



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:	John Desmond Joyce & Sharon Joyce Partnership
Address of centre:	Kilkerrin, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	21 September 2022
Centre ID:	OSV-0000393
Fieldwork ID:	MON-0037823

About the designated centre

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

St. Francis's Nursing Home is a two-storey residential care facility that provides 24-hour nursing care. The building was originally a monastery and it has been modified and refurbished over the years. It can accommodate 34 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency who require long-term care, or who have respite, convalescent or end-of-life care needs. It is situated in a rural location a short distance from the village of Killkerrin, County Galway. It is a family run business with family members having key roles for the management and oversight of the business. Accommodation is provided in 11 single bedrooms and 10 twin bedrooms, four of which have en suite shower and toilet facilities. There is one three bedded room which also has en suite shower and toilet facilities. There is lift and stairway access to the upper floor. There is a variety of communal day spaces available to residents and there is access to a safe, enclosed garden area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
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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
Wednesday 21 September 2022	09:45hrs to 17:55hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what the inspector observed, there was evidence that residents living in this centre were supported to enjoy a good quality of life. Residents told the inspector that they were well cared for and that they felt safe in the centre. The staff were observed to deliver care and support to residents which was kind and respectful and in line with their assessed needs. The inspector observed a lot of good practice on the day and regulatory compliance was found across most regulations assessed.

This unannounced inspection was carried out over one day. There were 31 residents accommodated in the centre on the day of the inspection and three vacancies.

The inspector completed a tour of the designated centre on the morning of the inspection with the person in charge. Many residents were in bed while others were up and about in the centre. It was evident that residents' choices and preferences in their daily routines were respected. As the morning progressed the majority of residents were observed in the various communal areas around the centre. Residents sat together in the sitting rooms watching TV, reading, chatting to one another and staff or enjoying some quiet time. A number of residents were in the dining room having breakfast, some were relaxing in the foyer while others were observed mobilising freely throughout the building and outdoor area. While staff were seen to be busy assisting residents with their care needs, the inspector observed that care and support was delivered in an unhurried manner. Friendly conversations were overheard between residents and staff and there was relaxed, happy atmosphere throughout the centre. The inspector observed that personal care and grooming was attended to a high standard.

A former monastery, St Francis Nursing Home was a two-storey premises situated in a rural area outside the village of Kilkerrin in County Galway. The centre provided accommodation for 34 residents which comprised of single and multi-occupancy bedrooms spread over two floors which were serviced by an accessible lift. The building was found to be well laid out to meet the needs of residents, and to encourage and aid independence. Residents had access to a number of communal areas depending on their choice and preference including sitting rooms, a foyer and a dining room. All communal rooms were bright and spacious areas with comfortable furnishings and domestic features which provided a homely environment for residents. Residents' bedrooms provided sufficient space for them to live comfortably, which included adequate space to store personal belongings. Many residents had decorated their rooms with pictures, ornaments and other personal items. There was a sufficient number of toilets and bathroom facilities available to residents. There was a new laundry facility which was a large well-ventilated area with a clear one way system to maintain segregation of clean and dirty linen. The centre was bright, warm and well ventilated throughout. There were appropriate handrails and grab rails available in the bathrooms and along corridors to maintain residents' safety. Call bells were available throughout the centre and the

inspector observed that these were responded to in a timely manner.

Residents had unrestricted access to an enclosed outdoor area which included a garden with seasonal plants and vegetable patches, a variety of seating areas and a chicken coup. The inspector observed a number of residents enjoying the outdoors throughout the day of the inspection. One resident took the inspector on a tour of the garden in the afternoon and proudly showed them the work they had been doing throughout the day.

Throughout the inspection, the inspector interacted with a large number of residents and spoke in detail with a total of twelve residents. Those residents who spoke with the inspector were delighted to chat and many spoke with the inspector numerous times during the day. Residents' feedback provided an insight of their lived experience in the centre. One resident told the inspector that everything was 'mighty' and that they could go about the day as they wished. Another resident explained to the inspector why they decided to move to the centre. They said they had settled well and that it was great to have company every day. Another resident told the inspector that they were very happy and that their bedroom was 'by far, the best room in the house'. Other residents told the inspector that they had plenty to do every day and that staff were kind and always provided them with assistance when it was needed. There were a number of residents who were unable to speak with the inspector and they were observed to be content and comfortable in their surroundings. The inspector also spoke with one visitor who was very happy with the care and support received by their loved one.

Residents were provided with opportunities to participate in recreational activities of their choice and ability. Residents told the inspector that they were free to choose whether or not they participated. A number of residents told the inspector that there was plenty to do in the centre including bingo and music. One resident told the inspector that they greatly valued the regular prayer sessions and mass. Another resident was observed tending the garden at various times throughout the day. There was a lively music session in the afternoon provided by one of the residents who played the accordion. This was well attended by residents who appeared to enjoy themselves.

Residents were very complimentary about the food in the centre. A range of food and refreshments was provided throughout the day. Residents had a choice of when and where to have their meals. Food was freshly prepared in the centre's own kitchen and meals were observed to be well presented. Those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Staff members and residents were observed to chat happily together throughout lunch and all interactions were respectful.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day.

Throughout the day, the inspector observed residents to be content as they went about their daily lives, whether in the communal areas, mobilising through the centre, in their own bedrooms or enjoying the garden.

In summary, residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was a risk inspection carried out by an inspector of social services 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 also reviewed the actions taken by the provider to address areas of non-compliance found on the last inspection in September 2021.

The findings of this inspection were that this was a well-managed centre where the governance arrangements were effective and well organised to ensure the quality and safety of the services provided to residents were of a good standard. The management team was observed to have strong presence in the centre and were well known to the staff, resident and visitors. The provider had taken the necessary actions required following the previous inspection and demonstrated a commitment to continuous quality improvement to achieve positive outcomes for residents who lived in the centre.

John Desmond Joyce and Sharon Joyce Partnership was the registered provider of this designated centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There was a person in charge who demonstrated a clear understanding of their role and responsibility. One of the partners was also involved in the day-to-day operation of the centre and provided a high level of management support to the person in charge. They were supported in this role by a full complement of staff including an assistant director of nursing, nursing and care staff, housekeeping staff, catering staff, administrative staff, and activity staff. There were deputising arrangements in place for when the person in charge was absent.

On the day of the inspection the centre had a sufficient number of staff on duty to ensure the delivery of effective care to residents according to their assessed needs. There was a stable team which ensured that residents benefited from continuity of care from staff who knew them well. The team providing direct care to residents consisted of one registered nurse on duty at all times and a team of healthcare assistants. Staff had the required skills, competencies and experience to fulfil their

roles. The person in charge and assistant director of nursing provided clinical supervision and support to all staff. Communal areas were appropriately supervised and staff were observed to be interacting in a positive and meaningful way with residents.

There were adequate resources available to ensure the direct care needs of the residents were met on the day of the inspection. The inspector noted that the number of care staff and housekeeping staff had reduced since the previous inspection. The inspector saw evidence that the provider had an active recruitment campaign underway to replace care staff and housekeeping staff who had recently left the centre's employment.

Policies and procedures were available in the centre, providing staff with guidance on how to deliver safe care to the residents.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding and infection prevention and control training.

The provider had systems of monitoring and oversight of the service in place. A number of audits had been completed by the person in charge which reviewed practices such as care planning, medication management, the use of restraint and a review of accidents and incidents in the centre. Where areas for improvement were identified, action plans were developed and completed. There was an up-to-date quality improvement plan in place which was regularly reviewed and updated by the management team.

The inspector reviewed minutes of management meetings which were held regularly and saw that a range of issues were reviewed including the quality improvement plan, risk, complaints and health and safety. There was evidence of good systems of communication with staff. There were regular staff meetings where issues such as staff rosters, training, activities and residents were discussed.

There was an up-to-date risk register in the centre which identified risks in the centre and controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of the residents, taking into account the size and layout of the designated centre. There

was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with access to appropriate training .

Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence.

Judgment: Compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place against injury to residents, and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of good quality care and support to residents.

There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach.

There was a quality assurance programme in place that effectively monitored the quality and safety of the service.

There was an annual review of the quality and safety of care carried out for 2021.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints records found that resident's complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector observed that residents living in this centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. There was a person-centred approach to care, and residents' well-being and independence were promoted. Residents who spoke with the inspector were very complimentary about staff and the care they received.

The inspector reviewed a sample of six resident files. Each resident had a comprehensive assessment of their health and social care needs carried out prior to admission to ensure the centre could provide them with the appropriate level of care and support. Following admission, a range assessments were carried out using validated assessment tools to identify areas of risk specific to residents. The outcomes were used to develop an individualised care plan for each resident which addressed their individual abilities and assessed needs. The inspector found that care plans were sufficiently detailed to guide care and that the information was holistic and person-centred. Care plans were initiated within 48 hours of admission to the centre and reviewed every four months or as changes occurred in line with regulatory requirements. Daily progress notes demonstrated good monitoring of care needs and effectiveness of care provided to residents.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals in line with their assessed need.

There were a number of residents who required the use of bedrails. Records reviewed by the inspector showed that appropriate risk assessments had been

carried out. A restrictive practice register was maintained in the centre which was reviewed regularly by the person in charge.

The inspector observed that management and staff made efforts to ensure residents' rights were respected and upheld. A number of residents described how they preferred to spend their days and they told the inspector that they were satisfied with the activities on offer. It was evident that residents were supported by staff to spend the day as they wished.

There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Residents had access to an independent advocacy service.

Overall, the centre were observed to be clean and tidy on the day of the inspection and the premises was generally well maintained. The inspector noted that ongoing redecoration and refurbishment of the centre was included in the quality improvement plan for 2022. The provider had built a new purpose-built laundry facility following the last inspection which addressed a number of non-compliances in Regulation 17: Premises. As a result, the inspector observed that storage arrangements and housekeeping facilities were significantly improved in the centre.

The centre had a COVID-19 contingency plan in place which included the current COVID-19 guidelines.

Fire procedures and evacuation plans were prominently displayed throughout the centre. Personal evacuation plans were in place for each resident. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Fire detection and fire fighting equipment was available and serviced as required. Fire safety management checking procedures were in place. However, further action was required to ensure full compliance with Regulation 28: Fire precautions.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector found that residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26 .

Judgment: Compliant

Regulation 27: Infection control

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and all staff had completed this. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment.

Judgment: Compliant

Regulation 28: Fire precautions

While some good fire safety systems were in place, further action was required to comply with the regulations. For example;

- the inspector was not assured that the provider had taken sufficient steps to ensure the fire safety training provided for staff contained content as required under Regulation 28 (1)(d). For example, a small number of staff were not familiar with evacuation procedures.
- simulated fire evacuation drills did not take place at suitable intervals and therefore did not provide assurance that persons working in the centre were aware of the procedure to be followed in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as

physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Francis Nursing Home OSV-0000393

Inspection ID: MON-0037823

Date of inspection: 21/09/2022

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>(1) Our Fire Prevention Policy has been totally revised and all aspects of this will be implemented.</p> <p>(2) As part of their induction to the service, all new employees will receive information on risks of fire, on its prevention and its management should it arise, including the action to be taken should a Resident’s clothes catch fire.</p> <p>(3) All staff will receive Fire Drill training and Compartment Evacuation Training with both day and night staffing levels. They will receive this at least twice per year. All new staff, following their induction as above, will receive Fire Drill training within two weeks of their commencement date and Fire Evacuation training within four weeks of commencement. Only one such staff member will be on duty at any one time until they have received all this training.</p> <p>(4) Our contracted Fire Prevention Consultant will provide training to all newly recruited staff on the use of fire-fighting equipment, within one month of their commencement and thereafter every three years to all staff.</p> <p>(5) Fire Drills and Fire Evacuation Training will be conducted at the Nursing Home with a frequency that ensures each member of staff attends one such session at least twice per year. In so far as is reasonable, Residents who are able, will be made aware of the procedure to be followed in the event of an outbreak of fire.</p> <p>(6) The Fire Alarm System receives an annual service from our contracted Fire Prevention Consultant.</p> <p>(7) The Fire Alarm System will be checked monthly to ensure it is functioning properly. As part of this exercise, we will observe if all fire doors are closing automatically. Issues arising will be rectified.</p> <p>(8) A member of staff has agreed to undertake a course on Fire Safety so that she can be more assured in her training. The Person in Charge is to undertake the Nursing Homes Ireland/Skillnet training course “Fire Safety Management” on 30/11/2022.</p>	



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 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	19/10/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and	Substantially Compliant	Yellow	19/10/2022

	fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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