St Lukes Home Annual Review of Quality and Safety of Care for 2025

Introduction

St Lukes Home is required under legislation (SI 415, 2013 part 7 (d)) to provide an **Annual Review of the Quality and Safety** of care delivered to residents. The review has been prepared in consultation with the residents and families and is made available at reception and on request.

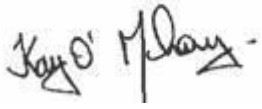
The Health Act 2007 requires Nursing Homes to account for the quality of their services. To us in St Lukes Home this means that each staff member accepts responsibility for the quality of service they provide and are constantly striving to improve. We are committed to providing holistic person-centered care to the highest possible standard in partnership with the residents and/or their next of kin.

The Director of Nursing is responsible for the day-to-day operation of the center with the support of the Assistant Directors of Nursing and Clinical Nurse Managers. Care is provided for residents by a team of nurses, healthcare assistants, General Practitioners (GP), activity staff, catering staff, and housekeeping staff. We are fortunate to have a full-time social worker as a permanent member of our clinical team and to have the expert input of physiotherapy, occupational therapy, pharmacy, chiropody and all other ancillary services as required.

In 2025 we continued to introduce changes by reviewing practices and clinical outcomes to identify and implement improvements in our service that benefit those living in our home, those who visit, and our staff.

These changes and the care given to our residents are only made possible by our experienced and caring staff. They make our home special and are fundamental in creating a warm, kind, and friendly atmosphere that supports and enables our residents to live the best life they can.

I would like to acknowledge the support and dedication of our residents, families, all staff, volunteers and the board of directors and to thank them for their commitment to St Lukes Home



Director of Nursing

June 2026

Consultation with residents and families in developing services occurs in the following way:

1. Residents' meetings
2. One to one feedback from residents and families/visitors
3. Resident's family's suggestion meetings
4. Complaints, compliments and suggestions cards
5. Advocacy – SAGE and the National Advocacy Service
6. Clinical review meetings – GP, resident, nursing, pharmacy
7. Annual surveys including food satisfaction and overall care/service
8. Review of the activities service
9. HIQA Inspections
10. Management meetings (review of feedback from residents and HIQA action plans)
11. Informal contacts with residents and any unsolicited information received.

Vision

St Lukes vision is: to continue to be widely recognized as one of the foremost providers of residential care, education and training services in care of the older person; and a leader in dementia care. To expand our reach in improving the quality of life of older people throughout the community.

Mission Statement

St. Luke's Home's mission is: We provide safe, comfortable, high-quality person-centered nursing home care for residents. We look after their health, well-being, and social and spiritual needs through a responsive, professional and caring workforce. We also provide care and support services to enhance the quality of life of older people in the community.

Values

St. Luke's values reflect the principles which are the core characteristics of the organization. The following is a diagrammatical representation of St Lukes values.

Value	Description
Caring	A caring service modelled within the tradition of Christian caring which was established by St. Luke's Home.
Respect	To treat each person as a unique individual, recognising their intrinsic worth and dignity.
Partnership	By working together with residents, families and staff, we provide the best possible service.
Accountability	Everyone is responsible for providing a high standard of service and for using resources effectively and efficiently.
Integrity	Honesty, fairness and ethical behaviour is reflected in all that we do.
Excellence	The highest professional standards in all aspects of our work.

Management structure at the end of 2025

The team in St Lukes Home work closely with and are supported by the St Lukes management team

Name	Position Held
Tony O'Brien	**Chief Executive Officer**
Kay O'Mahony	**Director Of Nursing**
Mary Martin	**Chief Operating Officer**
Vikki Pettit	**Human Resource Manager**
Nicole McCarthy	**Financial Controller**

Review of Standards

1. An annual review of compliance with standards occurs.
2. An action plan based on the findings of the review of the standards is developed where required.
3. Improvement outcomes from inspection are incorporated into the work / action plan after each inspection (where applicable)

Section 1
Quality and Safety

Theme 1: Person-centered Care and Support

1.1 The rights and diversity of each resident are respected and safeguarded.

In St Lukes Home we strive to promote a culture that protects and promotes the F.R.E.D.A. principles of Fairness, Respect, Equality, Dignity and Autonomy. We aim to achieve this standard through individualised care planning for each resident, considering their choices and preferences. We value and seek our residents' individual opinions, and their input defines what we do. We start this process with the resident's pre-admission assessment.

- All residents are facilitated to make what choices and decisions they need to live life to the best of their ability.
- Residents and their families have access to advocacy services, and this is advertised throughout the home.
- We encourage our residents to exercise their rights through their right to vote, the right to access and/or refuse treatment, the right to choose who visits them, etc.
- We updated the Electoral Register for our residents in 2024 as required and 70 of our residents voted in the November 2024 general election

1.2 The privacy and dignity of each resident is respected.

In line with the St Lukes values of 'caring' and 'respect', our staff are encouraged to take every opportunity to respect and promote our resident's privacy and dignity. In training sessions, our staff are reminded to interact with our residents in a caring and dignified manner. Staff are reminded that they are working in our residents' home and to ensure that this is reflected in their interactions with residents e.g. asking residents their preferences and knocking on doors before they enter residents' rooms.

Regular Quality of Interactions Schedule (QuIS) audits were conducted to assess the quality of social interactions between staff and residents and the results reflected on to inform improvements in the quality of social interactions e.g. communication with residents regarding timing of delivery of care.

1.3 Each resident has a right to exercise choice and to have their needs and preferences considered in the planning, design and delivery of service.

We strive to involve our residents in the planning, design, and delivery of our service. We strive to achieve this:

- through continuous dialogue between residents, their families, and our staff. This may be formal or informal.
- through bi-monthly resident meetings where we seek to establish residents' views and priorities. The findings in these meetings have influenced the decisions we make about our service, e.g. new garden furniture for the day care conservatory, Maguire House and the activities walled garden. Feedback from residents regarding their tea being cold when served in the main restaurant resulted in a new boiler being purchased for the main kitchen resulting in the tea being served hot as per the residents wishes.
- through our yearly resident survey, which was completed in June 2025. The areas surveyed included mealtimes, staff turnover, laundry services, standards of nursing care and visiting arrangements.
- notice boards on each unit were utilised to inform residents of events and weekly activity schedules were published so that residents were aware of upcoming social events.
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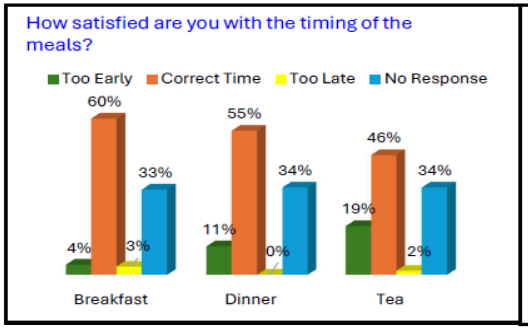
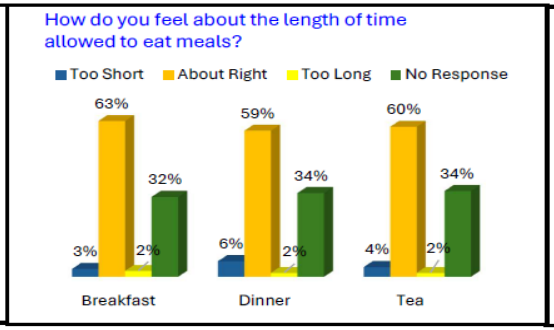
A residents dining experience survey was carried out in November 2025 and areas addressed included length of time to eat meals, menu choices and portion size. Whilst the results were positive in both the resident survey and the dining experience survey in the main, some areas for improvement were noted e.g. the length of time to eat meals, and these will be addressed in 2026.

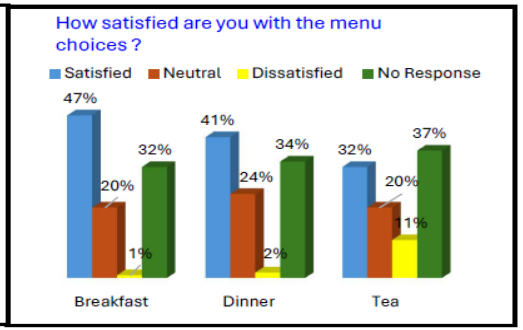
Some issues that were raised by residents have been taken on board and form part of the action plan for 2026.

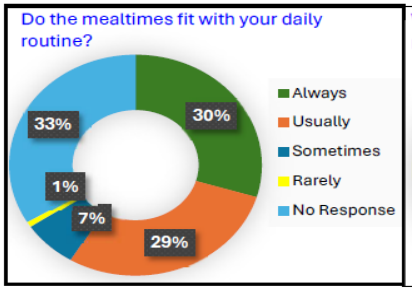
1. Refurbishing the residents' bedrooms.
2. Ongoing review of our activity program.
3. More live music sessions in house

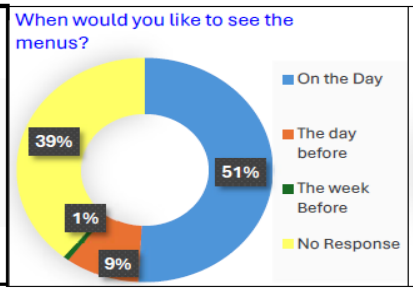
Residents Dining Experience Survey

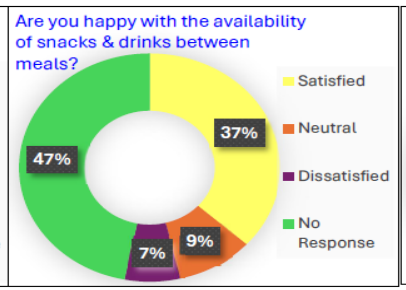


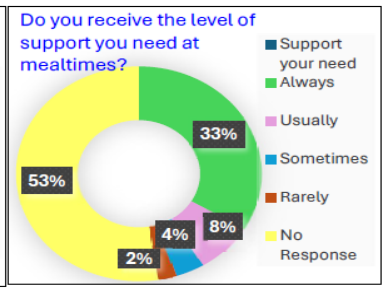


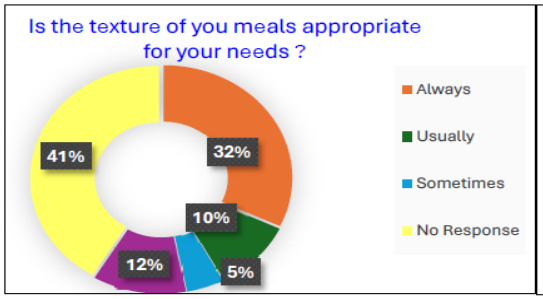


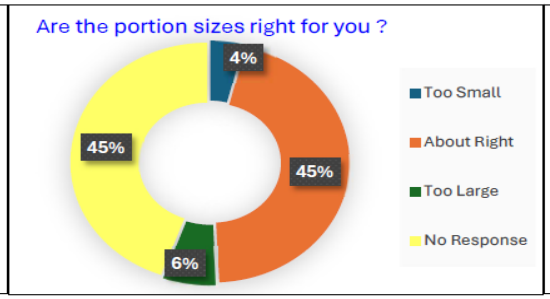


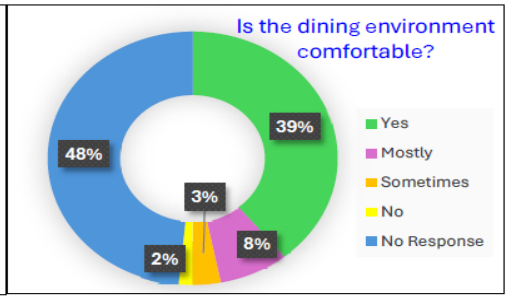












1.4- Each resident develops and maintains personal relationships and links with the ` community in accordance with their wishes.

We recognise that community involvement can make a real difference to the lives of residents by bringing variety, excitement, and new social interactions to St Lukes.

Visiting returned to normal post COVID and whilst an open visiting policy is observed, there may be times when visitors were asked not to visit for practical reasons e.g., mealtimes unless this suited the resident.

Our activities team organised activities with community involvement, for example our residents enjoyed music sessions with local musicians and visits from students from local schools.

The knitting club went from strength to strength in 2025 and we anticipate that this will continue in 2026.

The residents also enjoyed outings in the community such as shopping, visits to Mahon Point and attendance at the Christmas Pantomime in the Cork Opera House. Lunch outings to e.g. the Carrigaline Court Hotel and Cobh were also enjoyed by the residents who were able to and wished to go. A visit by 'Gers mobile farm' in July was enjoyed tremendously by residents and families.

Our annual Christmas party was held on 18th December for the residents in the general units and on December 19th for Maguire House. Residents' families were invited to attend. Santa gave out presents and the music and parties were enjoyed by all. Easter and Halloween were celebrated throughout the home – the Easter bunny visited and gave Easter eggs to all the residents and a pumpkin carving competition that included both residents and staff was held on all units to mark Halloween.

Weekly Church of Ireland services were held on Sundays at 12midday, Catholic Mass on Mondays at 3.45pm and multidenominational prayers on Wednesday in the chapel at 11.45am as well as on Thursday at 11am in Maguire House and residents were facilitated to attend the service/s of their choice. Confession is arranged at the request of residents on an individual basis.

1.5 Each resident has access to information, provided in a format appropriate to their communication needs and preferences.

In St Lukes we believe that when we communicate well with each other, our residents and their families, our residents feel more comfortable and supported. We also advocate that residents should be able to participate in their own care and have autonomy over how it is delivered, in so far as they have the capacity to do so.

Ideally residents should have access to their care plans, and this is facilitated on request but improved compliance in this regard will form part of our quality improvement plan for 2026.

A copy of the resident's guide is available at reception, and our usual procedure is that on admission the resident receives a copy of the resident's guide. However, on review it was noted that our compliance with this in 2025 was not consistent and improvement is planned for 2026.

A copy of the statement of purpose and complaints procedure are available at reception.

Residents have access to newspapers, magazines, television, and radio to keep up to date with current affairs.

Information regarding activities is displayed on our activities notice board in the main corridor and on all unit notice boards. Some of our residents request a copy of the weekly activities schedule for their rooms and this is facilitated.

Wi-Fi is available throughout the home for residents and their family's use.

Our Facebook, Linkedin and Instagram pages are enjoyed by many of the residents, their families and friends, and supporters of St Lukes and it is a means for both residents, families and staff to keep up to date with St Lukes events.

In 2026, we plan to develop more dementia friendly documentation that will be available for residents and families. We also plan to address the need for greater awareness, information and education around dementia in the wider St Lukes community and we hope to roll out dementia awareness evenings as an outreach initiative in the second half of 2026

1.6 Each resident, where appropriate, is facilitated to make informed decisions, has access to an advocate and their consent is obtained in accordance with legislation and current evidence-based guidelines.

Residents are facilitated to make informed decisions regarding all aspects of their care.

Information pertaining to advocacy services is displayed on the notice boards on each of the units and at reception, and 15 referrals were made to SAGE in 2025.

Advance care directives are completed for all residents who have capacity. Capacity is assessed using the functional assessment of capacity. Our St Lukes consent policy is underpinned by the Assisted Decision-Making Capacity Act (2015)

End of life care plans are written with the residents or where applicable with their nominated decision-making assistant, co-decision making representative or their decision-making representative. When one of our residents lacks capacity, their nominated decision making representative, co-decision making representative or their decision-making representative

is asked to provide information to us to ensure the person's past will and preferences, and their beliefs and values are known, which will help to determine what the person would decide for themselves in a particular situation if they were able to do so.

1.7 Each resident's complaints and concerns are listened to and acted upon in a timely, supportive, and effective manner.

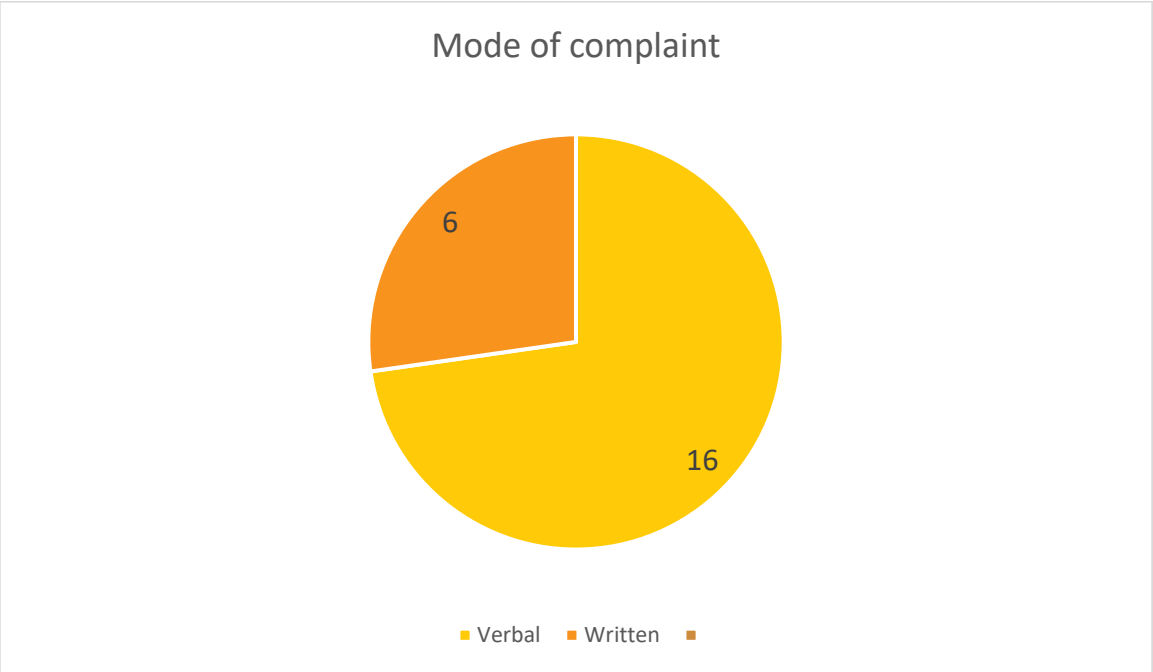
St Lukes Home has a formal complaints process in place to provide guidance to residents and their families in the event they wish to make a complaint. Residents and their families are informed on admission of the complaint's procedure and complaints procedure leaflets are displayed prominently throughout the home.

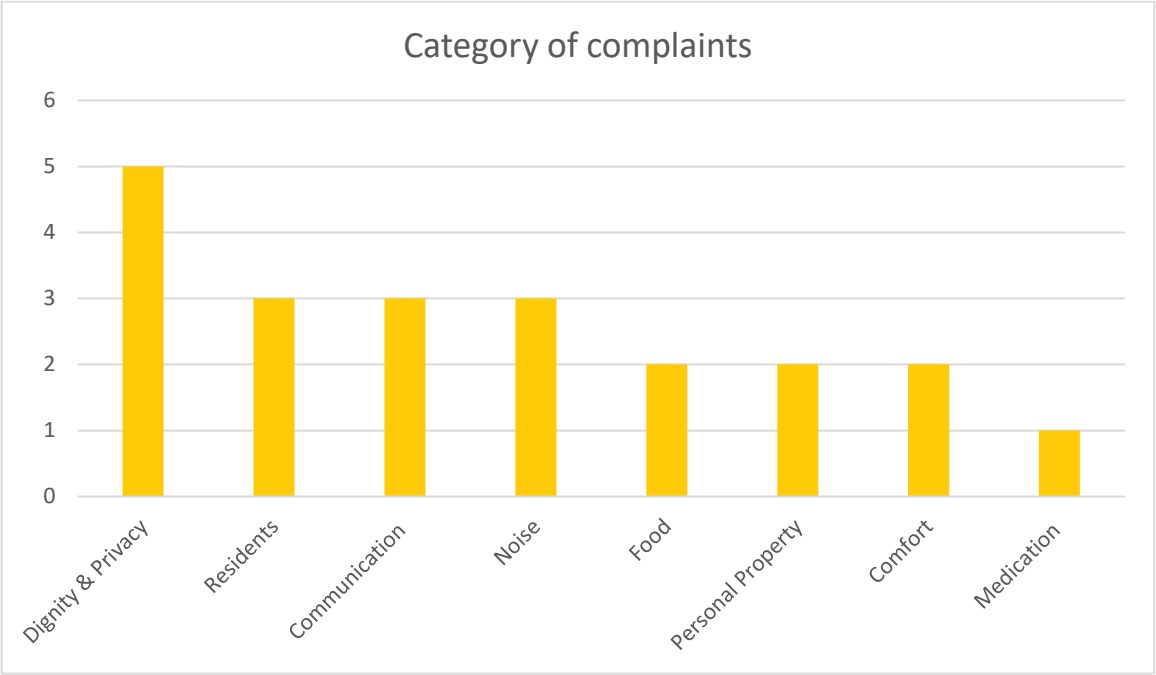
The standard complaint form is held at reception for complaints to be made to the Home or a copy can be obtained from the Clinical Nurse Managers. All complaints are logged into EPIC which is our electronic system. This enables easy trending of complaints.

Complaints are investigated thoroughly and hopefully resolved to the satisfaction of all as quickly as possible. If complaints cannot be resolved easily, they are referred to the Director of Nursing who is the complaints officer for the home. If the complainant is not satisfied with the outcome of the investigation into the complaint, the complaint can be referred to the CEO of St Lukes for further review.

Any complaints that could be viewed as an allegation of abuse are investigated as a safeguarding concern and reported to HIQA and the HSE Safeguarding Team as necessary.

A total of 22 complaints were recorded in 2025, 16 verbal and 6 written.





All learning from complaints is discussed at the Monthly Senior Management meetings and the ADON/Clinical Nurse Managers meetings, and at each Monday morning Multidisciplinary Team Meeting where appropriate.

Suggestion box

The suggestion box is located on the main corridor opposite the conservatory. There were a small number of comments placed in the comments box in 2025, mostly suggesting improvements to the activities programme.

Our aim was to create a culture of feedback, for both positive comments and with suggestions for improvements and we will continue to encourage feedback from our residents and their families in 2026.

We held quarterly resident family suggestion meetings in 2025 which were facilitated by our Social Worker. The meetings minutes were recorded and suggestions for improvement taken on board and acted on where possible e.g. new floors in the sitting room in the units

Theme 2: Effective Services

2.1 Each resident has a care plan, based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the supports required to maximise the quality of their life, in accordance with their wishes.

Our holistic care plans provide a guide for fundamental aspects of residents' everyday lives, such as eating, sleeping, bathing, and dressing. Care plans identify residents' personal and healthcare

needs, the number of staff that should provide personal care, the frequency of certain care interventions, equipment required, dietary needs, food preferences and health and personal goals.

Care plans are informed, in part, by a set of assessments carried out pre-admission, on admission and at a minimum of 4 monthly intervals or when the residents' condition changes. The residents' medical history, with input from the residents and/or their family members is considered as part of the care planning process.

Baseline care plans are developed and implemented within 48 hours of the residents' admission.

In 2026, we plan to improve the inclusion of residents and their families in the care planning process and review as by doing this we can learn more about the residents, provide greater support for their individual preferences, and give residents increased control and choice in their care.

2.2 Each resident's needs in relation to hydration and nutrition are met and meals and mealtimes are an enjoyable experience.

Whilst adequate nutrition and hydration are essential for the wellbeing of our residents, mealtimes offer many of our residents the opportunity to form and sustain important social relationships.

Our Social Worker, together with the clinical and catering staff, make every effort to ensure that residents' choice is facilitated as to where they sit in the restaurant or unit dining rooms.

Whilst our aim is to promote independence at mealtimes, we ensure that residents who need support get the assistance they require. There is always clinical supervision in the restaurant and unit dining rooms during mealtimes.

We ask visitors not to visit during mealtimes if possible.

Our food is prepared on-site by the Qcafe chefs and daily menus are displayed on each table in the restaurant. Daily food safety records are maintained in line with legislation and Environmental Health Officer (EHO) reports are available. EHO inspections are followed up with the implementation of a remedial plan if necessary.

Residents' weights and nutritional status are assessed on admission and monitored thereafter using a validated nutritional screening assessment tool. Malnutrition is addressed in a timely and appropriate manner, with assessments and care plans updated in response to the changing needs of the resident as well as in line with regulations. Referral to dietary and SLT services are made as required. Residents are encouraged to be actively involved in and engaged in making healthy eating decisions.

2.3 The design and delivery of the residential service maintain and supports physical and psychological wellbeing for those who are cognitively impaired while achieving best health and social care outcomes.

We have a dementia friendly approach to care through education of our staff and continuously striving to create as dementia friendly an environment, as possible.

All our staff complete dementia training in person as part of the responsive behaviours training.

We have meaningful activities programme, which is individually tailored for our dementia residents. Examples of activities for dementia residents include reminiscence, modified exercise including chair yoga, card games, jigsaws, puzzles, boccia and sonas sessions. The residents also enjoyed dog therapy and baking and the snoozlan room was available for residents whose cognition is declining.

Residents who could mobilise freely had access to our centrally located garden in the dementia unit. We noticed this had a positive effect on some residents' mood and behaviour.

Our aim is to help each person with dementia to maintain their independence for as long as possible.

In 2025 two members of staff underwent training to become Prevention and Management of Aggression and Violence (PMAV) Instructors and we plan to roll out the PMAV training for staff working in the dementia specific unit in 2026.

2.4 Each resident receives palliative care based on their assessed needs, which maintains and enhances their quality of life and respects their dignity.

Some residents require additional specialist palliative care at the end of their life. This may be provided by our GP, palliative care consultants or palliative care nurses. If our GP feels it is indicated he will refer the resident to the community palliative care team for expert advice.

Other residents who have been in hospital may be under the care of the palliative care team, when they return to us.

.2.5 Each resident continues to receive care at the end of their life which respects their dignity and autonomy and meets their physical, emotional, social and spiritual needs.

When a resident reaches end of life, we aim to ensure they die with dignity. We adopt a holistic approach to end-of-life care which involves psychological, social, and spiritual support for both the resident and the family. The support required depends on individual needs and wishes. Our care also includes bereavement support for the families.

All our residents have a care plan which reflects their end of life wishes. Families are encouraged to be involved in aspects of this care if it is in accordance with the resident's wishes. Their care plans reflect their wishes and changing needs. Families who wish to stay with the resident overnight are encouraged to do so and a room is provided where families can rest and refresh themselves during this time.

The hospice friendly hospital end of life symbol is displayed when a resident is at end of life to inform others and that we wish to create an atmosphere of peace, calm and tranquillity.

Spiritual care is provided by the minister of the resident's faith if this is in line with the resident's wishes.

2.6 The residential service is homely and accessible and provides adequate physical space to meet each resident's assessed needs.

St Lukes Home is a purpose-built nursing home and is located in Mahon, Co. Cork. The home is built on large, landscaped grounds and is registered with HIQA to accommodate one hundred and twenty-eight residents in 84 single bedrooms, 10 two bedded rooms and 6 four bedded rooms. All bedrooms are ensuite with toilet, shower, and wash hand basin. The home provides long-term nursing care, predominately to people over the age of 65, but also provides respite care, catering for residents with varying degrees of dependency from independent to maximum.

To enhance a feeling and sense of homeliness, residents are encouraged to personalise their rooms by bringing in e.g. items of furniture, pictures and photographs.

A schedule for the refurbishment of resident bedrooms as well as communal spaces commenced in 2025.

2.7 The design and layout of the residential service is suitable for its stated purpose. All areas in the premises meet the privacy, dignity and wellbeing of each resident.

St Lukes home is registered with HIQA, as compliant with the Health Act regulation regarding the layout and design of the facility. However, it was acknowledged by St Lukes Senior Management and Board that the shared rooms should be converted to single rooms in line with best practice and plans were put in place in 2025 for the majority of the shared spaces in Exham House to be converted to single rooms. The work is due to commence in early 2026.

The shared communal rooms can be difficult places for engaging in private conversation when there are other residents present and we are fortunate in St Lukes to have a number of alcoves along the corridors where residents can sit quietly or have private time with their visitors. The fishtank that is situated on the corridor outside Exham House has provided hours of entertainment and relaxations for residents and visitors alike.

The library which was refurbished in 2025 provides a space where residents can meet with their visitors, play Bridge, celebrate special occasions with family and friends or just relax. The residents can also access the internet, and a laptop was provided for this purpose.

2.8 Each resident's access to residential services is determined based on fair and transparent criteria.

Prior to admission each potential resident has a comprehensive pre-admission assessment. The purpose of this assessment is to establish whether we in St Lukes can meet the care needs of the

person. The assessment gathers information on the persons medical, nursing, social, spiritual, and psychological needs.

As a number of our rooms are either two bedded or four bedded rooms, potential residents are asked whether they wish to be considered for a shared room. If not, they can remain on the waiting list for a single room to become available.

Potential residents and their families are offered the option of viewing the communal areas of the home prior to accepting a bed.

The waiting list for admissions operates on a 'first come, first served' basis with the beds assigned based on need and the ability of St Lukes staff to meet the care needs of the individual.

Theme 3: Safe services

3.1 Each resident is safeguarded from abuse and neglect and their safety and welfare is promoted.

St Lukes Home is committed to actively safeguarding the welfare of residents We are further committed to upholding and promoting the human rights of all our residents. In line with best practice, we have a safeguarding policy based on the HSE policy 'Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures 2014' and we have a '**No Tolerance**' approach to any form of abuse.

Every resident has a right to feel protected and safe from all forms of abuse including physical, psychological, sexual, financial, institutional, neglect and discriminatory.

Where abuse is suspected or occurs, the home follows policies and procedures in reporting any concerns of abuse to the HSE Safeguarding Team and HIQA. Allegations of abuse are reported to the Social Worker (SW) who is the Designated Safeguarding Officer. In 2025, the DON undertook the designated safeguarding officer training so that cover could be provided when the Social Worker is on leave. We reported 75 safeguarding concerns to the HSE Safeguarding team in 2025.

In 2025, St Lukes returned to in-person, scenario based safeguarding training delivered by the SW for all staff. Feeback from staff on this training has been very positive. Case studies based on real examples of safeguarding issues, along with how to promote good and effective communication, are discussed at these sessions.

The DON, ADONs and CNMs observe care practices in the home by informal observation, by working with the staff on the floor and by chatting to the residents.

Rigorous pre-employment screening is conducted for all new employees, and we have robust policies around recruitment of staff, staff training, and staff supervision.

3.2 The residential service has effective arrangements in place to manage risk and protect residents from the risk of harm.

We promote the safety of our residents and staff and visitors through the assessment of risk, learning from adverse events, near misses and complaints and the implementation of policies and procedures designed to protect the resident.

We report on incidents in accordance with regulation, legislation, national policy and our own local policy. Incidents are investigated and reviewed in a timely manner and the learning from such events is shared internally with staff.

The following policies that address our management of risks are in place and updated as per the policy schedule:

- Fire Safety Management
- Emergency Action Plan
- Risk Management

The Health and Safety Statement is updated annually and a copy signed by the CEO is displayed at reception.

The Health and Safety Committee which is attended by all key stakeholders in St Lukes (CEO, COO, Facilities Manager, QCafe manager, IPC CNM2, Finance manager, housekeeping supervisor, and a staff safety representative) meets quarterly, and the minutes of the meetings are distributed to all units

The risk register is updated annually, and risk assessments are carried out for any new risks that emerge.

3.3 Infection prevention and control practices achieve the best outcomes for residents.

Standard

Our Infection Prevention and Control Policy (IPC) is based on HPSC/HSE and HIQA guidelines.

In 2025 St Lukes returned to in-person IPC training sessions for both clinical and non-clinical staff.

We educate and encourage our residents and our staff to take advantage of Flu and COVID vaccinations. The HSE vaccination team visited the nursing home and vaccinated the residents throughout 2025. A number of staff availed of both Flu and COVID vaccinations also.

One of the CNM2s who completed a post graduate diploma in IPC is our IPC link nurse.

3.4 Each resident is protected through the residential services policies and procedures for medicines management.

Medication management incorporates prescribing, dispensing administering, storing and destroying of medications. In St Lukes our policy on ordering, prescribing, storing, administration and destroying of medications guides our practice on medication management.

We use the medication management module on EpicCare for prescribing and recording the administration of medications.

Staff nurses complete the medication module on HSland every three years

Our GP reviews each resident's medication on a four monthly basis and Pharmacy carry out annual audits on medication management.

3.5 Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint free environment in accordance with national policy.

St Lukes restrictive practice policy is based on national guidelines, and restrictive practices are used in the nursing home in line with this policy and adhere to international rights legislation.

Our aim is always to take the least restrictive approach for the least amount of time possible when caring for our residents.

All restrictive practices are clearly documented, recorded in the restrictive practice log in each unit and are subject to ongoing review.

The restrictive practice committee meets quarterly, and bi-annual restrictive practice audits are conducted.

3.6 Each resident's personal property and finances are managed and protected.

The personal property and finances of residents are safeguarded by staff as per our Residents' Personal Property and Possessions policy and managed in accordance with their wishes.

We have a safe at reception which residents can access Monday to Friday when the administration staff are on duty. There is a record kept of all transactions in and out of the safe.

We acted as pension agents for 3 residents in 2025.

All personal items bought in to the nursing home are labelled with the resident's name, including their clothes. A personal property list is kept and updated 6 monthly.

When residents need support and advice managing their financial affairs, they are given the required assistance to do so.

Theme 4: Health and wellbeing

4.1 The health and wellbeing of each resident is promoted, and they are given appropriate support to meet any identified healthcare needs.

Health, fitness, and general wellbeing are all key to keeping our residents' minds and bodies in shape and ready for life's challenges. We support our residents so that they continue to enjoy a good quality of life and live their lives in keeping with their own social, cultural, and religious beliefs.

We strive to create an environment where residents can achieve their potential to enjoy physical, mental, and social wellbeing.

The health needs of each resident are reviewed, and they have access to the full range of health and social care services to maintain and improve their health status and wellbeing.

Caring for residents' mental health is another essential aspect of comprehensive healthcare. For some residents this will mean having access to specific allied health services for treatment or therapy.

A varied programme of appropriate indoor and outdoor recreational and stimulating activities is offered to residents in line with their needs and preferences.

Access to GP, Occupational Therapy, Physiotherapy, Speech and Language Therapy, Tissue Viability Nurse, Dentistry, Ophthalmology and Chiropody services is available for our residents should they need or request these services.

Attendance at outpatient appointments is facilitated when necessary.

4.2 Each resident is offered a choice of appropriate recreational and stimulating activities to meet their needs and preferences.

The activities team provide a broad range of meaningful activities that promote physical health, mental health and wellbeing and opportunities for residents to socialise, however St Lukes recognises that activities is not just the responsibility of the activities team but of all staff. To that end, all staff are encouraged to have meaningful engagement with and promote leisurely activities for residents in the units for those who do not wish to attend the structured activities programme and at times when there are no structured activities scheduled.

We have an activities team comprising of four staff members and a number of volunteers, who provide activities over the seven days of the week and are always looking for opportunities to enhance the activities programme.

Each resident is assessed for activities on admission. The activity programme takes account of the different levels of functioning and ability of each resident and provides for highly dependent residents and those with cognitive and or sensory impairments as well as those who are more able bodied.

Activities are based on each resident's preferences, interests, past activities and are informed by and recorded in individual care plans. A weekly activity calendar is devised which offer a range of activities.

For resident who do not like group activities a member of the team can provide individualised activity time.

Our residents enjoy many activities including.

- Newspaper readings
- Social club
- Arts and craft
- Pet therapy
- Bingo, cards, boccia, crosswords, and quizzes.
- Knitting club
- Reminiscence sessions
- Jewellery making
- Chair yoga
- Painting classes
- Music recitals

Each resident's birthday is celebrated

4.3 Each resident experiences care that supports their physical, behavioural and psychological wellbeing.

Staff attend dementia and responsive behavior training, and the RNs are trained to write positive behavior support care plans, identifying possible triggers and management techniques. Residents are encouraged to maintain good physical and psychological health and to enjoy as active and personally fulfilling a life as possible. Sit and get fit, Go for Life and chair yoga are some of the activities that are tailored to the needs of the residents, particularly those in Maguire House.
Residents and their families can avail of a counselling service that is provided by Munster Technological University students under the guidance of our in-house SW.
Members of the Pastoral Care Team visit residents in their rooms if the residents are happy to receive a visit.

Section 2
Capacity and Capability

Theme 5: Leadership governance and management

5.1 The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each resident and promote their welfare.

Our statement of purpose details how our service meets the requirements set out in the Health Act (2007) and the National standards (HIQA 2016). This was updated in February 2025

We have a suite of policies which are in line with the requirements set out in the regulations (Schedule 5 policies), as well as policies specific to service needs. These policies help guide and support staff in the safe delivery of care to our residents.

All our policies are reviewed and updated regularly (at a minimum of three years) and where necessary they are updated in accordance with current best practice.

When policy changes impact on the daily lives of residents, the reasons for the changes are communicated to the residents.

We had an unannounced HIQA inspection carried out in 2025 on August 25th and the findings are outlined in the table below.

25th August 2025 HIQA inspection Findings

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	

Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

HIQA Notifications submitted in 2025

NF 01 The unexpected death of a resident, including the death of any resident following transfer to hospital from the designated centre	**NF 03** Any serious incident or injury to a resident that requires hospital admission or resulted in death	**NF 06** Any incident of alleged or confirmed abuse of a resident	**NF 07** Any allegation of misconduct by the registered provider or by a member of staff	**NF 09** Any fire Any loss of power, heating or water Any incident where an unplanned evaluation of the centre took place
2	**14**	**62**	**1**	**1**

5.2 The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.

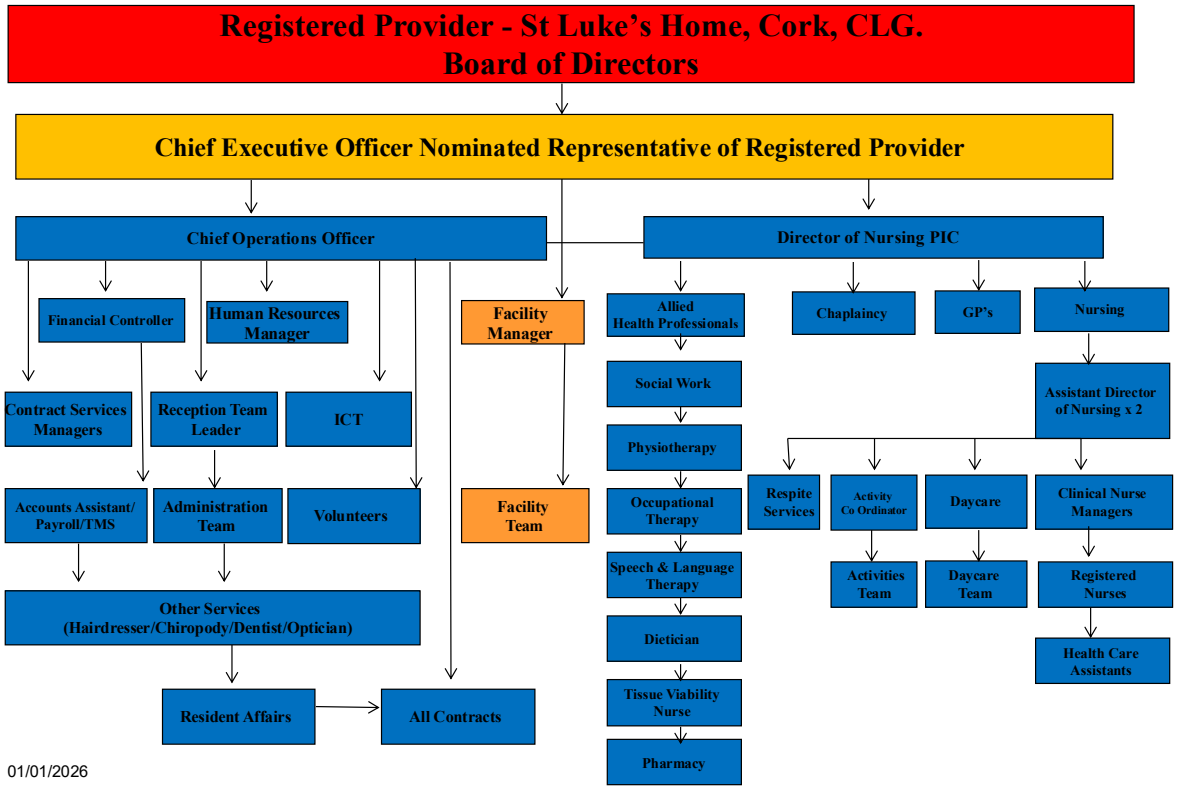
Overall accountability for the delivery of services is clearly defined and there are clear lines of accountability at individual, team, and service level so that all staff working in St Lukes Home are aware of their responsibilities and to whom they are accountable.

The Senior Management Team (SMT)is made up of the Chief Executive Officer, The Chief Operating Officer and the Director of Nursing. A member of the SMT is available onsite Monday to Friday and contactable by phone out of hours. The full management team is comprised of the SMT, the Financial Controller and the Human Recourses Manager. The full management team meet on a fortnightly basis.

In the absence of the Director of Nursing, one of the two Assistant Director of Nursing act up.

We hold quarterly Clinical Governance meetings, bi-weekly Senior Management Team meetings as well as weekly Multidisciplinary Team meetings to ensure that communication between all team members is optimal.

Organisational Chart



5.3 The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.

Our statement of purpose promotes transparency and is available at reception. It includes information on our registration, our aims and objectives, the services provided, the details of our facilities, our management and staffing and how our residents' wellbeing and safety is protected.

Review and evaluation of the statement of purpose is ongoing.

5.4 The quality of care and experience of residents are monitored, reviewed and improved on an ongoing

We are committed in St Lukes Home to providing quality care. To achieve this, we aim to create a culture of continuous learning, critically looking at the care and support we give to our residents and where possible identify any improvements which could impact positively on all outcomes for our residents.

To achieve this, we seek and take into consideration residents' and their family's opinions through conversations and surveys.

We also carry out a variety of audits, and it is through this that we monitor our care interventions, identify improvements, and ensure compliance in our practice. The following audits were carried out in 2025:

- Care planning and documentation audits
- Medication management audits
- QuIS audits
- Infection prevention and control audits
- Falls audit
- Restrictive Practice audits
- Residents dining experience

We also look at outcomes of our care

FALLS

Summary of Falls

- The total number of falls from Jan to Dec 2025 was 194, a reduction of 66 since 2024.
- Most falls in Maguire House occurred in the residents' bedrooms. We continued to use sensor mats to alert staff so they could assist the resident to mobilise.
- In 2025, there was one serious injury post a fall where a resident fractured her hip
- We employed several interventions to reduce the number of falls, e.g. the use of sensor mats, moving the resident to a bedroom closer to the nurses' station if possible and with their consent, ensuring a safe environment, repeating falls assessments, resident education etc.

Restrictive Practice
2025

Quarter 1

Bedrails	Sensor Equipment	Bed Bumpers	Wander Alert
23	41	13	1

Quarter 2

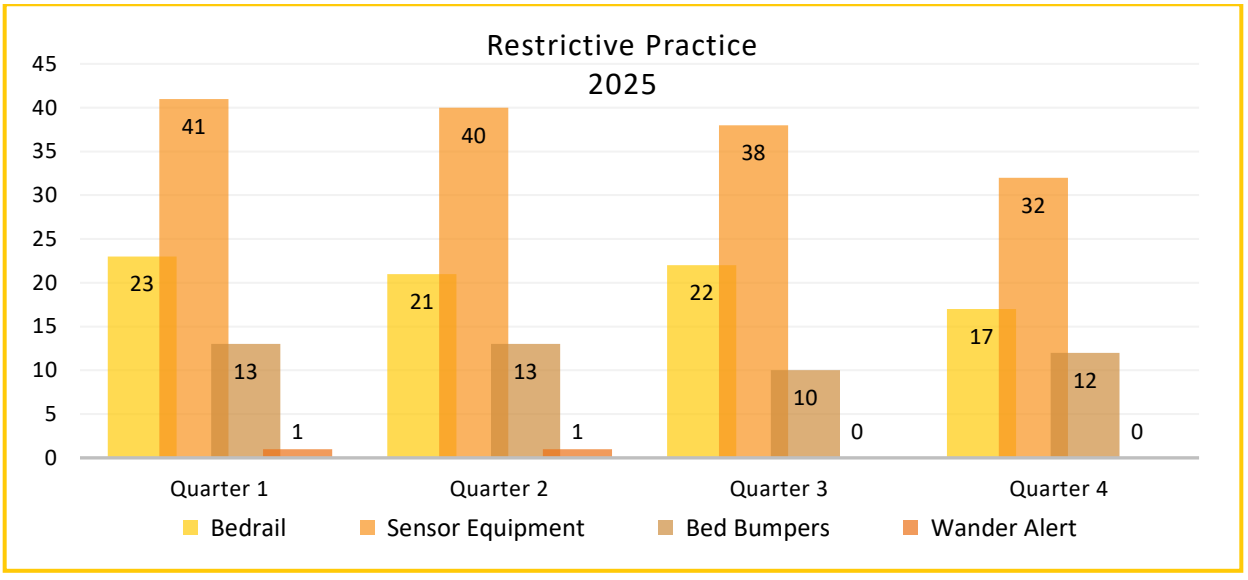
Bedrails	Sensor Equipment	Bed Bumpers	Wander Alert
21	40	13	1

Quarter 3

Bedrails	Sensor Equipment	Bed Bumpers	Wander Alert
22	38	10	0

Quarter 4

Bedrails	Sensor Equipment	Bed Bumpers	Wander Alert
17	32	12	0



Summary

- In 2025 we continued to work towards reducing the number of restrictive practices in use.
- We continued with our restrictive practice meetings although we were not always able to meet quarterly as planned.

- Sometimes a resident requests e.g. the use of one bedrail as an enabler and in this eventuality, the resident gives written consent for the bedrail.

Pressure Injuries
2025

Quarter 1

Grade Level	Acquired Onsite	Acquired Offsite
Grade 2	2	0

Quarter 2

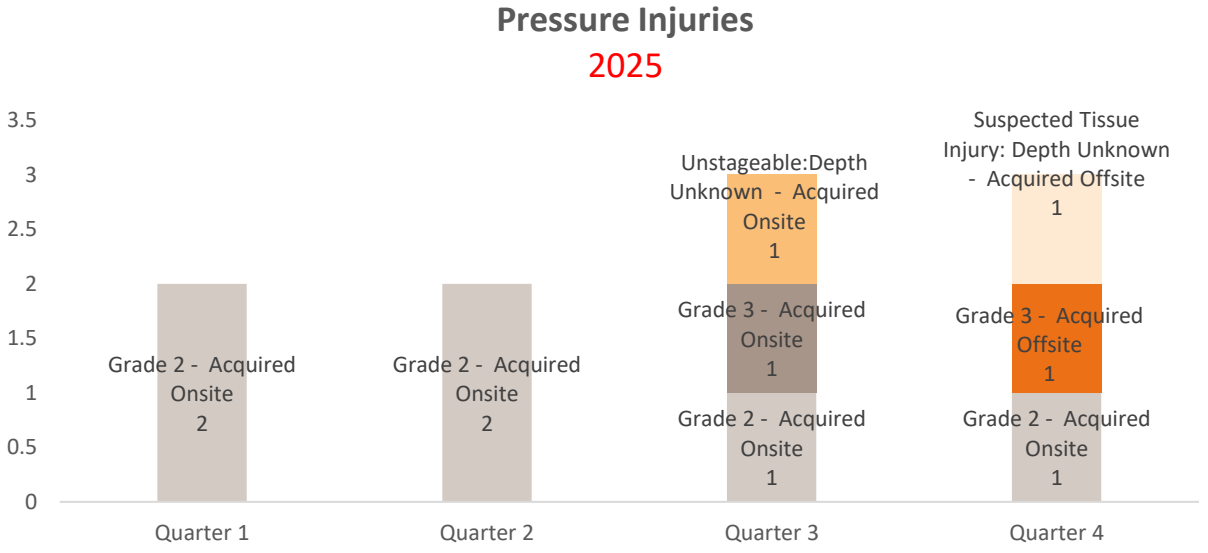
Grade Level	Acquired Onsite	Acquired Offsite
Grade 2	2	0

Quarter 3

Grade Level	Acquired Onsite	Acquired Offsite	Unstageable: Depth Unknown (Onsite)
Grade 2	1	0	
Grade 3	1	0	
			1

Quarter 4

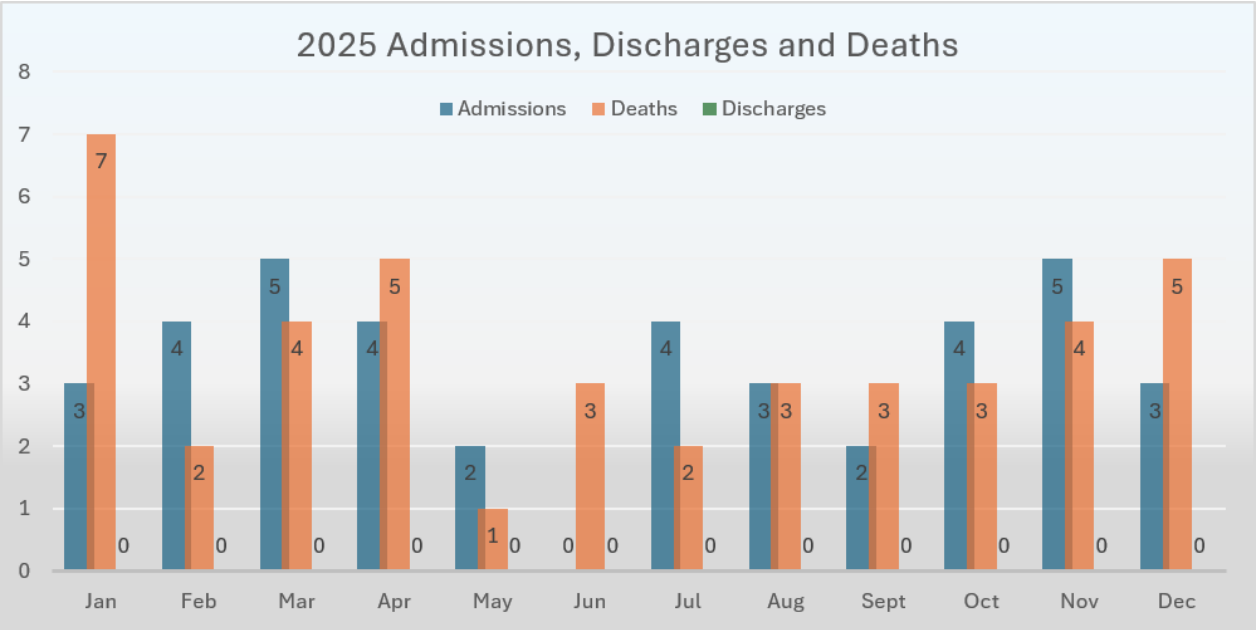
Grade Level	Acquired Onsite	Acquired Offsite	Suspected Deep Tissue Injury: Depth Unknown (Offsite)
Grade 2	1	0	
Grade 3	0	1	
			1



Summary

- Overall, we have a minimal rate of pressure injuries

Admissions/Discharges/Deaths 2025



We had 41 deaths and 39 admissions in 2025

Summary

- At year end bed occupancy was 126

Theme 6: Use of resources

6.1 The use of resources is planned and managed to provide person-centred effective and safe services and supports to residents.

To ensure robust systems were in place for human resource management and planning, a new software programme called staff care was implemented in St Lukes in 2025. Staff care is a workforce management software system used by organisations to manage staff and HR processes. The system can create and manage rotas and shifts, manage staff records, contracts, onboarding/leavers, track absences and leaves, and monitor qualifications and expiry dates.
Staff turnover rates are reported bi-weekly.

Theme 7: Responsive workforce

7.1 Safe and effective recruitment practices are in place to recruit staff.

Job descriptions are available for all posts in the organisation.

Vacant posts are advertised and candidates who meet the criteria are invited to interview.

Pre-employment screening, including garda vetting and reference checks, is completed for all new hires joining the organisation.

In 2026, we plan to implement the completion of exit interviews for employees leaving the organisation.

7.2 Staff have the required competencies to manage and deliver person-centred, effective, and safe services to all residents.

All HCAs have either completed the QQI Level 5 course or at a minimum, the two core modules - Care Skills and Care of the Older Adult.

All Registered Nurses (RN) are registered with NMBI and copies of their current NMBI registration and PIN number are maintained by HR. One of our RNs was supported by St Lukes to complete the Post Graduate Diploma in Gerontology in UCC in 2025.

Job descriptions are available for all roles and are updated as necessary. All new staff complete an induction programme on joining the organisation.

7.3 Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.

Each of the 4 units in the home have a designated Clinical Nurse Manager (CNM) who provide support and supervision for the RNs and HCAs assigned to their unit. There is a CNM rostered to cover all night shifts. The DON or one of the 2 ADONs is onsite Monday to Friday and available by phone out of hours to provide oversight of the clinical function.

In 2026, it is planned that an annual staff appraisal system will be implemented in St Lukes with a view to reviewing staff performance, providing feedback to staff, setting future objectives and giving staff guidance on their developmental and training needs.

CNM meetings, unit staff meetings and MDT meetings are held regularly throughout the year to ensure that staff are kept up to date with changes within the home.

7.4 Training is provided to staff to improve outcomes for all residents.

Relevant training is provided for all staff, using HSEland and through in-person training.

In 2025, we returned to in person, scenario-based training sessions for all mandatory training i.e.

- Manual Handling

- Fire training
- Dementia and responsive behaviour
- Restrictive Practice
- Safeguarding
- Infection Prevention and Control
- Basic Life Support (for nursing staff)

In 2026 we plan to conduct Prevention and Management of Aggressive and Violent Behaviour (PMAV) training for staff with the focus on training for the staff working in the dementia specific unit, Maguire House

Theme 8: Use of information

8.1 Information is used to plan and deliver person-centred, safe and effective residential services and support.

Epic Care is the electronic health record in use in St Luke's to manage the recording of resident's assessments, care plans and evaluation of daily care delivered to residents. The medication management module on Epic Care is used to manage the prescribing, administration and ordering of resident's medications. The GPs and pharmacy can access the residents' prescriptions remotely using Epic Care resulting in a more efficient and safe service to residents.

8.2 Information governance arrangements ensure secure record-keeping and file-management systems are in place to deliver a person-centred safe and effective service.

Residents' electronic health records are stored according to GDPR guidelines electronically in EpicCare. Nurses, healthcare assistants, physiotherapists, the chiropodist, the tissue viability nurse, the administrator, and the GP have access to the records.

Responsibility for data protection lies with the Chief Operating Officer.