Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

# Issued by the Chief Inspector

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| Name of designated centre: | Pilgrims Rest Nursing Home |
| Name of provider: | Jalf Care Limited |
| Address of centre: | Barley Hill, Westport, Mayo |
| Type of inspection: | Unannounced |
| Date of inspection: | 16 July 2026 |
| Centre ID: | OSV-0000376 |
| Fieldwork ID: | MON-0047044 |

## About the designated centre

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

Pilgrims Rest Nursing Home is a purpose-built single-storey bungalow-style building which is registered to accommodate 33 residents. It is situated in a rural location 2 miles outside the town of Westport on the Newport Road. The centre provides care to residents who require long-term care and residents who require respite care, convalescence care or who have palliative care needs. Accommodation for residents is provided in 19 single bedrooms, 16 of which have en-suite toilet and wash-hand basin facilities and seven double bedrooms, four of which have en-suite toilet and wash-hand basin facilities. The communal space consists of a dining room, three sitting rooms, a smoking room and a visitors' room. There are five showers/bathrooms that include toilets, and a further four communal toilets located throughout the building. There is also a private enclosed garden area for residents' use.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 30 |

## 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 |
|---|---|---|---|
| Thursday 16 July 2026 | 09:30hrs to 16:00hrs | Celine Neary | Lead |

## What residents told us and what inspectors observed

The inspector found that residents were supported to enjoy a good quality of life, supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy with the quality of care they received and with their quality of life in the centre. This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People), Regulations 2013 to 2025 (as amended), and to follow up on actions that the registered provider had agreed to implement in order to achieve compliance with the regulations, arising from the last inspection carried out in April 2024

Following a brief introductory meeting, the inspector walked around the centre and reviewed the premises and observed staff during their morning routines. The inspector met with many residents and also spoke with staff throughout the day.

Residents told the inspector how they enjoyed the variety of activities that take place in the centre. They were participating in an in-house competition, which involved various matches played in the World Cup Soccer. They were also following their county team, which was due to play in the All-Ireland final. Parts of the centre were decorated in their county flag colours. Residents told the inspector they had watched the recent match and were looking forward to seeing the final.

Residents were up and dressed in their preferred attire and appeared well cared for. While some residents chose to relax in their bedrooms, listening to the radio and reading books, other residents chose to spend their time in the day rooms. There was a relaxed atmosphere throughout the day of the inspection. It was apparent that residents engaged in a variety of activities throughout the day. On the morning of this inspection, an activity coordinator was sharing local and national news from the newspapers with residents. This was enjoyed by all who participated. Others enjoyed watching and listening to music on the television. Residents were seen mobilising freely around their home and had access to their courtyard garden, where the inspector observed some residents sitting with visitors and walking.

Residents told the inspector that staff were 'kind and helpful' and were aware of who to speak with if they were worried or concerned about anything. There were also regular residents' meetings held, which discussed various topics such as food and upcoming events, in the centre. This gave residents the opportunity to air their views and discuss any areas of the service that required changes or improvement. It also gave them the opportunity to relay compliments and what they enjoyed.

Observations by the inspector throughout the day confirmed that there were positive interactions between residents and staff, and residents appeared to be relaxed in the company of staff. Some residents who were unable to express their views verbally appeared to be content and relaxed in their environment. Staff were

familiar with the residents' preferred daily routines, their assessed care needs, and the activities they enjoyed. Some residents got great satisfaction observing a staff member feeding the seagulls on the front lawn. They told the inspector that they come for food each day and it is great fun to see them all scramble for bread crumbs on the lawn.

The centre was clean throughout, and housekeeping staff were knowledgeable within their roles. The inspector observed staff performing hand hygiene appropriately, and they had access to hand-washing facilities. All communal rooms were well-used by residents throughout the day. Residents who spoke with the inspector were happy with their bedrooms. Many residents had pictures, soft furnishings and photographs in their rooms and other personal items which gave the room a homely feel. There was a schedule of upgrades and works which were ongoing to maintain and upkeep the centre. Many areas had been newly painted, and these works were ongoing.

The inspector saw that the centre was adequately resourced with serviced equipment, such as manual handling equipment, and an appropriate stock of supplies to ensure residents received a good standard of nursing care. The inspector observed that residents did not have to wait long when they needed staff assistance. Residents had easy access to their call-bells, which were provided in each bedroom. There were sufficient numbers of staff available in the designated centre to provide supervision and support to the residents.

The next two sections of the report will 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

Overall, the findings of this inspection were that Pilgrims Rest Nursing Home was a well-managed centre, with an experienced and established management team in place. Residents were supported and facilitated to have a good quality of life.

The provider for this centre is Jalf Care Limited. There was a clearly defined and established management structure in place that identified the lines of responsibility and accountability within the centre. The provider representative also worked as the person in charge in the centre and was supported by an assistant director of nursing and an administration team. The centre also had a team of nursing and care staff, activity coordinators, housekeeping and catering staff.

The inspector saw that systems were in place to manage risks associated with the quality of care and the safety of the residents and found that the provider was proactive in identifying and responding to risks in the centre. There was a

comprehensive audit schedule in place, which monitored the quality of care provided, such as food and nutrition, medication management, personal care, manual handling, safeguarding and documentation. Residents were provided with a good standard of care. There were sufficient resources available to provide the service in line with the statement of purpose.

The annual review of the quality and safety of the service for 2025 had been completed, which was informed by feedback from residents and their representatives. It contained an overview of key areas of the service as well as a quality improvement plan for 2026.

Staff were supported to attend mandatory training such as fire safety, manual handling and safeguarding vulnerable adults from abuse. Supplementary training was also offered to staff in areas such as responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), restrictive practices and end-of-life care.

The registered provider maintained a policy and procedure regarding complaints. Records confirmed that the provider investigated complaints in line with this policy. The provider was keen to learn from complaints and, to identify patterns that may impact on the quality of the service provided through regular review at governance meetings.

## Regulation 15: Staffing

The registered provider had ensured that the number and skill-mix of staff was appropriate to meet the needs of all residents, in accordance with the size and layout of the designated centre.

Judgment: Compliant

## Regulation 16: Training and staff development

All staff were facilitated to attend up-to-date mandatory training, which included annual fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in charge had also ensured that staff working in the centre were facilitated to attend professional development training to update their knowledge and skills to competently meet residents' care and support needs. Staff were appropriately supervised throughout the day, according to their individual roles. A comprehensive induction programme was in place to ensure new staff had the appropriate skills and knowledge to care for residents. This was monitored by senior staff.

Judgment: Compliant

## Regulation 21: Records

The records requested for review under Schedules 2, 3 and 4 were made available to the inspector. Those reviewed were compliant with the relevant legislative requirements.

Judgment: Compliant

## Regulation 23: Governance and management

The management systems in place were sufficient to ensure that the service was safe, appropriate and effectively monitored through the use of a comprehensive audit programme.

There were sufficient staffing resources in place on the day of the inspection, and the centre had a clearly defined management structure in place with appropriate lines of authority and accountability.

An annual review of Quality and Safety was completed for 2025; it was comprehensive, included residents' and relatives' feedback, and identified areas for improvement to be completed in 2026.

Judgment: Compliant

## Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the service and facilities provided in the centre. It had been updated within the last year.

Judgment: Compliant

## Regulation 31: Notification of incidents

Reports of incidents which were required to be notified to the office of the Chief Inspector of Social Services had been submitted in line with the regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

A review of the logged complaints found that concerns were managed and responded to promptly, in line with regulatory requirements. The satisfaction level of the complainant was recorded.

Judgment: Compliant

## Quality and safety

Overall, this was a good service that delivered quality care to the residents. The inspector was assured that residents were supported and encouraged to have a good quality of life in the centre. There was a person-centred approach to care, and residents' wellbeing and independence were promoted. Residents were satisfied with the care they received, and spoke positively about the support they received from staff.

A review of residents' care records found that residents had detailed and person-centred care plans developed, based on comprehensive health and social care assessments. Daily progress notes were maintained and up to date. They were reflective of residents' current care needs and requirements. Care plans were audited to ensure a consistent standard was maintained.

The inspector found that there was regular communication with residents' general practitioner (GP) regarding their health care needs. Arrangements were in place for residents to access the expertise of health and social care professionals. Daily progress notes demonstrated good monitoring of care needs, and that recommendations made by health care professionals were implemented.

Residents' nutritional care needs were monitored. Residents' weights were monitored, and staff were familiar with the level of assistance each resident required during mealtimes. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition.

Residents' rights were promoted, and choice was encouraged. This was evident throughout the day of inspection, and staff asked residents for their preferences and were respectful and patient in their response.

Residents' families and friends were made welcome and were encouraged to be involved in the care and ongoing lives of the residents. The inspector observed

visitors coming and going throughout the day, and they were well known to the staff team. The provider encouraged feedback from family members about the care and support that their loved ones received in the centre, in order to address areas where the service could be improved.

## Regulation 27: Infection control

The premises and equipment were clean. Infection prevention and control (IPC) measures were in place. Staff had access to appropriate infection control training. Adequate housekeeping resources were in place to maintain infection prevention and control standards. The inspector observed that staff adhered to good IPC practice.

Judgment: Compliant

## Regulation 28: Fire precautions

There were systems in place to protect residents from the risk of fire, including regular review and servicing of fire safety equipment.

There were arrangements in place to ensure that staff received suitable training in fire prevention and participated in regular fire drills.

All fire exits were unobstructed on the day of inspection, with daily checks in place, and personal emergency evacuation plans were in place for each resident. They accurately described their evacuation needs in the event of a fire emergency.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were safe processes in place for the handling of medicines, including controlled drugs, which were in line with current professional guidelines and legislation. Staff followed appropriate medication management practices so that residents received their prescribed medications. There were procedures in place for the handling and disposal of unused and out-of-date medicines, including controlled drugs.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Residents' care plans were developed following an assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

## Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. G.P's visited residents regularly. Allied health professionals, such as a dietitian, physiotherapist, occupational therapist, speech and language therapist, and tissue viability nurse, were available to residents as required.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

There was a restrictive practice policy in place to guide staff on the 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). The interactions of staff observed on the day, communication with staff and a review of responsive behaviour care plans provided assurance that residents' needs were effectively met.

Records showed that when restrictive practices were implemented, a risk assessment was completed and there was a plan in place to guide staff. There was a restrictive practice register in place, which was kept under review by the clinical team.

Judgment: Compliant

## Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse were in place. Staff spoken with displayed good knowledge of the different kinds of abuse

and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in adult protection.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector observed that the privacy and dignity of residents were respected by staff. Throughout the day of inspection, the staff were observed to interact with residents in a caring, patient and respectful manner. Residents were not rushed.

Residents had access to a variety of activities throughout the week, and outings and days out were encouraged and facilitated.

Independent advocacy services were available. Regular residents' meetings took place, and feedback was actively sought from residents and relatives to monitor and improve the service, if required.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| **Quality and safety** | |
| Regulation 27: Infection control | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |