



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

## Issued by the Chief Inspector

|                            |                                       |
|----------------------------|---------------------------------------|
| Name of designated centre: | St Joseph's Supported Care Home       |
| Name of provider:          | St Joseph's Supported Care Home CLG   |
| Address of centre:         | Old School Lane, Kilmoganny, Kilkenny |
| Type of inspection:        | Unannounced                           |
| Date of inspection:        | 02 July 2025                          |
| Centre ID:                 | OSV-0000555                           |
| Fieldwork ID:              | MON-0039254                           |

## About the designated centre

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

St. Joseph's Supported Care Home commenced operations in 1982 to offer accommodation, in a homely environment, to residents from surrounding parishes who have low to medium dependency needs. It is managed by a voluntary non-profit organisation. It can accommodate 19 residents, both male and female, over the age of 18 years. Nursing care available is for low to medium dependency needs as there is not a nurse on duty on the premises over a 24-hour period. Healthcare assistants provide care under the supervision of the nurse and manager. It is constructed over two floors and is well decorated and maintained. Two stairwells provide access to the first floor and both are serviced by stair-lifts. The centre has 17 single and one twin room. There are two sitting rooms and a dining room off the kitchen. There is also a small church where mass is celebrated regularly. There is a parking area to the front and side of the premises with extensive gardens to the front.

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

|  |    |
|--|----|
| Number of residents on the date of inspection: | 16 |
|--|----|

## 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 2 July 2025 | 09:45hrs to 16:30hrs | Mary Veale | Lead |

## What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Over the course of the inspection, the inspector spoke with residents and staff to gain insight into the residents' lived experience in the centre. All residents spoken with, were overwhelming complimentary in their feedback and expressed satisfaction about the standard of care provided. The inspector spent time in the centre observing the environment, interactions between residents and staff, and reviewed various documentation. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays while attending to residents' requests on the day of inspection.

St Josephs Supported Care Home is a two storey designated centre registered to provide care for 19 residents in the village of Kilmaganny in Co. Kilkenny. There were 16 residents living in the centre on the day of the inspection.

The premises was laid out to meet the needs of residents. The centre was observed to be clean, bright, warm, and well ventilated throughout. The inspector observed enhancements to the premises since the previous inspection. For example; the main stairwell had been painted and was decorated with butterfly wall ornaments.

Residents had access to communal spaces which included a dining room, two sitting rooms and a conservatory room on the ground floor. Residents had access to a hair salon, and a chapel. There were two separate first floor levels both had stair lift access. Armchairs and tables were available in the sitting rooms and the conservatory room. Corridor areas were sufficiently wide with an assistive handrail on one side. Alcohol hand gel was available in all corridor areas throughout the centre to promote good hand hygiene practices.

Residents had access to a large mature garden at the front of the centre with access from the main entrance door and the conservatory room porch. There was a central courtyard garden which was attractive and well maintained with level paving, colourful bird ornaments, attractive bright flower planters, a large outdoor table and comfortable seating. There was a herb garden at the rear of the centre which was maintained by a resident and supplied the kitchen.

On the day of inspection there was a calm atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff. Residents said that they felt safe, and that they could speak with staff if they had any concerns or worries. The inspector observed residents sitting together in the sitting rooms watching television, listening to music, or simply relaxing. Other residents were observed sitting quietly, observing their surroundings. Residents were relaxed and familiar with one another and their environment, and were observed to be socially engaged with each other and staff.

The inspector chatted with 11 residents about life in the centre. All residents spoke positively about their experience of living in the centre. Residents commented that they were very well looked after, comfortable and happy living in the centre. Residents stated that staff were kind and always provided them with assistance when it was needed. Staff who spoke with the inspector were knowledgeable about the residents and their needs. While staff were seen to be busy attending to residents throughout the day, the inspector observed that staff were kind, patient, and attentive to their needs.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre on the afternoon of the inspection day.

The centre provided a day care service once a week on a Wednesday to older people in the local community. The inspector observed and spoke with one day care resident who expressed satisfaction with the meals and activities provided as part of their day care.

Residents' spoken with said they were very happy with the activities programme and some preferred their own company but were not bored as they had access to newspapers, books, radios, televisions and public transport. On the day of inspection a small number of residents were observed relaxing in the sitting room having soup while watching a current affairs programme. Residents were observed attending Mass in the centres Chapel at midday and attending a live Music session in the afternoon. Residents' views and opinions were sought through regular resident meetings and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents had access to advocacy services. A group of residents told the inspector that with the help of staff in the centre they had organised the Christmas senior citizen party in 2024 which was a huge success. Some residents attended a weekly card night which was held in the village hall.

All residents whom the inspector spoke with were complimentary of the home cooked food and the dining experience in the centre. The daily menu was displayed on a white board in the dining room along with a poster of the weekly menus. The inspector observed the lunchtime at 12:30pm. The lunchtime was a relaxed and sociable experience, with residents enjoying each others company as they ate while engaging in conversation. Meals were freshly prepared in the centre's on-site kitchen and served in the dining room by the staff. Residents confirmed they were offered a choice of starter, main meal and dessert. The food served appeared nutritious and appetising.

The centre provided a laundry service for residents. All residents' whom the inspectors spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that overall this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following inspection in July 2024. On this inspection, the inspector found that areas of improvement were required in infection prevention control and fire safety.

St Joseph's Supported Care Home CLG is the registered provider of St Joseph's Supported Care Home. The registered provider is operated by a voluntary board of management. The centre was established for the supported care of older people from the local, and surrounding areas. The centre provides long-term, and respite care for residents' who require minimal assistance only, in a homely environment. The centre is registered on the basis that the residents' do not require full-time nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The person in charge was supported by a team consisting of a registered nurse, health care assistants, kitchen staff, housekeeping and maintenance staff. There were good management systems in place to monitor the centre's quality and safety. There were clear reporting structures and staff were aware of their roles and responsibilities. There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences

There was an ongoing schedule of training in the centre. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. There was a high level of staff attendance at training in areas such as safeguarding, fire safety, manual handling, and infection prevention and control. Staff with whom the inspector spoke with, were knowledgeable regarding infection prevention control and safe guarding procedures.

There were good management systems in place to monitor the centre's quality and safety. The inspector viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, care planning and medication management audits. Audits were objective and identified improvements. Findings from audits were documented on the agenda for quality improvement meetings and discussed with the board monthly. Records of management and staff meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Regular board of management meeting and staff meeting agenda items included key performance indicators (KPI's), training, fire safety, care planning, and resident's feedback. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's and audits.

The annual review for 2024 was submitted following the inspection. It set out the improvements completed in 2024.

Improvements were found in records. All records maintained in the centre were in paper format. Records and documentation were well-presented, organised and supported effective care and management systems in the centre. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required timeframes. The inspector followed up on incidents that were notified since the previous inspection and found these were managed in accordance with the centre's policies.

Improvements were found to the complaints procedure since the previous inspection. The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the reception area of the centre. The inspector reviewed a record of a complaint raised and found that it was appropriately managed. Residents spoken with were aware of how to make a complaint and whom to make a complaint to.

#### Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was a minimum of one health care assistant on duty at all times for the number and needs of residents living in the centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported.

Judgment: Compliant



## Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

## Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, medication management, and care planning. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

## Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

## Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

#### Quality and safety

Overall, the inspector was assured that residents living in this centre enjoyed a good quality of life. Staff were seen to be respectful and courteous towards residents. There were good positive interactions between staff and residents observed during the inspection. On this inspection further improvements were required to comply with areas of infection prevention and control and fire safety.

The inspector viewed a sample of residents' notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Care plans viewed by the inspector were generally person-centred, routinely reviewed and updated in line with the regulations and in consultation with the resident.

There were systems in place to safeguard residents and protect them from the risk of abuse. Staff were supported to attend safeguarding training. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. All interactions by staff with residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre. Staff had An Garda Síochána (police) vetting disclosures on file. A peer to peer incident of verbal abuse was investigated by the person in charge in line with the provider's policies. The provider did not act as a pension agent for any of the residents living in the centre. The provider did not hold any quantities of monies in safe keeping for residents.

The overall premises were designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had space for their belongings. Residents had access to mobile call-bells devices in their bedrooms, en-suites and toilets. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained.

The provider had systems to oversee the centre's infection prevention and control (IPC) practices. Hand sanitiser dispensers were conveniently located in all corridors

to facilitate staff compliance with hand hygiene requirements. Staff were observed to have good hand hygiene practices. Personal protective equipment (PPE) stations were available on all corridors to store PPE. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. There was an IPC policy available for staff which included COVID 19 and multi-drug resistant organism (MDRO) infections. There was evidence that infection prevention control was an agenda item on the minutes of the centre's staff meetings. IPC audits included, the environment, PPE, antibiotic usage and hand hygiene were evident. Notwithstanding these good practices, some areas for improvement were identified to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), as discussed under Regulation 27: Infection control.

The provider had effective systems in place for the maintenance of the fire detection, alarm systems, and emergency lighting. There were automated door closures to all bedrooms and all compartment doors. All fire safety equipment service records were up to date and there was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors to ensure the building remained fire safe. Fire training was completed annually by staff and records showed that fire drills took place regularly in each compartment with fire drills stimulating the lowest staffing levels on duty. Records were detailed and showed the learning identified to inform future drills. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents and staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre. Further improvements were required in fire safety, this is discussed further under Regulation 28: Fire procedures.

The provider had enhanced the provision of social activities in the centre since the previous inspection by employing a person from a community scheme to provide support to the residents in recreational activities. In the weeks prior to the inspection the provider had purchased a bus which was in use to take residents on day trips and to appointments. Residents were provided with recreational opportunities, including games, music, exercise, bingo and mindfulness sessions. Arrangements were in place for consulting with residents in relation to the day to day operation of the centre. Resident feedback was sought in areas such as activities, meals and mealtimes. Records showed that items raised at resident meetings were addressed by the person in charge and the board. Information regarding advocacy services were displayed in the centre. Residents had access to local and national newspapers, televisions and radios. Mass took place in the centre weekly.

## Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

### Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

- A review of the centres ceiling vents was required. The ceiling vent in the visitors toilet was observed to be excessively dusty. The excessive dust had the potential to negatively impact indoor air quality for the residents and staff.
- A review of the sinks in the ancillary rooms was required as some were heavily stained by hard water. This posed a risk of cross contamination as the sinks had not been effectively cleaned.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The measures in place to contain fire were not adequate;

- A review of the laundry room doors was required as the doors did not close to form a seal to contain smoke and fire in the event of a fire.
- A review of the automated closure devices to the centre's bedroom doors was required. All bedroom doors were closing to form a seal to contain smoke and fire in the event of a fire on the day of inspection. However; the inspector observed a number of door wedges in bedrooms which were not holding the doors open but the inspector was informed that the automatic door closures were positioned out of reach for the residents and some residents had kept their bedroom doors open using door wedges. The use of door wedges to keep doors open poses a significant fire safety risk.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title                                  | Judgment                |
|---|-------------------------|
| <b>Capacity and capability</b>                    |                         |
| Regulation 15: Staffing                           | Compliant               |
| Regulation 16: Training and staff development     | Compliant               |
| Regulation 21: Records                            | Compliant               |
| Regulation 23: Governance and management          | Compliant               |
| Regulation 31: Notification of incidents          | Compliant               |
| Regulation 34: Complaints procedure               | Compliant               |
| Regulation 4: Written policies and procedures     | Compliant               |
| <b>Quality and safety</b>                         |                         |
| Regulation 17: Premises                           | Compliant               |
| Regulation 27: Infection control                  | Substantially compliant |
| Regulation 28: Fire precautions                   | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant               |
| Regulation 8: Protection                          | Compliant               |
| Regulation 9: Residents' rights                   | Compliant               |

# Compliance Plan for St Joseph's Supported Care Home OSV-0000555

Inspection ID: MON-0039254

Date of inspection: 02/07/2025

## 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 27: Infection control   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 27: Infection control:<br>Ceiling vents to be inspected regularly and cleaned. Cleaning staff have been spoken to and will now be more observant going forward.<br>Kilkenny is renowned for high volumes of lime in its water. Sinks to be regularly inspected and treated for stains.   |                         |
| Regulation 28: Fire precautions  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br>St. Josephs Home carried out an independent review of its doors late last year. Our goal is to amend doors and change out some of our older doors. It has proven very difficult to hire professional trades people to do this job due to the current building economy but we endeavour to achieve this as soon as possible. |                         |



## 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 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      | 31/08/2025               |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.   | Substantially Compliant | Yellow      | 31/12/2025               |