



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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Unit
Name of provider:	Health Service Executive
Address of centre:	Bantry General Hospital, Bantry, Cork
Type of inspection:	Unannounced
Date of inspection:	27 November 2025
Centre ID:	OSV-0000597
Fieldwork ID:	MON-0048494

About the designated centre

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

St Joseph's Unit, Bantry General Hospital is located on the first floor of Bantry General Hospital. It was opened in 1991. St Joseph's Unit currently has 24 registered beds: 18 are continuing care beds, four are respite beds and two palliative care beds. There are 12 single rooms with en-suite facilities, including two palliative care suites, two four bedded rooms with en-suite facilities and two two bedded rooms with en-suite facilities. There is 24 hour nursing care and residents have access/ referral to physiotherapy, occupational therapy, chiropody, podiatry, dietitian and speech and language therapy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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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
Thursday 27 November 2025	09:20hrs to 16:45hrs	Louise O'Hare	Lead

What residents told us and what inspectors observed

Based on the observations of the inspector, and what the residents said, St. Joseph's Unit was a good place to live. The inspector met several residents over the course of the inspection and spoke to ten in more detail in order to understand what it was like to live in the centre. Residents were generally positive in their feedback in regards to the care they received. One resident told the inspector "I like it here" while two other residents described staff in the centre as "brilliant". However, some residents also told inspectors that staff were busy and they could be waiting for assistance at times.

St. Joseph's Unit is located in Bantry General Hospital with accommodation for 24 residents. There were 18 beds allocated to long-term care, four allocated to respite care and two dedicated to palliative care. Bedroom accommodation consisted of 12 single rooms, two four-bedded rooms and two twin rooms, all of which had en-suite facilities. The two single rooms dedicated to palliative care also had a seating area, a well appointed kitchenette and their own separate entrances to facilitate visiting from loved ones.

On arrival the inspector was greeted by the person in charge and the clinical nurse manager (CNM) who accompanied the inspector on an initial walk around of the centre. The inspector observed that there was a calm and relaxed atmosphere throughout. In the reception area there was a colourful wall mural that had been created with the Arts for Health partnership. Another mural had been completed in 2025, close to the palliative care rooms, in consultation with the residents who had chosen the colour and selected their favourite flowers to be added to the design. The centre was well-decorated throughout with examples of residents' artwork and other pieces donated by previous residents. Communal areas consisted of a dining room, an activities room, two sitting rooms and an outdoor area which were all freely accessible to residents. The outdoor area was a terrace which was decorated with a number of planters, and a large bench. However, there was standing water on the balcony, which could make it difficult for residents to use. This is addressed further under Regulation 17: Premises.

The activities room was a large, well-lit room equipped with a kitchenette, musical instruments and other items for residents to use. The inspector observed that it was being used by residents throughout the inspection for activities including one-to-one chats, bingo and crosswords. Musicians attended the centre regularly and one resident told the inspector that he regularly played the drums with a visiting musician. Staff and residents told the inspector that there were regular trips out to a nearby café, and that there had been a recent bus trip to a local supermarket which they had greatly enjoyed. The person in charge said there was a plan in place to try to make bus trips a monthly event going forward. An activities coordinator worked in the centre three days a week, as well as a number of volunteers who attended at various times. However, staff were not allocated to social activities every day and

some residents told the inspector that they missed the activities when they were not on, with one resident saying that "the day is very long" without them. This is detailed under Regulation 9: Residents' rights.

The majority of residents ate their midday meal in the dining room, some residents chose to eat in their bedroom or in the activities room. The dining room was well laid out, with a menu written on a large board. Tables were laid with colourful place mats and cutlery, and staff were available to assist residents as needed. Residents spoke highly of the quality and choice of food, and the inspector saw that modified texture meals were well presented.

A number of residents were being admitted for a period of respite on the day of inspection. The majority of these had previously stayed in the centre, one person said that it was "like a holiday" and "I love it here." Family members of two residents who spoke to the inspector were also positive about their previous experiences, with one describing staff as "amazing". Staff were seen to welcome residents being admitted, and a number of warm, person-centred interactions were observed between staff and residents during the inspection.

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 impact on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection, carried out over one day, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, as amended. Overall, the inspector found that there was a good standard of care delivered to residents. However, actions were required with regards to complaints, volunteers, premises and residents' rights, and these are detailed under the relevant regulations of this report.

The Health Service Executive (HSE) is the registered provider of St. Joseph's Unit. The registered provider had ensured there was a clearly defined management structure in place. The person in charge had been in post since early 2025 and had the necessary experience and qualifications required by the regulations. They were supported in their role by the senior management team including the interim director of nursing and hospital manager. At an operational level they were supported by a fulltime CNM, who deputised for them in their absence, as well as a team of registered nurses, healthcare assistants, multi-task attendants, an activities coordinator, catering and maintenance services. There were clear lines of authority and accountability in place and staff spoken to were aware of their roles and responsibilities.

An extensive programme of audits targeted areas including falls risk, nutrition and hydration, care plans and restrictive practice. The inspector observed that there was evidence of learning from these. An annual review of the quality and safety of care delivered to residents was made available. Both had been used to inform quality improvement planning in areas including community engagement and review of safeguarding practices.

The inspector found that on the day of inspection staffing levels were sufficient to meet the assessed needs of residents. Call-bells were responded to promptly during the inspection and residents were supported with enhanced supervision when required. There was a training matrix in use in the centre and staff were facilitated to attend both mandatory and additional training to support them to meet the needs of residents.

The person in charge was undertaking a review of documentation held in regards to volunteers. All volunteers had a vetting disclosure in place. The role of each volunteer was documented in writing; however, not all volunteers had their responsibilities detailed as required in Regulation 30: Volunteers.

A record of complaints was maintained in the centre. Complaints were acknowledged, investigated and appropriate actions were taken to address concerns. However, further action was required to ensure that complaints were fully documented as detailed in Regulation 34: Complaints Procedure.

Regulation 14: Persons in charge

The person in charge was a registered nurse who worked full time in the centre. They had the required experience and qualifications to be a person in charge and displayed a good knowledge of their responsibilities under the regulations during the inspection.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection there was an appropriate number and skill-mix of staff to meet the assessed needs of residents. There were two registered nurses on duty at all times in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was good oversight of training in the centre, and staff had been facilitated to complete the mandatory training required. Staff demonstrated an appropriate awareness of their training.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding a number of good management systems in place, further action was required to ensure effective oversight of premises and residents rights as detailed further under Regulation 17 and Regulation 9.

Judgment: Substantially compliant

Regulation 30: Volunteers

While the majority of documentation was in place, not all volunteers had their responsibilities documented as required by the regulation.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Further action was required to ensure complaints procedures met the requirements of the regulations as follows:

- Actions and outcomes were not dated when documented so the inspector could not establish if the complaints policy had been followed.
- The complaints officer had not been updated following changes in staffing.

Judgment: Substantially compliant

Quality and safety

The overall quality and safety of care provided to residents in the centre was found to be good. Staff knew individual resident's needs and preferences and residents had good access to appropriate medical and health care. However, action was required with regards to premises and residents' rights as detailed under the relevant regulations.

Following on from the previous inspection, the person in charge had consulted with the residents in regards to mealtimes and the time of the midday meal had been changed by 15 minutes as a result. However, the inspector noted that this time was still quite early. Residents' meals were prepared in the main kitchen of the hospital and brought to St. Josephs Unit. The inspector saw that refreshments and snacks were kept available for residents in the unit's kitchen, and these were offered to residents regularly. A board for communicating the dietary needs of residents to staff was located in the kitchen, and this was regularly audited by the person in charge.

A sample of care plans was reviewed by the inspector. Residents' care plans and nursing notes were recorded on a paper based system. Tools such as "My Day My Way" and "A Key to Me" were used to support person-centred care in consultation with the resident or where appropriate their family. A range of validated assessment tools were used to assess needs and inform care. Care plans were updated at regular intervals and when a resident's condition changed. They were sufficiently detailed to direct care and contained information that supported residents' autonomy and independence.

The registered provider had ensured very good access to general practitioners (GP), who attended the centre five days a week, as well as access to a range of health and social care professionals. Residents also had access to specialist services when required including palliative care and mental health services. Residents' meetings were held monthly in the centre, actions arising were recorded and informed quality improvement plans. Information on access to independent advocacy services was displayed prominently in the centre, and residents were referred to these services. Residents told the inspector that they had choice in how to spend their day and that this was respected.

Residents had access to a range of activities in accordance with their interests, including baking, music, art and games. The activities coordinator was in the centre three days a week, and told the inspector that activities were flexible and could change in line with residents' wishes. Activities were scheduled for five days and were supported by a number of volunteers. However, there were no activities two days a week and some residents told the inspector that they missed the activities when they were not on. This is detailed further under Regulation 9: Residents' rights.

The designated centre was clean, bright and laid out to meet the needs of the residents; however, the existing storage facilities and outdoor area required action as detailed in Regulation 17: Premises. The inspector observed that medicinal

products were securely stored in the centre, and appropriate medication management systems were in place.

Regulation 17: Premises

While the premises was clean and well laid out, action was required to ensure it met the needs of residents in keeping with Schedule 6. For example:

- Storage arrangements required action as incontinence wear and housekeeping cloths were stored in plastic tubs on the floor of a corridor alcove, making it difficult to ensure effective cleaning and taking away from the homely atmosphere of the centre.
- Residents' care plans at one nurses station were not securely stored, as they were situated in shelves on an open desk which could not be locked to prevent unauthorised access.
- The resident's outdoor area had standing water in places, as well as moss growing on parts of the floor covering, which could present a falls risk to residents and reduced the usability of the space.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were offered choice at mealtimes and the inspector saw that there were refreshments and snacks available to residents throughout the day. Meals were observed to be wholesome and nutritious and prepared in accordance with the assessed dietary needs of residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that medicinal products dispensed or supplied to residents were stored securely in the centre. Administration records were appropriately maintained. Systems were in place for disposal of medication as required.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were reviewed and updated in a timely manner. Information documented was person-centred and detailed enough to direct care. A number of validated assessment tools were used, and these as well as health and social care professionals assessments were used to inform care plan development.

Judgment: Compliant

Regulation 6: Health care

Residents living in the centre had very good access to GP care. There was a referral system in place for other disciplines such as speech and language therapy, dietitian and physiotherapy. Where there was difficulty accessing services the person in charge was actively addressing this and had put interim measures in place.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had the appropriate training for their role, and staff who spoke with the inspector were knowledgeable about managing responsive behaviour. There were appropriate levels of supervision provided to meet residents needs. Where restrictive practice was used it was in line with national policy.

Judgment: Compliant

Regulation 9: Residents' rights

While there were a number of good practices in place action was required to ensure residents' rights were upheld in the centre:

- There were no activities scheduled two days a week in the centre, and residents told the inspector that this impacted them.
- While the midday mealtime had been changed to 15 minutes later, the inspector observed that some residents would still have had a very short time between their breakfast and lunch and found the meal time was too early at 12.15. This time did not facilitate residents' rights to have their main meal of

the day at a more normalised time and there was also a long gap to the next meal served at 5.30pm.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Joseph's Unit OSV-0000597

Inspection ID: MON-0048494

Date of inspection: 27/11/2025

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> <ul style="list-style-type: none"> • Governance and oversight arrangements are in place to monitor the quality and safety of care. • Actions identified under Regulation 17 and Regulation 9 are being progressed through established quality improvement and governance structures. This is further clarified in this response below under Regulation 17 and Regulation 9. • Residents actively take part in the resident meeting their opinions and feedback were taken into consideration regarding meal time planning (see attached resident feedback in relation to mealtimes). 	
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"> • Volunteer will have their responsibilities documented as part of the review of the volunteers for the unit. • Volunteers will be asked to complete the HSE Land education on safe guarding. • Roles and responsibilities are being formalised in line with regulatory requirements. • Full compliance will be achieved within a three-month timeframe. 	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • Complaints management processes have been reviewed. • Records now clearly document actions taken, outcomes and completion dates. • The Complaints Officer role reflects current staffing arrangements. This has now been resolved as following Annette Collins CNM3 will be assigned complaints officer (Stage 2) and Merline Tagaram DON will be review officer (stage 3) under the HSE Complains YSYS procedure for St Joseph’s unit following completion of training. To be completed by end of quarter 1. • Details of the complains policy will be included in all relevant documentation. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Installation of a dedicated storage cupboard has been reviewed and initiated with maintenance, to be completed by end of quarter 1. • Temporary storage of incontinence wear and cleaning supplies will be eliminated. • A secure medical notes trolley is being sourced, to be in place by end of quarter 1. • Plans for refurbishment of the rooftop garden are underway in terms of planning and sourcing funding, to be completed by end of quarter 3. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Residents are consulted regularly regarding daily routines, including mealtimes. • Residents have expressed satisfaction with the current lunchtime arrangement as supposed to 15 min later as mentioned in regulation 9 and residents were not in favor of it. • Ongoing consultation will continue and the meal time would be guided by our residents' wishes. The management will keep this matter under review. • In relation to long gap between lunch and supper – residents are offered a snack or light refreshments i.e. Yoghurt or biscuit at 3.00 pm. • Activities – our current activities Co-ordinator has increased their hours and will now be 	

in place 4 days a week with immediate effect.

- A business case will be developed and then progressed through hospital governance structures to support the extension of structured activity provision to seven days per week, time frame of end of quarter 3.
- In the interim, activity provision continues to be supported through existing staff and volunteer input, with oversight by the Person in Charge.

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 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.	Substantially Compliant	Yellow	09/03/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	09/03/2026
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles	Substantially Compliant	Yellow	23/03/2026

	and responsibilities set out in writing.			
Regulation 34(2)(a)	The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to investigate complaints.	Substantially Compliant	Yellow	09/03/2026
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.	Substantially Compliant	Yellow	09/03/2026
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/03/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure	Substantially Compliant	Yellow	23/03/2026

	that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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