents to actively participate in the range of activities available. All nurses and HCA's will have access to EPICCARE ensuring that resident needs are clearly communicated. All staff complete Infection prevention & control training on a regular basis. A record of training is recorded and reviewed regularly by the PIC. The Clinical Nurse Manager will continue to Audit Hand hygiene and PPE practices. The Clinical Nurse Manager will deliver blended learning in relation to IPC practices. An additional Staff Nurse has been nominated to train as an IPC link practitioner.	

The designated Staff Nurse will assist the Clinical Nurse Manager to support staff in relation to IPC practices and procedures.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

St Joseph's NH have recruited additional HCA's and nurses.

St Joseph's has a new Activity coordinator who will support and guide staff to deliver Activities to the residents.

An external Holistic service provider has been secured to deliver a range of holistic therapies to the residents as part of the overall Activity programme.

The management team oversees the induction of all new staff.

Staffing levels have been reviewed and increased as resident numbers have increased since the day of inspection.

Staffing levels will continue to be monitored by management to ensure the safe delivery of all aspects of care to the residents of St Joseph's NH.

Environmental work continues at St Joseph's.

Upgrading of flooring is planned for additional areas including corridors and the Housekeeping room.

Work on a replacement laundry has commenced.

The Antimicrobial register has been updated. The Clinical Nurse Manager is responsible for the oversight of the Antimicrobial register with the support of the PIC.

The Restrictive practice committee meets at regular intervals to review restrictive practice and resident rights. Meeting minutes are recorded.

All residents with Catheters have detailed Catheter care plans in place.

All residents with wounds have detailed Wound care plans in place.

Audits have associated action plans that are closed out or carried on, as appropriate to the situation. All audit action plans have time frames and allocated responsibilities. Audit results and action plans are discussed at governance and management meetings monthly.

Sluice rooms are checked daily by HCA Team leaders to ensure equipment is cleaned and stored correctly. Audits identify if this is completed to the expected standard.

Both the PIC and the Regional Manager carry out regular walkarounds which include sluice rooms. Feedback from the walkarounds are shared with the Team Leaders to drive continuous improvements.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

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> <p>Residents' contracts of care have been reviewed and updated to include a description of the services provided by the additional fee and do not include services provided free of charge.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>As acknowledged within the report improvements to the premises have been ongoing and will continue as planned.</p> <p>A programme of painting is ongoing by the maintenance department.</p> <p>Replacement of flooring continues with high priority areas including the Housekeeping room and the 1st floor final corridor.</p> <p>Work on the replacement laundry has commenced.</p> <p>Clean linen is stored separately to Continence supplies.</p> <p>All hoists have designated storage areas.</p> <p>Legionella records are kept by the maintenance department to ensure that the water temperature is maintained at a maximum temperature of 43 degrees Celsius throughout the building. These records are monitored by the PIC and clinical nurse manager, any fluctuation in water temperature is addressed immediately.</p>	
Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Individual Hand sanitizer bottles are available for staff to use at the point of care.

Disposable single-use sanitizer cartridges are in use.

Individual Saline sachets are in use for resident wound care.

HCA team leaders check daily that residents' toiletries are not left in bathroom / shower room to prevent shared use. All residents have their own toiletries.

HCA team leaders oversee that commodes pans are cleaned and stacked appropriately.

The domestic style washing machine in use in the laundry will be replaced with a commercial machine as part of the Laundry upgrading. The domestic washing machine is now used for laundering of non-risk residents clothing only.

Cleaning clothes and mops are laundered at a minimum of 60 degrees Celsius in a designated commercial washing machine.

3 stainless steel sinks have been replaced with Clinical sinks

An additional hand Clinical sink has been installed on the 1st floor.

The Hand wash sink in the cleaner's room has been replaced.

Continence wear is stored separately to clean linen.

The janitorial sink in the cleaner's room has been cleaned and is included on the regular cleaning schedule

A waste bin for non-healthcare waste has been placed in the housekeeping room.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All residents with catheters have a detailed care plan in place.

All residents with an identified as carriers of an MDRO have a detailed care plan in place.

Updated Admission records ensure that past MDRO's are identified on admission.

Social care plans are currently being transferred to EPICCARE. This transfer includes a

review based on the most recent assessment which will guide staff to deliver effective social care.

Regulation 7: Managing behaviour that is challenging	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

The Restrictive practice committee meets at regular intervals to review restrictive practice and resident rights. Meeting minutes are recorded.

Environmental Risk assessments have been completed to ensure the security and safety of residents living in St Joseph's NH.

Residents who wish to enter areas that have a key coded door for security reasons are given the code to access these areas. Based on an individual risk assessment.

The Visitor's room has been Risk assessed as requiring additional security measures to ensure the safety of residents with a cognitive impairment from leaving the building unsupervised.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: The social activity programme has been developed following ongoing consultation and feedback from the residents. Residents social care plans and assessments have been reviewed and updated. Additional hours and staff have been allocated to deliver the Activity programme in St Joseph's nursing home to ensure all residents have access and support to engage in meaningful activities in line with their personal preferences. The social programme is reviewed quarterly but can vary daily depending on factors such as weather and events such as birthdays.

A number of residents prefer to engage in their own activity, and their wishes / choices are supported by staff.

Residents retain the right to choose if they wish to participate in the programme of activities.

Should a resident require direct intervention with the dietitian this is arranged. Staff Nurses clinically assess residents with unintentional weight loss and provide this information to the dietitian to assist in the development of a plan of care.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/11/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/03/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/09/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Not Compliant	Orange	31/03/2026

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/03/2026
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.	Not Compliant	Orange	30/09/2025
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	30/10/2025
Regulation 27(a)	The registered provider shall ensure that infection	Not Compliant	Orange	30/09/2025

	prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	30/09/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	30/09/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	24/07/2025
Regulation 9(2)(b)	The registered provider shall provide for	Not Compliant	Orange	30/11/2025

	residents opportunities to participate in activities in accordance with their interests and capacities.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	30/09/2025