



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:	Announced
Date of inspection:	05 September 2024
Centre ID:	OSV-0000393
Fieldwork ID:	MON-0043569

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:	32
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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 5 September 2024	09:00hrs to 17:15hrs	Fiona Cawley	Lead
Thursday 5 September 2024	09:00hrs to 17:15hrs	Nan Savage	Support

What residents told us and what inspectors observed

On the day of inspection, inspectors found that residents living in this centre were very well cared for and very well supported to live a good quality of life, by a dedicated team of staff who knew them well. There was a human rights, person-centred approach in place which ensured that residents were respected and at the heart of the service. Feedback from residents was that this was a very good place to live, and that staff were very kind and respectful. One resident told inspectors that they were 'treated with the best respect'. Inspectors observed that residents appeared at ease in the company of staff and management.

This announced inspection was carried out over one day. There were 32 residents accommodated in the centre on the day of the inspection and two vacancies.

Following an introductory meeting with the person in charge, inspectors completed a tour of the building, giving an opportunity to review the living environment and to meet with residents and staff. Residents were observed to be up and about in the various areas of the centre. Some residents were having breakfast, some were relaxing in the communal areas, while others were having their care needs attended to by staff.

St Francis Nursing Home is located outside the village of Kilkerrin, County Galway. The two-storey building, a former monastery, is registered to provide accommodation for 34 residents. Residents' living and bedroom areas were located on both floors, which were serviced by an accessible lift. There was a sufficient choice of suitable communal areas provided for residents to use, depending on their preference, including sitting rooms and a dining room. Many areas provided residents with pleasant views of the outdoor gardens and the surrounding countryside. Bedroom accommodation comprised of single and multi-occupancy rooms, a number of which were ensuite. Residents' bedrooms were suitably styled with adequate space to store personal belongings. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs. All areas of the centre were designed and furnished to create a very homely and accessible living environment for residents.

An enclosed garden was available which provided access to quality outdoor space to residents. This area included a variety of suitable garden furnishings and seating areas. There were colourful, seasonal flowers beds, vegetable patches and lawns, and a number of residents commented on the lovely outdoor area. One resident took great pride in showing the inspectors around the various areas of the garden. Throughout the day, residents were seen spending time in the garden with visitors, staff, and on occasions, having quiet time by themselves.

The centre was found to be bright and comfortable throughout. The premises was laid out to meet the needs of residents, and to encourage and support independence. There were appropriate handrails available and corridors were

unobstructed to allow residents with walking aids to mobilise safely. There was a sufficient number of toilets and bathroom facilities available to residents. There were appropriate sluicing facilities in the centre. The centre provided an onsite laundry service for residents' personal clothing which was appropriate for the size of the centre. All areas of the centre were warm and well ventilated.

Inspectors observed that the centre was very clean and tidy. While there were a number of maintenance issues noted by inspectors, the provider had an ongoing programme of improvement works in place to address these areas.

As the day progressed, inspectors spent time in the various areas of the centre chatting with residents and staff, and observing staff provide care and support to residents. There was a very warm, convivial atmosphere and residents appeared very content as they went about their daily lives. Residents sat together in the various communal rooms watching TV, reading and relaxing. A number of ladies were observed enjoying a beauty therapy session. Some residents preferred to sit along the corridor outside the dining room, which provided a perfect spot to watch the comings and goings in the centre. Residents mobilised freely and contently throughout the centre and the gardens. One resident was busy tending to various outdoor chores which was part of their daily routine. Communal areas were appropriately supervised and residents who wished to remain in their bedrooms or who were unable to join the communal areas were supported by staff throughout the day. Staff who spoke with inspectors were very knowledgeable about residents' individual care needs and preferences. Inspectors observed that personal care needs were attended to a very good standard. While staff were seen to be busy attending to residents throughout the day, inspectors observed that staff were very kind, patient, and attentive to their needs. Friendly, familiar chats could be heard between residents and staff throughout the centre and it was very evident that residents were treated with fairness and dignity.

Residents spoke positively about their experience of living in the centre. Residents commented that they were well cared for, comfortable and happy living in the centre. One resident told inspectors that 'were happy living here' and that they were supported to visit their own home at weekends. Another resident told inspectors that 'it was enjoyable and there was something to do everyday they' and that they 'looked forward to getting up everyday'. They described the food as 'top class' and told inspectors that staff were 'excellent in every sense of the word'.

Residents told inspectors that they had plenty of choice in how they spent their day, and that staff supported them to be as independent as possible. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. There were a number of residents who were not able to give their views of the centre. However, these residents were observed to be content and relaxed in their surroundings.

There was an activities schedule in place seven days a week which provided residents with opportunities to participate in a choice of recreational activities throughout the day. The centre employed two activities co-ordinator who facilitated group and one-to-one activities. Residents stated that they had plenty to do every

day and that they had a choice in how they chose to spend their day. Inspectors observed a game of bingo on the afternoon of the inspection which was very well attended by residents. Staff ensured that residents who wished to be actively involved in activities were facilitated to do so. Residents who participated in the game told the inspectors how much they enjoyed it. One resident mentioned how they had the choice to take part in activities or not and this was observed by inspectors during the inspection.

Residents were provided with a good choice of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. Inspectors observed residents having meals at various times of the day depending on their preference. Residents were supported during mealtimes, and residents who required help were provided with assistance in a respectful and dignified manner. Residents told the inspector that they were satisfied with the amount and the quality of food provided.

Visitors were observed coming and going throughout the day. Inspectors spoke with a number of visitors who were very satisfied with the care provided to their loved ones

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 an announced monitoring 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 monitoring inspection in September 2022.

The findings of the inspection reflected a service that provided person-centred, positive outcomes for residents in an inclusive environment. The governance and management was well organised, and the centre was well resourced to ensure that residents were supported to have a good quality of life. The provider had addressed the actions of the compliance plan following the last inspection in respect of fire precautions.

The registered provider was John Desmond Joyce and Sharon Joyce Partnership.

There was a clearly defined organisational structure in place, with identified lines of responsibility and accountability at individual, team and organisational level. The management team consisted of a person in charge, a general manager and one of the partners, all of whom were well-known to residents. The person in charge was supported by an assistant director of nursing and a clinical nurse manager. There was a full complement of staff including nursing and care staff, activity, housekeeping and catering staff. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge. The person in charge demonstrated a very good understanding of their role and responsibility. The management team was actively involved in the day-to-day management of the centre. They were a visible presence and provided effective leadership to all staff.

The centre was well resourced to ensure that the rights, health and wellbeing of residents were supported. The provider had systems in place to monitor and review the quality of the service provided for the residents. Clinical and environmental audits were completed by the management team. The audits included reviews of systems such as care planning, falls management, use of restraint, and medication management. Where areas for improvement were identified, action plans were developed and completed. There was an up-to-date comprehensive quality improvement plan in place which was regularly reviewed and updated by the management team. The person in charge carried out an annual review of the quality and safety of care in 2023 which included a quality improvement plan for 2024.

There was evidence of effective communication systems in the centre. Regular management team meetings had taken place. Minutes of meetings reviewed by the inspector showed that a range of relevant issues were discussed including, maintenance and refurbishment, risk, resident issues, policies, staffing, training, incidents, and audits. The management team also met with staff on a regular basis and discussed topics such as, infection prevention and control, complaints procedure, health and safety, audits and other relevant issues.

A review of the staffing rosters found that there were adequate numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies and experience to fulfil their roles. The team providing direct care to residents consisted of at least one registered nurse on duty at all times, and a team of health care assistants. Staff demonstrated an understanding of their roles and responsibilities. The person in charge provided clinical supervision and support to all the staff. Communal areas were appropriately supervised, and inspectors observed kind and considerate interactions between staff and residents. Teamwork was very evident throughout the day.

Policies and procedures, required by Schedule 5 of the regulations, to guide and support staff in the safe delivery of care, were available to all staff.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding and infection prevention and control training. There were arrangements in place to provide supervision and support to staff.

The provider had systems in place to ensure the records, set out in the regulations, were available, safe and accessible, and maintained in line with the requirements of the regulations.

The provider had contracts for the provision of services in place for residents, which detailed the terms on which they resided in the centre.

There was a risk register in place which identified risks in the centre, and controls required to mitigate those risks. Arrangements for the identification and recording of incidents were in place.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services, as required.

The provider viewed complaints as opportunities to learn from the experiences of people using and interacting with the service. Inspectors reviewed a sample of complaints received and found that the provider had responded promptly to the complaint and had taken appropriate action. Residents knew who they could talk to if they had a complaint. During the course of the inspection, inspectors spoke with a resident who expressed a high level of satisfaction with how their complaint had been managed by the provider.

The complaints process was prominently displayed and included details of the complaints officer, how investigations took place and the review process.

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

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

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, were stored securely and readily accessible. Inspectors reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

Residents and their property was appropriately insured in the centre, in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that there were strong governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. There was a clearly defined management structure in place with identified lines of authority and accountability. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, available to staff and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Inspectors found that the centre promoted a human rights-based approach to care and support for residents living in St Francis Nursing Home. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. Inspectors observed that the standard of care which was provided to residents was of a very good quality. Residents' rights and choices were upheld and their independence was promoted. Staff were respectful and courteous with residents.

While the premises were appropriate for the assessed needs of the residents on the day, the registered provider informed inspectors that a number of quality improvement measures were under consideration to enhance the living environment for residents such as the configuration of a number of bedrooms. There was an ongoing maintenance programme in place.

Nursing and care staff were knowledgeable about residents' care needs and this was reflected in the nursing documentation. A sample of residents' files were reviewed by the inspectors. Prior to admission to the centre, residents had a comprehensive assessment of their needs completed to ensure the service could meet their health and social care needs. Residents' care plans were developed within 48 hours following admission to the centre. Care plans were underpinned by accredited assessment tools to assess each resident's needs including, assessment of malnutrition, risk of falling, risk of pressure related skin damage and support needed to ensure safe mobility. Inspectors found that each resident's uniqueness was respected and their individual assessed needs and preferences documented. There was evidence of resident and family involvement, where appropriate. Care plans were updated every four months, or as changes occurred, in line with regulatory requirements. Daily nursing records demonstrated good monitoring of residents' care needs.

The centre had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs and wishes. Records reviewed evidenced that the centre had access to specialist palliative care services for additional support and guidance, if needed.

Residents received a good standard of evidence-based nursing care and there was appropriate oversight of residents clinical care by management. The health and well being of residents was promoted and supported through areas such as nutrition, recreation and exercise. Residents had access to medical assessments and treatment by their general practitioners. Management and staff were proactive in referring residents to a range of allied health professionals including physiotherapist, occupational therapist, dietitian, chiropody, tissue viability nurse and palliative care. From the sample of files reviewed, it was evidenced that recommendations from allied health professionals were implemented to improve residents' health and well being.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

The ethos of care in the centre was person-centred. Residents' rights and choices were respected and upheld, and their independence was promoted. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice in their daily lives and routines. Residents could retire to bed and get up when they chose. There was a schedule of recreational activities in place which was facilitated by an activities co-ordinator and care staff.

There were sufficient staff available to support residents in their recreation of choice. Residents had access to an independent advocacy service. Residents had the opportunity to meet together and to consult with management and staff on how the centre was organised as evidenced by the minutes of resident meetings.

The needs and preferences of residents who had difficulty communicating were actively identified by staff, and efforts made to support residents to communicate their views and needs directly.

Residents who may be at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways were established to ensure residents identified as at risk of malnutrition were referred for further assessment by an appropriate health professional.

There was an up-to-date residents' guide available which contained a summary of the services and facilities in the centre, the terms and conditions relating to living in the centre, the complaints procedure and the arrangements for visits.

The person in charge ensured that, where a hospital admission was required for any resident, transfers were safe and effective by providing all relevant information to the receiving clinicians and that all relevant information was obtained on the resident's return to the centre.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Regulation 10: Communication difficulties

The provider had systems in place to ensure residents with communication difficulties were facilitated to communicate freely.

Judgment: Compliant

Regulation 11: Visits

Inspectors 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

Residents had access to appropriate space and facilities within their bedrooms to store their personal belongings, including lockable storage.

Judgment: Compliant

Regulation 13: End of life

Arrangements were in place to provide residents with appropriate care, and comfort, during their end-of-life. Staff consulted residents and, where appropriate, their relatives to gather information with regard to residents needs and wishes to support the provision of person-centred, compassionate, end of life care.

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 to 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 25: Temporary absence or discharge of residents
Where a hospital admission was required for any resident, the person in charge ensured that all relevant information about the resident was provided to the receiving hospital and that all relevant information was obtained on the resident's return to the centre.
Judgment: Compliant
Regulation 26: Risk management
A centre-specific risk management policy was in place, in line with the requirements of Regulation 26.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.
Judgment: Compliant
Regulation 6: Health care
Residents were provided with timely access to a medical practitioner and health and social care professional services in line with their assessed needs.
Judgment: Compliant
Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding had access to training and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The provider promoted a human rights-based approach to health and social care in the designated centre. Inspectors 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 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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant