



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

Issued by the Chief Inspector

Name of designated centre:	St Josephs Unit, Listowel Community Hospital
Name of provider:	Health Service Executive
Address of centre:	St Josephs Unit, Listowel Community Hospital, Greenville, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	04 June 2025
Centre ID:	OSV-0000564
Fieldwork ID:	MON-0044328

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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 4 June 2025	09:30hrs to 16:30hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

The inspector greeted all residents living in St Josephs Unit on this one day inspection, either in their bedrooms or in the communal areas. The inspector also spent time observing residents' daily lives and care practices in the centre, in order to gain insight into the experience of those living there. All residents spoke very positively about their care and told the inspector that they were happy to be living in the centre. One resident told the inspector that 'they couldn't wish to be cared for so well' while another resident praised the gentle staff, stating that they always gave them time. Visitors spoken with, four in total, told the inspector that they were always made feel welcome and were encouraged to visit. They stated that the care was "excellent" and reported that their loved one was treated "exceptionally". One resident told the inspector that they loved their life in the centre and they looked forward to each day.

St. Josephs Unit, Listowel Community Hospital is a designated centre for older people registered to accommodate 24 residents. There were 24 residents living in the centre on the day of this inspection. The centre is situated in the town of Listowel, in North Kerry. Bedroom accommodation in the centre comprises of 11 single, two twin, one triple and two four bedded room. All rooms have en suite facilities and had sufficient wardrobe space in their bedrooms, for residents to store their personal belongings. The inspector saw that new individual televisions had been installed, since the previous inspection, in multi-occupancy bedrooms, which were retractable and meant that residents could watch them from their bed or from the chair beside their bed. Residents told the inspector that that loved these new televisions as they now had freedom to choose what they would like to watch, at any time.

The centre had a large sitting/dining room, which was where a large proportion of residents were observed to spend their day. The room was comfortable and homely and decorated with pictures, plants, a piano and a large flat screen television. This room opened onto a large secure garden, which residents had easy access to. There was also an internal courtyard available to residents, as well as a quiet room and a visitors room, complete with kitchenette. The inspector saw the quiet room had the addition of sensory lighting, since the previous inspection and was informed that it was used for relaxation and sensory sessions, with individual residents and small groups. Overall, the premises was well maintained, and the external spaces were inviting, and accessible for residents. The centre was observed to be cleaned to a very high standard and there were ample staff allocated to cleaning, seven days per week.

There inspector saw that corridors throughout the centre had grab rails along each wall, to assist residents to mobilise independently. Some residents were observed moving freely around the centre over during the day, interacting with each other and with staff. It was evident that staff working in the centre knew residents well and took opportunities to stop for a chat and ask them if there was anything they

needed. Residents informed the inspector that they always had choice with regard to their life in the centre, such as when to get up and where to have their meals. A review of residents meetings evidenced that residents were reminded of this and encouraged to spend their day as they wished.

The inspector observed there were opportunities for residents to participate in recreational activities of their choice and ability. There was a person assigned to activities daily, and an activities schedule in place seven days a week which included a variety of activities such as music, exercise, art, reminiscence and bingo. Residents that spoke with the inspector were aware of the schedule and stated that they were free to choose whether or not they participated. It was evident that staff and management strived to ensure the centre was embedded into the community of Listowel. Residents families were encouraged to visit and residents went on frequent trips with staff into coffee shops and restaurants in the town. Residents were encouraged to go on day trips with their families and staff celebrated all events with residents such as birthdays. Pictures of these celebrations were visible throughout the centre and in the centre's annual review.

Staff who spoke with the inspector were knowledgeable about residents and their needs and told the inspector they enjoyed working with the residents and getting to know them and their families. The inspector noted that personal care was attended to a very good standard. There was a pleasant atmosphere throughout the centre, and friendly and familiar chats could be heard between residents, visitors and staff. The inspector saw posters in the communal rooms highlighting World Elder Abuse Awareness day which was approaching on June 15th.

Residents living in the centre assured the inspector that they always had choice and were encouraged to make their requests known to the staff. A review of residents care plans found that personal preferences of residents were documented and communicated to staff such as the way they liked their hair, the clothes they preferred to wear and if residents had a preference for the gender of staff providing personal hygiene. The inspector saw that residents were encouraged at residents meetings to make suggestions and recommendations for improvements. Relatives meetings were also held every three months and where families were kept informed about the centre and welcome to make suggestions.

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 findings of this inspection were that St Josephs Unit, Listowel Community Hospital was a well-managed centre where there was a focus on ongoing quality improvement, to enhance the lived experience of residents. The inspector found that residents were receiving a good service from a responsive team

of staff delivering safe and appropriate person-centred care and support to residents.

The registered provider of the centre is the Health Service Executive (HSE). There was a clearly defined management structure in place. The person in charge worked full-time in the centre and was supported by a clinical nurse manager and a team of nursing, health care, household, catering, activity and maintenance staff. The person in charge reports to a General Manager in the HSE, who was available for consultation and support on a daily basis. The service is also supported by centralised departments, such as human resources, fire and estates and practice development. There was evidence of good communication, via monthly quality and patient safety meetings, to discuss all areas of governance and risk.

The provider had been granted a certificate of renewal of registration of the centre effective from May 2024. As part of this process the Chief Inspector assesses the governance and management arrangements of the registered provider. Although it was evident that there was a defined management structure in place and the lines of authority and accountability were outlined in the centres statement of purpose, the senior managers with responsibility for the centre were not named as persons participating in management on the centres registration. The provider was required to review these arrangements and was afforded until October 31st 2024 to do so. However, at the time of this inspection, these senior managers had yet to be named and the restrictive condition remained on the centres registration. This finding is actioned under regulation 23; Governance and Management.

On the day of the inspection there were adequate resources, in terms of staffing, to ensure the effective delivery of care in accordance with the statement of purpose and to meet residents' individual needs. Staff with whom the inspector spoke were knowledgeable of residents and their individual needs. Staffing levels were kept under consistent review by the management team.

Incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector, within the required time frame. Policies and procedures were available which provided staff with guidance about how to deliver safe care to residents. On review of the required Schedule 5 Policies, two were found to not have been updated within the three year time frame, which is further detailed under regulation 4.

Records required to be maintained in respect of Schedule 2, 3 and 4 of the regulations were made available for review and it was evident they were stored securely. Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. They clearly outlined the room the resident occupied and the fees for services, as per the requirements of the regulation.

The management team and staff in the centre demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. This included a variety of clinical and environmental audits, weekly monitoring of quality of care indicators and trending of incidents

involving residents. Information arising from incidents and resident feedback was used to inform service improvements and communicated to staff during meetings and at daily handovers. Every three months the Clinical Nurse Manager attended a meeting called the "Quarterly Cuppa" where other managers from designated centres in Cork and Kerry met and discussed clinical care of residents and updates were provided in areas such as nutrition, restraint, skin and wound care. This was led by the practice development coordinator.

A comprehensive annual review of the quality and safety of care provided to residents in 2024 had been completed, with targeted action plans for quality improvement set out for 2025. The review also contained feedback and consultation with residents and their representatives.

Regulation 14: Persons in charge

There was a full person in charge in the centre, who was in post for eleven years. The person in charge had the required experience and qualifications, as specified in the regulations. The person in charge demonstrated a good knowledge of their regulatory responsibilities and a commitment to providing a safe and high quality service for the residents.

Judgment: Compliant

Regulation 15: Staffing

There was at least one registered nurse on duty at all times, as per regulatory requirements. The centre maintained its staffing resources in line with the statement of purpose and this was monitored in line with the residents assessed dependency level and care needs.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had established and was maintaining a directory of residents in the centre and this included all information as outlined in the regulations.

Judgment: Compliant

Regulation 21: Records

All records outlined in Schedule 2, 3 and 4 of the regulations were found to be stored in a safe and accessible format on the day of the inspection. Staff personnel files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not complied with the restrictive condition placed on the centres registration. This condition stated that: "The registered provider shall, by 31 October 2024, submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 as amended, in relation to any person who participates or will participate in the management of the designated centre".

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents had a written contract of care that included the services provided and fees to be charged, including fees for additional services. Contracts also included the room to be occupied. The contracts were seen to meet the requirements of legislation.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was well maintained. All incidents had been reported in writing to the Chief Inspector, as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider has prepared in writing the policies and procedures on the matters set out in Schedule 5. However, the Risk Management and the Health and Safety Policy had not been reviewed and updated in the last three years, as per regulatory requirements.

Judgment: Substantially compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The registered provider had submitted a notification to the Chief Inspector, of the unplanned absence of the person in charge in the first quarter of 2025. The notice detailed the management arrangements of the centre during the absence, as per regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, this was a good service and findings of this inspection were that residents were satisfied with their quality of life and were receiving a good standard of care. The provider and team of staff were committed to a process of quality improvement, with a focus on respect for residents' human rights and promotion of their independence. There was evidence of good consultation with residents, and their needs were being met through good access to healthcare services and good opportunities for social engagement.

A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. Resident's had access to a wide range of health and social care services, such as general practitioners, community palliative care, speech and language therapists and dietitians. Records evidenced that referrals were sent promptly, if a resident's needs changed and where a specialist practitioner prescribed treatments, these were implemented by nursing staff.

A physiotherapist attended the centre weekly and access to occupational therapy services were sourced as required, by the provider. Improvements were noted in the monitoring and recording of wound care since the previous inspection. Residents had access to appropriate equipment such as pressure relieving mattresses and

manual handling equipment. Residents' weights were closely monitored and where required, interventions were implemented to ensure nutritional needs were met.

Residents in the centre also had access to an Integrated Care Programme for Older People (ICPOP). This community specialist team visits the centre and provides services for residents who have complex medical needs and may require specialist multidisciplinary intervention, to help maintain their independence. A comprehensive geriatric assessment, which included medication reviews, had been carried out for many residents living in the centre, led by a consultant geriatrician. This had resulted in positive outcomes for residents and prevented them having to attend hospital for assessment.

Residents' needs were assessed on admission to the centre, through validated assessment tools, in conjunction with information gathered from the residents and where appropriate their relatives. This information informed the development of person-centred care plans that provided guidance to staff with regard to residents specific care needs and how to meet those needs. Care plans detailed the interventions in place to manage identified risks such as those associated with impaired skin integrity, risk of malnutrition, and falls.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection. The inspector reviewed the investigation record of an allegation of abuse. Appropriate measures were taken by management to protect the resident as soon as they became aware of the allegation. Where required an investigation was initiated and additional expertise sought and referrals made, as per the centres safeguarding policy. Staff spoken with demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse.

Residents living in St Josephs Unit received person-centred care and it was evident that their well-being and independence were promoted and respected. The inspector found that residents' privacy and dignity was respected and their independence and autonomy was promoted. It was evident that residents' rights were upheld and residents were encouraged to express their opinions, which was a particular strength of the service.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends. There was ample space for residents to receive visitors in private.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished. Residents clothes were laundered daily on site and residents told the inspector they were satisfied with the laundry services in the centre.

Judgment: Compliant

Regulation 13: End of life

A sample of care plans reviewed showed that there was ongoing evaluation and updating of residents' end of life care wishes to ensure that care and support was in accordance with their personal wishes and preferences including their resuscitation wishes. Detailed information on physical, psychological, social, spiritual preferences were recorded.

Judgment: Compliant

Regulation 27: Infection control

There were effective infection control procedures in place, which included arrangements to keep up to date on developing guidance, clear guidance on cleaning procedures and training for staff. There was good oversight by management of the infection prevention and control arrangements in the centre, via audit, to ensure they were being adhered to. The Clinical Nurse Manager was the assigned Infection Control lead in the centre and they had received appropriate training to take responsibility for this, within the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. The pharmacist

worked in the centre three days per week and was available for staff to consult with regarding medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

All residents living in the centre had a care plan in place, which were completed within 48 hours of admission to the centre, in line with regulatory requirements. Care plans viewed by the inspector were individualised, person centred and reflected care delivery. They were reviewed four monthly or if there were changes to a residents condition. Appropriate interventions and treatment plans were implemented and reviewed.

Judgment: Compliant

Regulation 6: Health care

The inspector was assured that residents' health care needs were met to a very good standard. Residents had access to appropriate medical and allied health and social care professional support to meet their needs. Residents had a choice of general practitioner who attended the centre weekly or as requested. Residents were also supported with referral pathways an access to allied health and social care professionals. There was a very low incidence of pressure ulcer development in the centre and there were no residents being treated for pressure ulcers on the day of this inspection.

Judgment: Compliant

Regulation 8: Protection

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures or suspicions of abuse, including an up-to-date policy. The provider was a pension agent for three residents on the day of this inspection. The inspector was satisfied that there were robust systems in place to manage residents' pensions agent via the HSE finance department. These financial systems were audited by an external provider yearly, to ensure they adhere to the centres financial policy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents stated that they were kept informed about changes in the centre through resident forum meetings and daily discussions with staff and felt that their feedback was valued and used to improve the quality of the service. This included discussions about the quality of the activities and planned outings. Independent advocacy services were available and accessed to support residents. Staff received training on the Assisted Decision-Making (Capacity) Act, with the aim of assisting residents to continue making their own decisions about their health, finances and their personal welfare.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0044328

Date of inspection: 04/06/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider makes representation under Section 50 Health Act 2007 (as amended) in relation to Regulation 23 – Governance and Management that the person who will participate in management of the designated centre is the person in charge and their qualifications have already been submitted to the Chief Inspector pursuant to Section 49(1)(b)(ii). The person in charge is supported by Older Persons Service Cork Kerry Community Healthcare</p> <p>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.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>A process to review and update the Risk Management Policy and the Health and Safety Policy has been established to ensure the Schedule 5 policies are reviewed and updated in accordance with regulatory requirements. A timeframe for completion is 4 months.</p>	

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 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	31/12/2025
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review	Substantially Compliant	Yellow	11/11/2025

	and update them in accordance with best practice.			
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