



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Friars Lodge Nursing Home
Name of provider:	G & T Gallen Limited
Address of centre:	Convent Road, Ballinrobe, Mayo
Type of inspection:	Unannounced
Date of inspection:	23 September 2024
Centre ID:	OSV-0000342
Fieldwork ID:	MON-0044597

About the designated centre

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

Friars Lodge Nursing Home is a designated centre for Older People. The building is purpose-built. Residents are accommodated in single and twin bedrooms. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Ballinrobe town. Residents have access to an enclosed garden area. The centre provides accommodation for a maximum of 64 male and female residents, over 18 years of age. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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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
Monday 23 September 2024	09:10hrs to 16:40hrs	Karen McMahon	Lead

What residents told us and what inspectors observed

This inspection took place in Friars Lodge Nursing Home, Ballinrobe, Co. Mayo. The inspector spoke with a number of residents and spent time observing residents' routines and care practices in the centre in order to gain insight into the lived experience of those living there. From the inspectors' observations and from what the residents told them, it was clear that the residents received a high standard of quality and personalised care living in the centre. The overall feedback from the residents was that the centre was a lovely place to live with friendly and helpful staff.

On the day of inspection the inspector was met by the person in charge. After a brief introductory meeting, the person in charge escorted the inspector on a tour of the premises. Many residents were up and dressed participating in the routines of daily living. The inspector observed staff attending to residents needs and requests.

The centre was spread over one floor and appeared clean and well maintained. On entering the centre there was a large photo display, over a large stone fireplace, celebrating nursing home week, which had recently taken place. A display of photos showed residents both past and present, with a memory tree located close by to remember residents who had passed away. There was a large piano located to the side of the main reception area and one resident was seen to play this during the day.

Resident's bedrooms were observed to be spacious and laid out to meet the needs of the residents living in them. Many residents had brought in personal items from home, including photos and soft furnishings to make the rooms more homely and personal. Photo frames hanging on the hallway walls displayed photos of residents participating in activities, day trips and special events such as parties, in the centre.

Residents had access to a choice of communal spaces throughout the centre. There was a tastefully decorated oratory located to the front of the centre that residents were observed using for quiet reflection throughout the day of inspection. Other communal spaces included sitting rooms, activity rooms, visitors room and dining rooms. All spaces were observed to be appropriate for their use and were used by residents throughout the day to take part in various scheduled activities or to just sit and relax to read the newspaper or watch television.

There was a smoking room located internally in the centre, for a number of residents who smoke. There was call bell facilities and appropriate fire safety equipment available in the room. However, the inspector noted a strong smell of cigarette smoke in the hallway outside the room. The smell was also noticeable in a sitting room located next door to the smoking room.

Recent changes had been made by the registered provider to swap two bathrooms with two store rooms in the centre. This change had increased the available storage

space in the centre, while still providing choice to residents who chose to have a bath to meet their hygiene needs. The provider was preparing an application to vary to submit to the office of the Chief Inspector to reflect these changes.

There were two outdoor courtyards available for residents to use. These spaces were safe enclosed spaces freely accessible to residents. There were raised flower beds, level paving for residents who require wheelchair assistance or who use mobility aids and appropriate outdoor furniture. However, some areas were noted to be overgrown and needed attending to.

Residents were observed participating in activities during the day which were facilitated by staff including two activity co-ordinators. Mass is streamed daily on the TV for residents who choose to watch it and a number of residents watching it in a group in one sitting room could be heard singing along to the hymns sung during the service. Activity notice boards throughout the centre clearly showed the planned activities for the day and week ahead and included pictures of the activities to communicate with residents who may have a communication difficulty.

The inspector observed the dining experience at lunch time and saw that the meals provided were of a high quality and well presented. There were two options for the main meal at lunch time to include minced beef stew or battered cod. Both options were served with a choice of vegetables and mashed potatoe. There was a choice of dessert which included apple and berry crumble with custard or jelly and ice-cream. The tea menu on that day had an option of chips, goujons and beans or mixed salad. An assortment of tea cakes were also served at this time.

Assistance was provided by staff for residents who required additional support in a smaller dining room, adjacent to the main dining room. These interactions were observed to be kind and respectful. The meal time was seen to be a social occasion where both staff and residents spent time talking to each other. Feedback from residents was positive. They reported to enjoy the meals and many residents said that there was always plenty on the plate. One resident said the food was nothing short of wonderful.

The inspector spoke with many residents on the day of inspection. All were positive and complimentary about the staff and had positive feedback about their experiences living in the centre. All residents spoken with said that the staff couldn't do enough for them and they were never left waiting for help. One resident said they couldn't say a bad word against the centre or the staff working in it and they enjoyed the day to day life here.

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 the quality and safety of the service being delivered.

Capacity and capability

The findings of this inspection were that Friar's Lodge Nursing Home was a well-managed centre, where there was a focus on ongoing quality improvement to enhance the daily lives of residents. The inspector found that residents were receiving good quality service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

This was an unannounced inspection conducted over one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. This inspection also followed up on the compliance plan from the last inspection in November 2023 and reviewed solicited information received. There was no unsolicited information received since the previous inspection.

The centre is owned and operated by G&T Gallen Ltd., who is the registered provider. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge was supported by the company directors of the registered provider. Other staff members include clinical nurse managers, nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff.

Management systems in place included meetings, committees, service reports and auditing which supported robust systems, which facilitated ongoing quality improvement in the delivery of safe care and services. Management oversight focused on resident well being with actions being taken to ensure that residents' lived experience in the designated centre was positive. Records of audits showed that any areas identified as needing improvement had been addressed with plans for completion or were already completed.

A comprehensive annual review of the quality of the service in 2023 had been completed by the registered provider, and there was evidence of consultation with residents and their families.

Policies were in place, in accordance with regulation, and were seen to be reviewed and updated. Records reviewed on the day, contained the prescribed information set out in the regulations and were stored on-site for the required seven years. There was a detailed policy in place for the storage and safe destruction of records.

A directory of residents had been established that met the requirements of the regulations. This was made available to the inspector during the inspection. A review of contracts in place for residents met the criteria of Regulation 24: Contract for provision of services.

Regulation 14: Persons in charge

The person in charge was a registered nurse with experience in the care of older persons in a residential setting. They held a post registration management qualification in healthcare services and worked full-time in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents available which included the information required as set out in Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of six staff files and found that they were kept in accordance with Schedule 2. All records as set out in Schedules 2, 3 & 4 of the regulations were retained on site for the required regulatory time frames.

Judgment: Compliant

Regulation 22: Insurance

The inspector viewed a valid insurance certificate which covered residents against injury and loss or damage to resident's property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained

system of communication. The systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

The annual review for 2023 was reviewed and it met the regulatory requirements, including clear evidence of resident consultation in the process.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of four contracts of care between the resident and the registered provider and saw that they clearly set out the room occupied by the resident, details of any fees payable by the resident and services that were not covered by the Nursing Home Support Scheme thus incurred an additional charge.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures on the matters set out in Schedule 5. These policies were reviewed every three years or sooner if required.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the care and support residents received living in Friars Lodge Nursing Home was of a good quality and ensured they were safe and well-supported. Many staff had worked in the centre for several years and knew residents well. The inspector observed that the staff upheld resident's rights and treated residents with respect and kindness throughout the inspection.

Residents reported positively regarding the food on offer in the centre and the inspector found that residents' nutritional and hydration needs were being met. Residents' nutritional status was assessed every month and health care professionals, such as general practitioners, speech and language and dieticians, were consulted when required. Residents individual dietary requirements were clearly communicated to both catering and clinical staff.

Residents had appropriate storage in their bedrooms to store their personal belongings. Each resident had access to lockable storage in their bedrooms. Clothes were laundered on site and returned to the residents' wardrobe, neatly folded. The registered provider had a robust system in place to safely store finances and valuables for residents in a locked safe in the office, if they chose to do so.

There was an open visiting policy and visitors were observed attending the centre throughout the inspection. Residents could receive their visitors in the privacy of their bedrooms or in a private visiting room as required.

The residents' guide for the designated centre was available, which contained all the relevant information pertaining to the services and facilities in the designated centre, visiting, advocacy services and the terms and conditions related to residence in the centre. However, there was no detailed information on the procedure respecting complaints. The guide directed residents to view the procedure displayed in the reception area and didn't account for a resident's ability to independently seek this information out in the reception area.

Residents who required transfer to hospital had all relevant documents sent with them. A nursing transfer document included information on their past medical history, list of current medications and emergency contact numbers. Any changes to care were reflected in the resident's care plan, on return to the centre. In-house policy required a checklist to be completed on return to centre to ensure all relevant updates and other relevant procedures were completed. Transfer documents were saved to the resident's file.

Pharmacy services were provided by an external contractor and there was a digital system in place for the prescribing and administering of medications. The temperature record for fridge storage was recorded on a daily basis. Medications including controlled medications were safely stored in locked clinical rooms, with lockable storage cupboards.

A selection of care plans were reviewed on the day of inspection. The inspector found that not all residents with a specific communication need had a correlating care plan in place. This is further discussed under Regulation 10; Communication difficulties.

Regulation 10: Communication difficulties

The inspector reviewed four care plans for residents with communication difficulties. Three of the care plans did not have a specialist communication care plan prepared under Regulation 5, to guide staff to provide appropriate care, to ensure residents were facilitated to communicate freely in line with their assessed needs and requirements.

Judgment: Substantially compliant

Regulation 11: Visits

There was an open visiting policy and arrangements in place to allow visitors to attend the centre to visit residents throughout the day. There were a number of quiet and private spaces available for residents to receive their visitors and guests other than their bedroom should they require it.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control over their clothing and personal possessions. Residents had adequate storage space in their bedrooms, including a lockable cupboard for personal possessions. Linen and clothes were laundered regularly and returned to the right resident. There were appropriate procedures in place to ensure residents to retain control over their finances.

Judgment: Compliant

Regulation 18: Food and nutrition

All residents had access to a fresh and safe water supply. Appropriate choice was offered at meal times and there were ample quantities of food and drink available. All dietary requirements were met. Meal times were supervised by staff to ensure that they were an enjoyable experience for residents, with assistance available to those residents who required it. Residents were facilitated to eat their meals wherever they chose too. Snacks and refreshments were available throughout the day.

Judgment: Compliant

Regulation 20: Information for residents

The information for residents guide did not include detailed information on the procedure respecting complaints.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

All relevant information was communicated through the form of a nursing transfer document on resident transfers to hospital or elsewhere. Changes to care, on return to the centre, were reflected in the care plans.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

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 14: Persons in charge	Compliant
Regulation 19: Directory of residents	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 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant

Compliance Plan for Friars Lodge Nursing Home OSV-0000342

Inspection ID: MON-0044597

Date of inspection: 23/09/2024

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 10: Communication difficulties	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties:</p> <p>Existing Communication care plans have been assessed, and new improved comprehensive Communication Care Plans have been developed and implemented for all residents identified with communication difficulties as of September 30, 2024. These care plans are individualised, based on thorough assessments, and provide detailed guidance to staff on how to support each resident’s communication needs effectively. The care plans ensure that residents are facilitated and assisted to communicate freely in accordance with their assessed level of need.</p> <p>Additionally, all communication care plans will be subject to regular reviews and updates, ensuring they remain responsive to any changes in residents' needs.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>Existing Communication care plans have been assessed, and new improved comprehensive Communication Care Plans have been developed and implemented for all residents identified with communication difficulties as of September 30, 2024. These care plans are individualised, based on thorough assessments, and provide detailed guidance to staff on how to support each resident’s communication needs effectively. The care plans ensure that residents are facilitated and assisted to communicate freely in</p>	

accordance with their assessed level of need.

Additionally, all communication care plans will be subject to regular reviews and updates, ensuring they remain responsive to any changes in residents' needs.

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 10(2)	The person in charge shall ensure that where a resident has specialist communication requirements, such requirements are recorded in the resident’s care plan prepared under Regulation 5.	Substantially Compliant	Yellow	01/12/2024
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	23/09/2024