

# 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:	Announced
Date of inspection:	16 June 2025
Centre ID:	OSV-0000168
Fieldwork ID:	MON-0039269

## 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 30 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:	30
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## How we inspect

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 16 June 2025	09:30hrs to 17:30hrs	Karen McMahon	Lead

## What residents told us and what inspectors observed

This inspection took place in St Francis' Nursing Home, Dundalk, Co.Louth. From the inspector's 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. Throughout the day, the atmosphere in the centre was relaxed and calm.

On the day of the inspection the inspector was met by a member of the nursing staff who guided them through the sign in procedure. Shortly after arrival at the designated centre and following an introductory meeting the inspector completed a tour of the designated centre with the person in charge.

Staff members were observed to be gently interacting with residents and did not hurry residents when providing care. It was evident that the staff members knew the residents' needs and particular behaviours well. Residents were seen to be wearing clean clothes that reflected their personal preference.

The centre was spread over one floor and appeared clean and well maintained. Colourful hand painted murals were seen in different areas of the corridors. 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. All bedrooms were single en-suite rooms. Overall residents told the inspector that they were happy with their bedrooms and their cleanliness.

Residents had access to a choice of communal spaces throughout the centre. 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 large enclosed garden. The garden was full of colourful plants and flowers, with level pathways and appropriate outdoor seating. The inspector observed many residents using this space to enjoy the warm sunny weather on the day of inspection. Residents could enter the gardens freely through several access areas on the ground floor.

Overall, the ancillary facilities at the centre supported effective infection prevention and control. Clean and dirty areas were distinctly separated, and the workflow in each area was well-defined. The cleaning carts were fitted with locked compartments for safe chemical storage. Additionally, the layout of the on-site laundry effectively separated the clean and dirty stages of the laundry process. There were ongoing issues with legionella in the centre but this risk was being managed and controlled

by management and staff working in the centre, which will be further discussed within this report.

Residents could attend the individual dining room or have their meals in their bedroom if they preferred. A menu was displayed outside dining rooms and was also available on dining tables. On the day of the inspection, residents were provided with a choice of meals which consisted of roast turkey or lamb stew, both of which were served with mash potato, carrots and cabbage. Dessert options included ice-cream and jelly, bread and butter pudding or yogurt.

In the dining room the inspector observed that dinnertime was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. The dining tables were nicely laid. The food was served up fresh in the dining room and residents could choose how much food they wanted on their plates. There was an appropriate level of supervision in the dining rooms and assistance available to those who required it.

Activities were observed taking place throughout the day of inspection. Mass was said each morning in the centre. Many of the residents were retired members of a religious congregation, who had previously lived in the adjoining or nearby convents, where mass and religion had been an integral part of their day to day living. Residents were enjoying the activities and were seen to be engaging in them. Information notice boards in the centre provided information on the activity plan for the week ahead, and also provided information on other appropriate services including advocacy.

The inspector spoke with eight 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 staff had helped them to settle in when they moved to the centre and made them feel at home through what they classed as a period of personal adjustment for them. Another resident told the inspector how they never once regretted their decision to move here after a long stay in hospital. Many residents spoken with echoed the same sentiment that they felt well cared for and safe.

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

There was a clear governance and management structure in place in the centre and the registered provider had ensured that the centre was adequately resourced to

deliver care in accordance with the centre's statement of purpose. 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 a one day announced inspection to monitor the compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

There was a clear governance and management structure in place in the centre. The person in charge was supported in their role by a Clinical Nurse Manager (CNM) as well as members of the registered provider entity. Other staff members included nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff. The registered provider was St Francis Nursing Home (Mount Oliver) Company limited by Guarantee.

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 2024 had been completed by the registered provider, and there was evidence of consultation with residents and their families.

The centre was well-resourced. Staffing levels on the day of this inspection were adequate to meet the needs of the thirty residents during the day and night.

Policies were in place, in accordance with Schedule 5, and were seen to be reviewed and updated. There was a health and safety statement and a risk management policy in place. The risk register in place was regularly reviewed and was seen to have been updated to reflect the current risks around Legionella in the centre.

A directory of residents was available to review on the day of inspection. However, the inspector found that this was not maintained in line with the required information as set out in Schedule 3 of the regulations.

## Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and 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 19: Directory of residents

The inspector reviewed a sample of entries in the directory of residents and found it was not maintained in line with regulatory requirements. For example;

- The sex of the resident was not recorded in any entry.
- Two entries reviewed did not contain the address of the resident.
- Four entries did not contain the complete details for the designated contact person.
- Five entries did not contain the GP phone number, while two further entries did not contain the GP address.

Judgment: Substantially 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 2024 was reviewed and it met the regulatory requirements, including clear evidence of resident consultation in the process.

The registered provider had arrangements in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to the residents.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider maintained a suite of policies and procedures to comply with the requirements of schedule 5 of the regulations.

Judgment: Compliant



## Quality and safety

Overall, the inspector found that the care and support residents received living in St Francis' Nursing Home was of a good quality and ensured they were safe and well-supported. The inspector observed that the staff upheld resident's rights and treated residents with respect and kindness throughout the inspection.

Residents had appropriate storage to safely store their clothing and personal possessions and had access to a locked locker in their rooms. Clothes were laundered on site and a clear procedure was in place to ensure the safe return of laundered clothing to residents. There was sufficient storage in this centre which allowed for clinical and operational items to be stored separately. The registered provider did not act as a pension agent for any residents. There was a robust system in place for the safe keeping and return of monies and valuables belonging to the residents, who had chosen to give it to management in the centre for safe-keeping.

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.

Residents who required transfer to hospital had all relevant documents, including a nursing transfer letter, a general practitioner (GP) letter and a list of current medication, sent with them. Any changes to care were reflected in the residents care plan, on return to the centre. Transfer documents were saved to the residents file.

Staff had relevant training in management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care plans were reflective of trigger factors for individual residents and methods of de-escalation that had a history of being effective for the resident. There was a low level of restraint use within the centre and, where it was in use, it was used in line with national policy.

The Inspector identified good practice in the prevention and control of infection. The registered provider had established various measures for good environmental hygiene standards, such as specific cleaning procedures and checklists. A review of cleaning records showed consistent daily cleaning and monthly deep cleaning. The centre was visibly clean. The centre had good oversight of antimicrobial usage in the centre.

Legionella had recently been detected in the centre. There was a clear action plan and controls in place, that included weekly flushes and water temperature checks in every bedroom and service room in the centre. An external contractor was hired to identify and treat the source of the legionella and there was a record of all

communication between the contractor and management in the centre available for review on the day of inspection. Residents had been provided with the relevant information around legionella and the controls in place through the resident forums. This was evidenced in a review of the minutes from these meetings.

The Inspector observed the medicines and pharmaceutical services within the centre and found that the practices and systems including storage of medicines was safe. Fridge storage for medication had a record of daily temperature recordings. Medications including controlled medications were safely stored in locked clinical rooms, with lockable storage cupboards.

### 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 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 27: Infection control

The registered provider had ensured that infection prevention and control procedures, consistent with the standards published by the Authority and appropriate national authorities in relation to infection prevention and control and outbreak management, were in place and implemented by staff. All staff had received suitable training in relation to infection prevention and control.

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

## Regulation 7: Managing behaviour that is challenging

The person in charge had ensured that all staff had up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. There was a low level of restraint in use in the centre and restraint was only used in accordance with national policy.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

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

Inspection ID: MON-0039269

Date of inspection: 16/06/2025

## 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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The provider and the PIC devised a plan on how to make the directory of residents compliant with the regulatory requirements.</p> <ol style="list-style-type: none"><li>1. The sex of residents and the admission status columns were added to the directory of residents.</li><li>2. Missing information such as addresses of residents, designated contact person details, GP phone number and GP address were entered.</li><li>3. All nurses were reminded of the importance of having all information entered in the directory of residents.</li></ol> <p>These issues were resolved on 17/06/25.</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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	17/06/2025