



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

Issued by the Chief Inspector

Name of designated centre:	St. Francis' Nursing Home
Name of provider:	St Francis Nursing Home (Mount Oliver) Company limited by Guarantee
Address of centre:	Mount Oliver, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	09 May 2024
Centre ID:	OSV-0000168
Fieldwork ID:	MON-0043580

About the designated centre

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

St Francis Nursing Home is a purpose built nursing home which accommodates a maximum of 25 female residents over the age of 65 years. The centre cares for their religious Sisters and also female residents from the community. The Nursing Home provides 24 hour nursing and residential care to those with medium, high and maximum dependencies. The centre is situated on extensive grounds, 3.2 km North of Dundalk. On the same site as the Mount Oliver Convent the centre has a separate entrance. The accommodation is laid out along two corridors; La Verna and Kevina. All bedrooms are single and have ensuite facilities. There are multiple rooms strategically situated throughout the centre for resident use. The centre also has an enclosed garden for private use. St Francis Nursing Home is a not-for-profit charity set up by the Franciscan Missionary Sisters for Africa.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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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 9 May 2024	09:00hrs to 16:10hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

Overall, residents spoke positively about their experience of living in St Francis' Nursing Home. The centre had a very homely feel and the residents told the inspector that they were happy living there and that they felt safe. The residents appeared relaxed and content in their surroundings and were seen to be interacting well with each other and the staff on duty.

Throughout the morning of the inspection there was a busy but calm atmosphere in the centre. The inspector observed that many residents were up and dressed participating in the routines of daily living, for example, eating breakfast, mobilising in the corridors and reading the daily newspapers. Staff were observed attending to some residents' requests for assistance in an unrushed, kind and patient manner.

The inspector spoke with residents to elicit their opinion on the service being provided in the centre. The residents said that they felt listened to and had the opportunities to make choices in their daily lives. All of the residents who were spoken with were complimentary of the staff. One resident informed the inspector that 'staff are very caring', while another said 'staff were very kind and supportive'.

The centre was seen to be bright, clean and tastefully decorated throughout. The design and layout of the home promoted free movement and relaxation. There was sufficient private and communal space for residents to relax in. Residents had easy access to an enclosed outdoor 'sensory garden' and residents were observed enjoying the tranquil space. Colourful comfortable seating, rhododendron plants and pansy flowers provided pops of cheerful colour. The garden was mostly well-maintained, however the paving required attention and will be discussed later in the report.

Resident bedrooms were neat and organised. Residents who spoke with the inspector were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Residents had personalised their rooms with photographs and personal possessions. Housekeeping staff were busy throughout the day and the residents informed the inspector that their rooms were cleaned every day and that they were very happy with that arrangement.

The inspector was aware that there was a plan to extend the nursing home to include five extra bedrooms. Work was still on-going on the day of inspection. The inspector was informed that the provider would submit an application to vary the condition of its registration once works were complete.

The inspector noted that the dining experience was a calm and sociable time for residents, who sat together in small groups at the dining tables. There was relaxing music playing in the background during the mealtime. When asked about their food, all residents who spoke with the inspector said that the food was very good. Residents said that there was always a choice of meals, there was plenty to eat and

it always tasted good. The tables in the dining room were laid out with cutlery and condiments for the residents to access with ease. The inspector observed the meal time service to be well-managed, unhurried and noted that there were sufficient numbers of staff available to assist residents during meal times.

The inspector observed that residents were supported to enjoy a good quality life in the centre. Activity staff were on site to organize and encourage resident participation in events. Residents had access to daily newspapers, television and radio. The spiritual needs of the residents were met by mass being live streamed on the television every morning and residents informed the inspector that they were 'happy to receive the sacrament of the Eucharist'. The inspector heard how residents enjoyed the various outings scheduled for them including, a trip to a local hotel and to a coffee shop in a nearby garden centre.

The inspector observed on the day of inspection that residents were receiving good care and attention. Staff who spoke with the inspector were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed. Staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

The inspector found that residents in the centre benefited from well-managed resources and facilities. The provider sustained good levels of care and oversight of service across all regulations reviewed, with some further improvement required in respect of premises.

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

The registered provider was St Francis Nursing Home (Mount Oliver) Company Limited by Guarantee. The person in charge facilitated this inspection and demonstrated a good knowledge of the legislation and a commitment to providing a good quality service for the residents.

There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements.

There were sufficient resources available and appropriate staffing and skill-mix in place to ensure safe and effective care was provided to residents. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

The training needs of staff were being met. An up-to-date training matrix was available for review.

Records reviewed were stored securely and made available for the inspection. The policy on the retention of records was in line with regulatory requirements.

Documents were available for review, such as insurance certificate, contracts of care, complaint procedure and the residents' guide and were fully compliant with the legislative requirements.

Regulation 15: Staffing

The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents, found that the number and skill mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspector on the day of inspection.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that met the regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed three contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident's residency in the centre and any charges incurred. The contract also clearly stated the bedroom to be occupied, and the occupancy number of the room.

Judgment: Compliant

Regulation 31: Notification of incidents

All accidents and incidents had been reported to the Office of the Chief Inspector of Social Services within the required time-frame as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process, it also included an appeals process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Quality and safety

This was a good service that delivered high quality care to the residents. The inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their health care needs were well met.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. An assessment of each resident's health and social care needs was completed on admission and ensured that resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

Residents' health and well-being were promoted, and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry services, tissue viability nurse, physiotherapy, dietitian, and speech and language, as required.

There were arrangements in place to safeguard residents from abuse. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. Training records indicated that all staff had completed safeguarding training. The nursing home was not a pension-agent for residents.

Residents' rights and choice were promoted and respected within the centre. Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a wide range of media. There was access to advocacy with contact details displayed in the centre. There was evidence of resident meetings to discuss key issues relating to the service provided.

The premises was of suitable size to support the numbers and needs of residents. However, aspects of the premises required attention and will be discussed under Regulation 17: Premises.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visits were not restricted and were aligned with the centre's visiting policy. There

was adequate space for residents to receive their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

Regulation 17: Premises

Action was required to come into compliance with the regulation as per Schedule 6 requirements in the following areas:

- The courtyard was not maintained to a good standard. Some paving was uneven, preventing residents from using the space safely.
- Emergency call facilities were not accessible in every room used by residents. There was no call bell in the visitors room or in the hairdressing room.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. Overall, individual assessments and care plans were person-centred and contained detailed information specific to the individual needs of the residents. There was evidence that that they were completed within 48 hours of admission and reviewed at four month intervals or before.

Judgment: Compliant

Regulation 6: Health care

A high standard of evidence-based nursing care in accordance with professional guidelines was provided to residents. Residents had access to their GP of choice and members of the allied health care team as required.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. The inspector reviewed a sample of staff files and all files reviewed had a record of Garda vetting obtained for staff prior to commencing employment.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

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 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Francis' Nursing Home OSV-0000168

Inspection ID: MON-0043580

Date of inspection: 09/05/2024

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
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"><li data-bbox="172 869 1437 952">1. The uneven paving area identified in the courtyard will be replaced with an appropriate even surface. Timeframe 30 June 2024.<li data-bbox="172 1019 1437 1102">2. Emergency call facilities will be installed in the visitor's room and hairdressing room. Timeframe 30 June 2024.	

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	30/06/2024