Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Ita's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Gortboy, Newcastlewest, Limerick
Type of inspection:	Unannounced
Date of inspection:	06 August 2025
Centre ID:	OSV-0000664
Fieldwork ID:	MON-0047719

About the designated centre

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

The service at St Ita's Community Hospital is provided by the Health Service Executive (HSE) and the centre is located in Newcastle-West, Co. Limerick. The centre is registered for an operational capacity of 66 residents, providing respite and palliative care as well as continuing care for long-stay residents. Nursing care is provided mainly for older people over 65 years of age with needs in relation to age related and degenerative neurological diseases. Care is provided across three residential units for residents with dependency levels ranging from low to maximum. Dementia-specific care is provided in a separate unit that accommodates up to 12 independently mobile residents. Care plans are developed in accordance with assessments and residents are provided with access to a range of allied healthcare services. Private accommodation is provided where possible within the constraints of the existing building which is over 100 years old in some parts. Residents are provided with opportunities for activation and social interaction including engagement with local community activity groups.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 August 2025	09:45hrs to 18:15hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

From the inspector's observations and from speaking with residents and visitors, it was evident that residents living in St Ita's Community Hospital received a very good standard of care and were supported to enjoy a good quality of life. However, from observing residents' daily routines, the storage of additional equipment in the Camelia Unit's day/dining room impacted on the quality of the residents' mealtime experience.

On arrival to the centre, the inspector met with the person in charge and an assistant director of nursing. Following an opening meeting, the inspector conducted a walk through the building, giving an opportunity to review the living environment, and to meet with residents and staff. Some residents were observed relaxing in communal areas and bedrooms, while others were receiving assistance from staff with their personal care needs. Staff were observed attending to residents in a friendly, yet attentive manner. There was a pleasant atmosphere throughout the centre.

The inspector observed kind and respectful interactions between residents and staff on the day of inspection. The majority of residents were complimentary about the staff that supported them, describing them as "good as gold" and "absolutely smashing". A small number of residents said that staff "could be better" in terms of how promptly they responded to residents' requests for assistance, but acknowledged that this was due to staff being busy.

Activities were facilitated by activity co-ordinators, as well as a number of external service providers. A varied programme of activities was available to residents, including games, arts and crafts, mass and exercise classes. Activity staff also carried out activities with residents on a one-to-one basis. Staff encouraged residents to engage with the activities in line with their own capacities and capabilities. Residents were observed enjoying these activities throughout the day of the inspection, and spoke positively about the programme. Enhancements to the social care programme had been made since the previous inspection, including the introduction of a bar in the centre's parlour room.

The physical environment was undergoing some refurbishment works in the Bluebell Unit at the time of the inspection, including the replacement of flooring throughout a number of rooms. Residents were aware of the works and when they were due to be concluded.

The use of restrictive practices were reviewed and reassessed on an ongoing basis in order to reduce their use, where possible. For example, since the previous inspection, efforts had been made to ensure that residents could independently access the garden area in the Orchid Unit. However, access to an activity room in the same unit was restricted through the use of a key-coded door. This arrangement prevented residents from accessing this space without assistance from staff, and

there was no clear rationale for this restriction, therefore impacting on residents' choice.

The Camelia Unit was fully occupied on the day of the inspection, accommodating 30 residents.The largest communal space within this unit was used throughout the day, including mealtimes. The inspector observed that a number of large, specialist chairs were being stored in this room, which impacted on the space available for residents' use. For example, the inspector observed that during one mealtime, the unit's day room was being used by 10 residents, the majority of whom were seated in specialist chairs. While a large dining table was situated in the room, it was placed against a wall and was not in use. Residents' meals were placed on end tables or were held by staff as they provided assistance to the residents.

The inspector spoke with a number of residents who were observed taking their meals in their bedrooms. These residents advised that this was their preference and was respected by staff. Some residents who spoke with the inspector acknowledged that an additional dining room, external to the unit, was available for use if they so wished.

Bedrooms were personalised with residents' belongings such as photos, artwork and ornaments. Residents told the inspector that they had sufficient storage for their clothes and personal possessions. Each resident had a wardrobe, a beside locker and open shelving to store and display their items. Residents advised that their laundry was managed promptly and appropriately. A number of residents advised that when their wardrobes were full, they make arrangements with their families to remove or replace their clothing.

There were no visiting restrictions in place, and visitors were observed coming and going to the centre on the day of inspection. The inspector spoke with a number of visitors who were very satisfied with the care provided to their loved ones. Many praised the attentiveness of staff, with one visitor saying ''they go above and beyond to look after the residents here''. Another told the inspector that when they learned that their loved one would be residing in St Ita's Community Hospital, they ''felt like we'd won a golden ticket, as we knew she would be well-cared for here''. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

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 on the quality and safety of the service being delivered.

Capacity and capability

Overall, St Ita's Community Hospital was a well-run centre, which ensured that residents were supported to receive high quality care and to live a good quality of life.

This was an unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions of the provider to address issues of non-compliance identified during the last inspection of the centre in July 2024. The inspector also followed up on solicited information received by the Chief Inspector of Social Services since the last inspection.

The last inspection of this centre found that the premises did not meet the requirements of the regulations in relation to Regulation 17, Premises, Regulation 28, Fire Precautions, Regulation 6, Health care and Regulation 9, Residents' Rights. At this inspection, the inspector found that all identified fire safety works had been completed, including the replacement of fire exit doors in the Camelia Unit. A physiotherapist had been recruited and was allocated to attend the centre regularly. Additionally, screens had been placed all bedroom doors that contained glass panels, ensuring privacy for residents accommodated in these bedrooms. Lastly, significant maintenance works were ongoing at the time of this inspection, which would address non-compliances identified with flooring and wall surfaces on the previous inspection. These works were due to be completed shortly after the inspection.

The registered provider is the Health Service Executive (HSE). There was a clearly defined management structure in place, which was well-established. The person in charge was a registered nurse who work full-time in the role and had the necessary experience and qualifications, as required by the regulations. They were supported in this role by a team of assistant directors of nursing (ADONs), clinical nurse managers (CNMs), nurses, multi-task attendants, catering, maintenance and administrative staff. There were clear lines of accountability and staff were knowledgeable about their roles and responsibilities.

The management systems in place ensured that the service was effectively monitored. Regular meetings were held between the management team and staff, where key clinical and operational aspects of the service were reviewed. Where issues were identified, action plans were developed which were assigned a person responsible and a targeted date for completion.

A programme of audits was completed by the management team, which evaluated clinical and operational aspects of the service. The results of these audits were analysed and informed the development of quality improvement plans, which were monitored to ensure all actions were completed in a timely manner.

An annual review of the quality and safety of care delivered to residents in 2024 had been completed. This contained an overview of key areas of the service and included quality improvements that the provider planned to complete during 2025.

There were sufficient resources to ensure the effective delivery of care. On the day of the inspection, there were sufficient staff to meet the needs of the 59 residents

accommodated in the centre at the time of the inspection, with consideration of the size and layout of the building.

The inspector reviewed a sample of staff files. These contained all of the information and documentation required by Schedule 2 of the regulations, including evidence of An Garda Síochána (police) vetting disclosures and nursing registration with the Nursing and Midwifery Board of Ireland (NMBI). There was evidence of a comprehensive induction programme, which was completed by staff upon recruitment.

There was a comprehensive training and development programme in place for all grades of staff. Records indicated that all staff had completed training in moving and handling practices, fire safety and safeguarding of vulnerable adults. Staff were also facilitated to complete other relevant training modules which would support them to meet residents' assessed care needs. This included training in the management of responsive behaviours, dementia care, falls management and basic life support skills. The inspector spoke with a number of staff, who demonstrated an appropriate understanding of the training they had completed to date.

The centre had a complaints policy and procedure which described the process of raising a complaint or a concern. A review of the complaints log found that complaints were recorded, investigated and managed in line with regulatory requirements. Residents and visitors who spoke with the inspector confirmed that they were aware of the complaints process and who they could raise any concerns with.

Regulation 15: Staffing

On the day of the inspection, there was adequate staff available to meet the needs of the current residents, taking into consideration the size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were appropriately supervised according to their individual roles.

All staff had attended up-to-date mandatory training on moving and handling procedures, safeguarding residents from abuse and fire safety. Staff had also completed additional training to ensure they had sufficient skills and knowledge to meet the residents' needs.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure that the service was safe, consistent and appropriately monitored. The provider had established a clearly defined management structure that identified the lines of authority and accountability. The centre was sufficiently resourced to ensure the delivery of care, in accordance with the centre's statement of purpose.

The provider had completed an annual review of the quality and safety of care provided to residents in 2024.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the centre's complaints records demonstrated that complaints were managed, recorded and responded to, in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that there was a person-centred approach to care, which was implemented by staff who were aware of residents' individual needs and preferences. Residents spoke positively about the care they received and their experience of living in the centre. However, Regulation 17 was not found to be in full compliance with the requirements of the regulations.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The provider had addressed the maintenance and storage issues in the Orchid Unit, as identified during the previous inspection of the centre. Additionally, significant maintenance and refurbishment works were ongoing in the Bluebell Unit at the time of this inspection, which was expected to address the outstanding actions that were remaining.

While the majority of areas within the centre were found to have sufficient storage areas to accommodate equipment, the inspector found that the communal room in

Camelia Unit was being used to store large items of residents' equipment, such as specialist chairs. This reduced the availability of usable space in this room.

There were facilities for residents' occupation and recreation, and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities available to them. Residents were provided with the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and taking part in residents' surveys. Residents had access to advocacy services, if required.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of comprehensive care plans, which were reviewed every four months or more frequently if required. The inspector reviewed a sample of these care plans and found that they were person-centred and reflected the care needs of the residents. Daily nursing records demonstrated appropriate monitoring of residents' care needs.

Residents had access to appropriate health and social care professionals to meet their assessed needs. Residents had access to an onsite medical officer, who attended the centre as needed or requested. Alternatively, residents could choose to retain their general practitioner (GP). Residents could be referred to health and social care professionals, such as tissue viability nurses, as needed. Since the previous inspection, the provider had made arrangements to ensure that access to physiotherapy services was available to residents, if required.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were observed to receive care and support from staff that was person-centred and respectful. Care plans were developed for these residents, which outlined appropriate de-escalation strategies to guide staff. A significant number of staff had completed training in the management of responsive behaviours.

There was a policy and procedure in place to protect residents from abuse. Staff who spoke with the inspector demonstrated awareness of the training that they had completed in the safeguarding of vulnerable adults, and were able to outline how they would identify and report any safeguarding concerns that they may have. The inspector reviewed a sample of safeguarding plans, which were in place to guide staff in implementing specific measures in order to ensure residents' safety. Staff were knowledgeable of the measures contained within these plans. Residents who spoke with the inspector stated that they felt safe in the centre.

The fire alarm system, emergency lighting system and fire fighting equipment in the centre were serviced in line with requirements. The provider had addressed some of the fire safety issues that were identified on the previous inspection. For example, fire exit doors had been replaced in the Camelia Unit and the fire exit route was reflected in fire maps that were displayed in the centre. However, a store room in

the Orchid Unit was found to contain combustible materials in close proximity to electrical communications equipment. This is a repeated issue, identified on the previous inspection.

The registered provider maintained records of daily, weekly and monthly fire safety checks, including reviews of escape routes and tests of the alarm system. Residents' personal emergency evacuation plans (PEEPs) reflected the different evacuation methods required in relation to each resident, in the event of an evacuation. Staff were aware of how to locate these PEEPs in the event of an emergency. Evacuation drills took place on a regular basis and records of these detailed any areas of improvement that were identified.

Regulation 12: Personal possessions

Residents had access to, and control over, their belongings. There was sufficient storage for residents' personal possessions.

Judgment: Compliant

Regulation 17: Premises

The communal space available for residents in the Camelia Unit was impacted by the storage of a number of pieces of bulky equipment.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had systems in place to ensure that staff were facilitated to complete fire safety training on an annual basis.

There were systems in place to protect residents from the risk of fire, including regular review and servicing of fire safety equipment.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents’ care plans were developed following assessment of need using validated assessment tools. Care plans were observed to be person-centred, and updated at regular intervals and as needed.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. A referral system was in place for residents to access health and social care professionals such as occupational therapists and dietitians.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were systems in place to ensure that staff were appropriately skilled to support residents with responsive behaviours. Residents who experienced responsive behaviours had appropriate assessments completed, which informed the developed of person-centred care plans.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect residents from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse.

There were systems in place to ensure that residents' pensions and social welfare payments were managed appropriately.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected by staff. There were arrangements in place to ensure that their privacy and dignity was maintained at all times.

Residents had opportunities to participate in meaningful activities, in line with their interests and capacities. Residents were supported to access advocacy services if they so wished.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Ita's Community Hospital OSV-0000664

Inspection ID: MON-0047719

Date of inspection: 06/08/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The communal space available for residents in the Camelia Unit was impacted by the storage of a number of pieces of bulky equipment. • Equipment which was impacting on space in the communal area in Camellia unit has been removed. • Completed 29/09/2025.	

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	29/09/2025