

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

## Issued by the Chief Inspector

Name of designated centre:	St Joseph's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Millstreet, Cork
Type of inspection:	Unannounced
Date of inspection:	10 March 2025
Centre ID:	OSV-0000575
Fieldwork ID:	MON-0045837

## About the designated centre

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

St Joseph's Community Hospital is registered to accommodate 17 residents. The bedroom accommodation comprises of 2 four bedded wards, two three bedded wards, one single room and two twin room. Bathrooms and showers are available throughout the centre. Communal space comprises of a visitors room, conservatory and dining room. St Joseph's Community Hospital provides 24 hour nursing care to both male and female adults requiring continuing, respite, convalescence and palliative care.

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

Number of residents on the date of inspection:	10
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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
Monday 10 March 2025	09:30hrs to 18:15hrs	Breeda Desmond	Lead
Monday 10 March 2025	09:30hrs to 18:15hrs	Niall Whelton	Support

## What residents told us and what inspectors observed

In general, there was a pleasant atmosphere and residents were relaxed and comfortable in their surroundings. The inspector met with residents living in the centre and spoke in more detail with three residents in the dining room and a further two residents in their bedrooms, to gain insight into their experience of living in the centre. Overall, residents gave positive feedback with regard to the care they received, and said that staff were caring and kind.

On arrival for this unannounced inspection, inspectors completed the sign-in process and hand hygiene. An introductory meeting was held with the person in charge and clinical nurse manager (CNM) to outline the purpose of the inspection. All staff were seen to be wearing face masks, and this was queried during the introductory meeting, however, there was no clinical indication for mask-wearing at the time of inspection.

St. Joseph's Community Hospital is two storey building located on the outskirts of Millstreet town, Co. Cork. This site also accommodates the HSE ambulance bay. Within the community hospital, resident accommodation is all located on the ground floor, and the first floor comprises staff facilities and offices. The centre currently accommodates 11 residents due to the new building extension impacting the existing building. Access to the new extension was key-pad control and secure. Currently, bedroom accommodation comprises two four-bedded rooms, and three single occupancy bedrooms. Bedrooms do not have en suite facilities, however, there are communal toilet and shower facilities proximal to residents' bedrooms.

Communal spaces in the centre includes Mushera visitors' room, a dining room and a conservatory day room. In Mushera visitors' room there was a large TV, home-style dresser and seating. In the conservatory, residents watched mass being live-streamed from the local church in Millstreet; following this, a member of staff provided a variety of activities throughout the morning. In the afternoon, music was provided by local secondary school students and their teacher, and residents were seen to enjoy the entertainment.

Access to the new extension was via a link corridor in the centre of the old building and this was secure. The new extension comprises 11 single bedrooms with en suite facilities of shower, toilet and handwash basin; communal space of a separate dining room and sitting room, and visitors' room. Residents reported that they were waiting a long time for the new extension to be completed and were looking forward to their new surroundings.

The current building and layout of multi-occupancy bedrooms remained unfit for purpose. For example, some residents had only a single wardrobe to hold their personal clothing and hang clothes such as coats, dresses, skirts or trousers, and were totally inadequate for residential care facility. Televisions in multi-occupancy

bedrooms were displayed behind their bed and very high so residents were unable to see their TV while in bed; some residents did not have a television.

The inspector observed residents being served their lunch in the dining and in their bedrooms. Residents told the inspector that they were offered choice at mealtimes and were very complimentary regarding the quality of food provided. Meals were observed to be appetising and well presented. The menu choices were displayed in the dining room. The inspector saw that residents who required assistance were attended to by staff in a dignified, relaxed and respectful manner. Tray service to bedrooms was observed, and while staff actively engaged with residents when serving their meal and providing assistance, the main meal and desert continued to be served together.

The inspector observed interactions between staff and residents, and saw that residents were treated with kindness and respect. A member of the care staff was allocated to activities, morning and evening. The inspector saw that a daily schedule of activities was displayed near the day room. The conservatory was decorated for St Patrick's Day and residents told the inspector that the St Patrick's Day parade would come to the hospital at 10:30am and they looked forward to that. Residents said the local priest visits very often and celebrated mass there on a weekly basis.

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

This was an unannounced inspection undertaken by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and to inform an application to vary conditions of registration following an application by the registered provider, the HSE, to register the new 11-bedded extension; and to remove the restrictive condition, Condition 5, regarding the requirement of the centre to come into compliance with Regulations: 23 Governance and management, 17 Premises and 9 Residents' rights.

Immediate actions were issued during the inspection regarding fire safety precautions, and these were addressed on the day of inspection; these are expanded upon under Regulation 28: Fire precautions.

Inspectors found that some of the findings of the previous inspection had been actioned, with improvement in some areas relating to staff training, aspects of the dining experience for residents, Schedule 2 Staff files, recording and notifications relating to incidents, and care planning. However, overall, findings of this inspection were that management oversight of the service continued to require action to ensure that the service provided to residents was safe, appropriate, consistent and

effectively monitored. Many of the findings of this inspection were repeat findings including knowledge of the regulations underpinning a designated centre, management of complaints, residents' rights and fire safety precautions. Additional areas of concern were noted on this inspection relating to the risk register, records associated with volunteers, statement of purpose, and fire servicing records.

St. Joseph's Community Hospital is a designated centre for older persons that is owned and managed by the Health Service Executive, the registered provider. Within the centre, there was a clearly defined management structure in place with identified lines of responsibility and accountability. The person in charge reported to the general manager for older persons services in CHO4. There was also the additional support of a clinical development coordinator and an infection prevention and control nurse specialist. However, the provider had not come into compliance with Condition 4 of their registration relating to governance regarding appointing a person to participate in management (PPIM) by the 31 October 2024.

The centre was found to be non compliant in Regulation 9: Residents Rights, Regulation 17: Premises and Regulation 23: Governance and Management over the course of the last number of years during inspections on 23 March 2024, 28 June 2023 and 08 July 2021. Condition 5 was applied to the registration of the centre "The registered provider shall ensure that no new resident is admitted to the designated centre until the provider demonstrates compliance with the following regulations: Regulation 17: Premises, Regulation 23: Governance and Management, and Regulation 9: Residents' Rights." The purpose of this condition is to ensure that the registered provider will have effective and robust management systems in place to ensure the service provided is safe, appropriate consistent and effectively monitored. The provider had applied to remove this condition, however, at the time of the inspection there was inadequate evidence to support the removal of this condition of registration.

A programme of audit for 2025 was scheduled and audits to date were seen to be completed by the CNM. Regarding the statement of purpose, information as specified under Schedule 1 of the regulations required updating to reflect current information, and this is further detailed under Regulation 3, Statement of Purpose. Schedule 5 policies and procedures were available to staff, however, these required updating to reflect centre-specific practices as detailed under Regulation 4: Policies and Procedures.

Regarding the application to vary conditions of registration of the centre, while appropriate fees were paid as part of the application, the prescribed documents for the application required updating to reflect current floor plan, statement of purpose and registration conditions.

The person in charge was supported in her role by a clinical nurse manager, a team of staff nurses, care staff, household staff and an administrator. Governance meetings such as quality and patient safety meetings, and director of nursing meetings were held regularly with the other HSE centres in the area. Records of these management meetings provided to the inspector showed that issues such as reported incidents, audit planning were discussed, and action plans put in place.

Staff working in the centre used a safety pause to promote awareness of any risks to residents and to ensure they were communicated at each handover.

There was more than adequate number and skill mix of staff working in the centre to meet the assessed needs of the 10 residents living in the centre, cognisant of the size and layout of the centre; further details of staffing are outlined under Regulation 15, Staffing.

The inspector saw that incidents occurring in the centre were recorded and notified through the HSE's incident management systems and associated notifications submitted to the Chief Inspector. Improvement was noted following the findings of the last inspection with the timely submission of notifiable incidents requiring three-day and quarterly notification.

In conclusion, while the provider had management systems in place to monitor the quality and safety of care, the findings described heretofore with repeated non-compliance, were not reflective of an effective monitoring system to enable and sustain improvement.

#### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider applied to vary two conditions of registration and remove another condition:

- to vary Condition 1 and 3 to enable registration of the new extension. Appropriate fees were paid and prescribed documentation submitted, albeit, these documents required updating to accurately reflect the associated floor plans and statement of purpose,
- to remove Condition 5 "The registered provider shall ensure that no new resident is admitted to the designated centre until the provider demonstrates compliance with the following regulations: Regulation 17: Premises, Regulation 23: Governance and Management, and Regulation 9: Residents' Rights."

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge had the experience and qualifications to meet the requirements of the regulations.

Judgment: Compliant



## Regulation 15: Staffing

There was more than adequate number and skill mix of staff working in the centre to meet the assessed needs of the 10 residents living in the centre, cognisant of the size and layout of the centre as follows. The following was the staffing complement for 10 residents from Monday – Friday:

Person in charge and CNM, plus 3 nurses working the following shifts: 8 – 8 x 1, 8 - 8:30 x 1 and 8 - 3 x 1

Multi task attendants (MTAs) working the following shifts 8 – 8 x 1, 8 – 6 x 1, 8 – 5 x 1

Cook 8 – 6 x 1

Kitchen assistant 8 - 6 x 1

Laundry 8 – 5 x 1

Administration x 1

Maintenance x 1

Judgment: Compliant

## Regulation 21: Records

A sample of staff files were examined and these had the specified requirements as set out in Schedule 2 of the regulations. On the day of inspection the person in charge applied to renew her vetting disclosure in accordance with the National Vetting Bureau to ensure that it remained current.

Judgment: Compliant

## Regulation 23: Governance and management

Management systems in place to ensure a safe, monitored and consistent service was provided, remained a concern. This was evidenced by:

- there was a lack of oversight of safeguarding and complaints management as evidenced under complaints records and the lack of investigation in relation

to a possible theft in addition to the incomplete recordings of complaints raised by residents

- systems for oversight of fire precautions were not sufficiently robust and required the issue of immediate actions during the inspection along with other fire safety precautions which are further outlined under Regulation 28
- risks associated with the new extension were not identified, so the risk register was not updated to reflect these risks
- there was a lack of oversight of volunteers in the centre to safeguard residents
- 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 a restrictive condition was placed on the centre's registration giving the provider until 31st October 2024 to 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. This had not been actioned on the day of this inspection.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose required updating to reflect the requirements as detailed in Schedule 1, as follows:

- the description of the premises in the floor plans or narrative required updating to reflect the updated floor plans available
- condition 3 to reflect the current number of residents that can be accommodated in the centre
- the frequency of the residents' forum to ensure that the arrangements made for consultation with and participation of residents in the operation of the designated centre are clear.

Judgment: Substantially compliant

### Regulation 30: Volunteers

There were volunteers to support the service, however, all the information as detailed in the regulations relating to volunteers such as roles and responsibilities and supervision was not in place, to safeguard residents.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The incident records were examined and these correlated with notifications submitted. This was an improvement following the findings of the last inspection.

Judgment: Compliant

### Regulation 34: Complaints procedure

A review of complaints records showed that these were not comprehensively recorded, and were not followed up to be assured that residents were appropriately protected. For example, one resident complained that her purse was missing, however, the complaint record did not include any detail such as the investigation, follow up or outcome, so the reader had no assurance that the resident was safeguarded and that the complaint was appropriately managed and documented.

Judgment: Not compliant

### Regulation 4: Written policies and procedures

The following policies required updating as follows:

- the policy relating to provision of information to residents required residents to access information on websites regarding safeguarding and 'My Choice My Autonomy' for example, even though these leaflets and other information was displayed in the centre
- the policy relating to the temporary absence specifically excluded the temporary absence of a resident to acute care which is contradictory to regulatory requirements.

Judgment: Substantially compliant

## Quality and safety

Residents living in the centre gave positive feedback regarding the quality of the service they received.

Inspectors found that residents received a good standard of medical care, and services were provided in line with their assessed needs. Residents had good access to allied health care professionals. A physiotherapist was on site twice a week assisting residents to maintain their level of mobility and function. Residents had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations formed part of the resident's assessment and care planning process. A review of a sample of care plans showed improvement in both assessment and care planning records to inform individualised care.

There were sufficient staff available at mealtimes to assist residents with their meals. The inspector observed that residents were provided with choice of nutritious meals at mealtimes; meals were well presented and residents gave very positive feedback about their meals. Nonetheless, further improvement was required regarding choice, and this is outlined under Regulation 18, Food and Nutrition. Daily safety pauses were facilitated to provide updates on the resident and their current status and well-being.

The inspectors saw that overall, the centre was visibly clean on the day of inspection and there were adequate staffing resources to ensure every room was cleaned each day. Wall-mounted hand sanitisers were available throughout the centre and these were seen to be used by staff. At the start of the inspection, inspectors saw that all staff wore masks. When this was queried, the person in charge explained that this was a national directive. Inspectors queried whether there was a local outbreak of infection and this was denied. Following discussion, the person in charge conferred with senior HSE management, following which, staff removed masks, which enabled better communication with residents.

As detailed in the opening section of the report, the current building remained inadequate to enable a social model of care and the holistic needs of residents.

Several issues were identified on inspection regarding fire safety practices, servicing records and precautions. These findings are further discussed under Regulation 28, Fire precautions.

The provider was a pension agent for a number of residents and there were robust systems in place for management of residents' finances. Residents living in the centre had access to advocacy services and the inspector saw that staff engaged in social activities with residents in line with their capacity and capabilities. The centre had close links with the community and this was promoted and encouraged to ensure residents remained in contact with their peers and local community.

## Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors and these were not restrictive. There was a quiet visitors' room available for residents to meet with their visitors.

Judgment: Compliant

### Regulation 12: Personal possessions

The personal storage space for some residents remained inadequate as it comprised a single wardrobe for residents to store all their clothing such as coats, dresses, trousers, shirts, blouses, trousers and underwear. This is a repeat finding over a large number of inspections of the centre.

Judgment: Not compliant

### Regulation 17: Premises

The premises did not currently conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations as follows and are ongoing repeat findings:

- four bedded multi-occupancy bedrooms did not meet the needs of all residents occupying these rooms; this is further expanded upon under Regulation 9: Residents' rights
- there were not adequate space and suitable storage facilities for residents in the multi-occupancy rooms
- residents did not have access to a bath in line with Schedule 6 of the regulations.

Judgment: Not compliant

### Regulation 18: Food and nutrition

The following required attention regarding Regulation 18: Food and nutrition:

- all residents had their breakfast either in bed or in their bedroom as per staff routines regarding serving meals and medication rounds and were not afforded choice of where or when to have this breakfast

- as found on the previous inspection, the dining experience for residents required action: tray service to bedrooms was not in keeping with a normal dining experience as both dinner and deserts were served together.

Judgment: Substantially compliant

### Regulation 25: Temporary absence or discharge of residents

Transfer letters for times when residents were temporarily transferred to an acute care service were examined and seen to be comprehensively completed. This included the change from their normal status, previous medical history which included vaccinations and infection.

Judgment: Compliant

### Regulation 28: Fire precautions

Under this regulation the provider was required to address immediate risks that were identified on the day on the inspection:

- there was an electrical panel within a fire rated panel in a bedroom. This was found to be unlocked and had signage warning of danger from live terminals in the panel,
- inappropriate storage of oxygen cylinders; within the nurse station, two oxygen cylinder were stored in a corner behind an opening door and beside an electrical socket which posed risk of damage and leakage,
- a number of fire doors were propped open.

The provider's response to these risks did provide assurance that the risks were adequately addressed. It was confirmed to the inspectors that the electrical panel was locked, the oxygen cylinders relocated and doors not propped open.

Other issues identified on inspection that required action were as follows:

- notwithstanding the application to vary conditions of registration to register the new extension, there were some gaps to fire doors in the current building that had not been addressed,
- the configuration of a twin room, used currently as a single room, had the bed positioned in a manner that was difficult to effect an efficient evacuation. When an evacuation was attempted by staff during the inspection, the bed got caught with the retracted privacy screen. Furthermore, laundry bins and the cleaning trolley on the corridor caused a delay in moving the bed
- not all emergency lighting and fire alarm service records were available for review. The annual confirmation of annual inspection and testing of the

emergency lighting was not available, instead a report detailing reasons for withholding this report was issued,

- nine of the ten residents living in the centre had a personal emergency evacuation plan (PEEPs), one resident did not have this to enable safe and appropriate evacuation assistance. The PEEPs in place lacked detail; they didn't differentiate between residents' needs for daytime and night time, nor did they reference residents' supervision requirements,
- staff were receiving fire safety training, however improvements were required with staff knowledge of some fire safety systems
- a number of areas were not fitted with fire detection:
  - the store beneath the stairway
  - the area accessed from the half landing of the stairway to first floor, including a staff changing room and the access lobby.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

A sample of medication charts were examined and showed compliance with regulatory requirements and professional guidelines. Records regarding controlled drugs were appropriately maintained.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A sample of care plans was reviewed and these showed improvement following the findings of the last inspection. Records showed that when a resident was unable to sign documents regarding their assessment and care planning, information was shared with their next of kin who had signed to acknowledge this. Resuscitation decisions were seen to be signed by residents. SALT referrals and associated dysphagia reports were included in the assessment and care planning process to enable best outcomes for residents.

Judgment: Compliant

### Regulation 6: Health care

Residents living in this centre were provided with a good standard of health care and support. Residents had good access to a general practitioner from a local

practice, and a physiotherapist was on site two days a week to assist residents with maintaining their mobility. Residents also had good access to other allied health professionals such as speech and language therapist, dietitian, and specialist medical services such as community palliative care and psychiatry of old age, as required. The centre could refer residents to the integrated care programme for older people (ICPOP). Staff also detailed excellent access to tissue viability nurse specialist regarding wound care management.

Judgment: Compliant

### Regulation 9: Residents' rights

The following required action to ensure a rights-based approach to care was promoted and upheld:

- residents' TVs were wall-mounted behind their bed and very high, making them inaccessible to residents while in bed (repeat finding)
- privacy screens in the multi-occupancy bedrooms were very difficult to use and could not be used independently where a resident had reduced mobility, as there were several brakes to be released; this mechanism was awkward and cumbersome and it was difficult for residents to undertake personal activities in private without the support of the staff. (repeat finding).

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
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for St Joseph's Community Hospital OSV-0000575

Inspection ID: MON-0045837

Date of inspection: 10/03/2025

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"><li>• The complaint highlighted on the day of inspection has now been fully investigated in accordance with the complaints policy and closed to the satisfaction of the complainant. Written communication has been issued. Learning opportunities have been identified and will be shared with all staff at the upcoming QPS meeting.</li><li>• Management will ensure that complaints are recognised, recorded and actioned within the designated centre in accordance with legislation and policy. Complaints are reviewed monthly by the Director of Nursing and the CNM2 ensuring that all complaints are fully investigated, the results of the investigation and actions taken are recorded and actioned appropriately in accordance with legislation and policy. Recommendations and complaint findings are shared with staff at QPS meetings.</li><li>• In relation to Safeguarding, all staff are completing further additional Safeguarding Training on HSELand, the HSE Safeguarding self-audit tool has been completed by the PIC in order to identify areas that require actions. The PIC has requested the HSE Safeguarding Team provide in house scenario based training for all staff. There will be an Assisted Decision Making Capacity Act briefing for all staff scheduled for 27th May, 2025.</li><li>• Management will ensure that actions in relation to fire precautions as outlined are undertaken and maintained through monitoring and surveillance by nursing management. All staff are engaging in ongoing fire drills, fire training (most recent training 14.05.2025) with daily fire checks being carried out, weekly fire alarm checks and monthly simulated fire evacuation training.</li><li>• The risk register has been updated to include the risks associated with the new extension and have been forwarded the inspector on 27.03.2025.</li><li>• A personnel file on each volunteer operating in St Joseph's CH has been compiled with all the prescribed documentation as outlined in the centers Volunteers Policy including supervision arrangements. Garda Vetting and Safeguarding training for Red Cross volunteers is mandatory prior to visiting.</li><li>• The issue around PPIM's continues to be discussed at a national level, any further updates will be provided to HIQA by Senior Management.</li></ul>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The person in charge has updated the statement of purpose to ensure the following is clearly reflected</p> <ul style="list-style-type: none"> <li>• Updated floor plans added to the SOP – Completed 10.03.2025</li> <li>• Condition 3 has been updated to reflect number of residents that can be accommodated in the Centre – Completed 10.03.2025</li> <li>• The frequency of the residents' forum is outlined within the statement of purpose. This ensures that arrangements are made for consultation with and participation of residents in the operation of the designated Centre at a minimum quarterly. (Completed 10/03/2025)</li> </ul>	
Regulation 30: Volunteers	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers:</p> <ul style="list-style-type: none"> <li>• A file for Red Cross volunteer's operating in St Joseph's CH has been compiled with the prescribed documentation as outlined in the centers Volunteers Policy including :</li> <li>• Supervision arrangements for volunteers- the Senior Nurse in Charge will supervise any volunteers that are on site.</li> <li>• Roles and responsibilities set out in writing.</li> <li>• Induction arrangements.</li> </ul> <p>The volunteer personnel file will be monitored for compliance quarterly by the Director of Nursing</p> <p>(Completed 10/03/2025)</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>• The complaint highlighted on the day of inspection has now been fully investigated in accordance with the complaints policy and closed to the satisfaction of the complainant. Written communication has been issued. Learning opportunities have been identified and will be shared with all staff at the upcoming QPS meeting.</li> <li>• All staff have read and reviewed the complaints policy and signed a memorandum of understanding.</li> <li>• Complaints are reviewed monthly by the Director of Nursing and the Clinical Nurse</li> </ul>	

Manager 2 ensure that all complaints are fully investigated, the results of the investigation and actions taken are recorded and actioned appropriately in accordance with legislation and policy. Recommendations and complaint findings are shared with staff at QPS meetings.  
(Completed 08/05/25).  
Complaints and feedback recording are highlighted at the Daily Safety Pause.

Regulation 4: Written policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

- The policies in relation to provision of information to residents and temporary absence is currently under review and will be available in Q2.

(EDD 30/09/2025).

Regulation 12: Personal possessions

Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

- We acknowledge space is limited in the current building. The new building will address the issue of personal storage for residents as they will have access to double wardrobes with sufficient storage.

(June 2025)

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The Person in Charge acknowledges the premises do not currently conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) and the new building will address these issues as all residents will have single room en-suite accommodation, ample storage.(June 2025)

<ul style="list-style-type: none"> <li>• Access to a bath when the final phase of the refurbishment is complete. (March 2026)</li> </ul>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> <li>• The option to have breakfast in the communal area is offered to the residents each morning.</li> <li>• Staff on a daily basis confer with each resident and actively respond to the residents' requests and preferences on dining location. While also remaining cognisant that the residents' preference may change. This is documented in the residents' Care Plan.</li> <li>• The importance of offering a dining choice for residents was discussed at recent staff meetings and at all safety pause meetings. Staff instructed to ensure all residents have a choice of where to dine. The Director of Nursing will include dining choices as a standing item on all future residents meetings.</li> <li>• Nursing management supervise mealtimes to ensure a positive dining experience for all residents and monitor compliance. (Completed 10/03/2025)</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All immediate risks that were identified on the day of inspection have been addressed, see below: The person in charge has ensured</p> <ul style="list-style-type: none"> <li>• The electrical panel has been locked and remains locked, this is part of daily fire checks.(Completed 10/03/2025)</li> <li>• Oxygen cylinders have been removed. (Completed 10/03/2025)</li> <li>• Staff have been educated not to prop open fire doors, this is checked daily as part of the daily fire checks. (Completed 10/03/2025)</li> </ul> <p>Other issues :</p> <ul style="list-style-type: none"> <li>• Gaps addressed in fire doors have been addressed since (Completed 02.05.2025)</li> </ul> <p>Simulated fire drills are being conducted monthly to include situations involving potential hazards to evacuation. In addition staff fire training has increased staff knowledge of the importance of maintaining a clear exit pathway. Management supervise to ensure equipment is stored appropriately</p> <ul style="list-style-type: none"> <li>• Staff are receiving ongoing education in relation to the importance of closing the slave</li> </ul>	

leaf of the kitten door following evacuation. • Management ensure the safety of residents and staff by means of fire safety management and fire drills at suitable intervals. (Ongoing) • All residents PEEPS are updated to include additional detail. (Completed 10/03/2025) • The 3 x areas identified on the day of inspection are fitted with fire detection. (Completed 07/04/2025)	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • The person in charge acknowledges the premises do not currently conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) and the new building will address these issues as all residents will have single room en-suite accommodation, ample storage.(June 2025) • Access to a bath once the final phase of the refurbishment is complete. (March 2026)	

## 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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/06/2025
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes	Not Compliant	Orange	30/06/2025



	and other personal possessions.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	23/06/2025
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	10/03/2025
Regulation 23(c)	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	08/05/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and	Not Compliant	Orange	07/04/2025

	suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	07/04/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	10/03/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Orange	15/05/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	07/04/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all	Not Compliant	Orange	15/05/2025

	persons in the designated centre and safe placement of residents.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	10/03/2025
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	10/03/2025
Regulation 30(b)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre receive supervision and support.	Substantially Compliant	Yellow	10/03/2025
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Not Compliant	Orange	08/05/2025

Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Not Compliant	Orange	08/05/2025
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Not Compliant	Orange	08/05/2025
Regulation 34(7)(b)	The registered provider shall ensure that all staff are aware of the designated centre's complaints procedures, including how to	Not Compliant	Orange	08/05/2025

	identify a complaint.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/09/2025
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 and update them in accordance with best practice.	Substantially Compliant	Yellow	30/09/2025
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Not Compliant	Orange	23/06/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	23/06/2025

