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

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:	27 August 2025
Centre ID:	OSV-0000376
Fieldwork ID:	MON-0047339

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.

Number of residents on the date of inspection:	32

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
Wednesday 27 August 2025	09:30hrs to 17:10hrs	Celine Neary	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents were happy and content with living in the designated centre. Residents were well supported to enjoy a good quality of life, and their feedback was positive regarding the service they received and the support and care provided to them by staff. Residents were supported to maintain their connections with their community, family and friends. Visiting was unrestricted, and residents could come and go from the centre if they chose to.

Staff were observed by the inspector to be kind and attentive to each resident's needs. Residents were comfortable in the company of staff as they chatted and laughed together. They said that they were well-cared for and that the response by staff to their requests was met to their satisfaction.

Residents told the inspector that "I am happy and content here", "staff are friendly", "I like going for walks", and "I enjoy the activities on offer". Residents told the inspector that they felt very safe and secure in the centre and that they would speak to a staff member or their relatives if they had any concerns or were dissatisfied with any aspect of the service they received.

The centre environment was visibly clean, bright, homely, warm and comfortable. There were communal areas available, including two sitting rooms, a dining room and a courtyard garden. This courtyard garden was beautifully landscaped and had various flowers and shrubs, along with garden furniture for residents and visitors to enjoy. The inspector observed residents using this garden for walks or to sit quietly outside in the fresh air during the day of the inspection. Residents could access all areas within their home without any restrictions.

The inspector observed health care staff and nurses supporting residents with daily care. A senior healthcare assistant was available to monitor and support the care delivered. When the nurses finished their medication round, they joined the health care staff to provide care and support to residents.

There was a lively and varied social activity programme taking place throughout the day, with daily news being discussed from the newspapers, followed by live-streamed mass on the television and then ball games in the afternoon.

The inspector observed that a small number of residents preferred to stay in their bedrooms or sit in the reception area at the centre. Staff were observed to check on residents who stayed in their bedrooms and to greet residents who sat in the reception area each time they passed by. While these residents preferred to watch the 'comings and goings' in the centre, they also had opportunities to participate in one-to-one meaningful social activities that met their interests and capacities, facilitated by an additional member of staff appointed since the last inspection to ensure these residents' social needs were met.

The inspector observed that all residents had access to call-bell facilities in their bedrooms and a bedside light. Call-bells were answered promptly, and the inspector did not observe any residents having to wait for assistance or support from staff.

There were sufficient numbers of staff available at mealtimes to assist residents as needed. Staff provided discreet assistance to meet residents' individual needs. Residents told the inspector that the food was 'first class'. The inspector observed that residents were provided with a varied diet, and residents confirmed that they could have alternatives to the menu offered if they wished. Staff were knowledgeable on each resident's specific dietary requirements, and there was good oversight of nutritional intake, and regular weights were recorded to monitor the nutritional status of each resident at risk.

Capacity and capability

This was an unannounced 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). Overall, the findings of this inspection were that Pilgrims Rest Nursing Home was a well-managed centre, where the residents were supported and facilitated to have a good quality of life. A new registered provider had taken over this centre in May 2025. This provider had worked in the centre as the person in charge for several years and was familiar with the service. They were continuing as the person in charge and had appointed an assistant director of nursing.

There was a clearly defined management structure in place that identified the lines of responsibility and accountability within the centre. From a clinical perspective, the person in charge was supported in her role by an assistant director of nursing. The centre also had a team of nursing and care staff, housekeeping and catering staff, two activity coordinators and an administrator. There were sufficient resources to ensure the effective delivery of care. A review of staffing rosters found that staffing levels were adequate to meet the needs of the 33 residents accommodated in the centre at the time of the inspection, with consideration of the size and layout of the building.

A programme of audits was in place to support the monitoring of the quality and safety of the service. These audits were used to identify risk within the service, as well as areas of quality improvement. For example, monthly audits on nutrition, medication management, dependency levels, staffing, personal care, manual handling and falls management were being completed to identify means of mitigating this risk to residents. Quality improvement plans had been developed in response to areas of non-compliance that had been identified.

The annual review of the quality and safety of the service for 2024 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 2025.

Staff were facilitated to attend training that was appropriate to their role. This included fire safety, people moving and handling, safeguarding of vulnerable adults and infection prevention and control training. Other training was made available to staff, including cardiopulmonary resuscitation and dementia care. Staff who spoke with the inspector demonstrated good knowledge of how they implemented the training that they received. The person in charge and the assistant director of nursing carried out adequate supervision of staff and care provided within this centre.

There were effective lines of communication between staff and management in the centre. Staff attended twice-daily handover reports to discuss any key risks or issues with residents. Regular governance meetings were held by the management team.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern. A record of complaints was maintained by the person in charge, which demonstrated that complaints were managed promptly and effectively. All complaints received were discussed at management meetings and responded to in line with the provider's complaints policy.

The inspector reviewed a sample of contracts for the provision of care and found that they met the requirements of the regulations. Contracts viewed were signed by the resident or their representative, and they included the terms of admission and fees to be charged for services provided.

Regulation 15: Staffing

There were adequate numbers of staff on duty with an appropriate skill-mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. There were arrangements in place to ensure that staff were adequately supervised. Fire training was supplemented by a trainer in-house and there were frequent fire safety and fire drills carried out.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and the 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.

There were clear systems in place for the oversight and monitoring of care and services provided for residents. The issues found at the last inspection had, on the whole, been addressed by the provider.

The annual review for 2024 was completed, and it included feedback which had been sought from the residents in relation to the quality of the service they received.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector found that each resident had a contract of care in place, which was signed by the resident or the resident's representatives and included the terms of residency and the fees to be charged for services.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaints procedure was on display. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process, in line with legislative requirements. There had been two complaints since the last inspection. Both were fully investigated in line with the provider's policy and within the required time frames. Outcomes and satisfactions of the complainants were documented.

Judgment: Compliant

Quality and safety

Overall, residents appeared happy living in the centre, and many spoken with said they were happy with the care they received. Residents told the inspectors that they felt safe and supported living in the centre. Residents' privacy, dignity and personal choices were respected. Residents were enabled to live their lives the way they chose to live within the designated centre and to exercise their personal preferences and independence.

The inspector observed that residents' bedrooms were clean, tidy and personalised with items of importance to each resident, such as family photos and sentimental items from home or of their interest. Residents appeared to have sufficient space for storing their clothes, toiletries and other belongings.

Residents' health, social care and spiritual needs were well-catered for. Residents in the centre had access to appropriate healthcare and health and social care professionals.

The centre had an electronic nursing documentation system in place. Individualised assessments and care plans were routinely reviewed and updated in line with the regulations and in consultation with the resident or their representative. Care plans were person-centred, and staff were aware and familiar with each resident's care requirements and preferences.

There were systems in place to support residents who exhibited responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment). Care plans were developed for these residents, which outlined appropriate, person-centred de-escalation strategies to guide staff in supporting and reassuring these residents.

The design and layout of the premises met the residents' needs, and this had a positive impact on their quality of life. However, the layout of one of the twin-occupancy bedrooms was inadequate and did not promote the privacy and dignity of each resident. There was limited space between the beds, which could hinder the safe and effective use of assistive equipment without encroaching on the privacy and dignity of the other resident. Despite this, residents informed the inspector that they liked their room and did not want to move to another room. They liked being close to the nurses' station and had formed a bond with one another after several years of sharing their room.

The provider had measures in place to protect residents from the risk of infection, including staff training. Cleaning schedules were in place for all parts of the premises, and overall were consistently completed. Arrangements were in place to ensure there was effective oversight of cleaning procedures and staff practices. The inspector observed many good examples of infection prevention and control practices on the day of inspection, which included adequate hand-hygiene practices

by staff and the appropriate use of personal protective equipment when required. However, four hand-sanitisers were empty on the day of inspection, but this was addressed by housekeeping staff immediately.

A review of the medication systems within the centre found that the administration, ordering, storage, and disposal of medicines were in line with best practice.

Measures were in place to ensure residents were protected from the risk of fire. The provider had procedures in place to ensure themselves regarding residents' timely and safe emergency evacuation in the event of a fire in the centre. The provider had been proactive and had commissioned a competent fire safety officer to complete a Fire Risk Assessment Report for the entire premises, and was awaiting this report at the time of this inspection.

The provider had effective measures in place to protect residents from the risk of abuse. Residents confirmed that they felt safe and secure living in the centre.

Residents enjoyed unrestricted access to their courtyard garden and had access to it whenever they chose to. It was nicely maintained with interesting shrubs and ornaments, and contained sufficient amounts of seating for residents and visitors to enjoy.

Residents had opportunities to participate in meaningful activities, in line with their interests and capacities. Residents were supported to access advocacy services if they so wished.

Regular residents' meetings were held, which ensured that residents were engaged in the running of the centre.

Regulation 17: Premises

Although the provider had reconfigured the layout of bedroom four, the inspector observed that each resident did not have access to a minimum area of 7.4 m2, according to Schedule 6 of the regulations. Furthermore, should the dependency levels of either resident change, the use of assistive equipment in this room would be become difficult.

Judgment: Substantially 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 27: Infection control

The centre was very clean and there was adequate cleaning staff employed. Staff were observed to be adhering to good hand hygiene techniques. There were sluicing facilities on the premises, which were clean and well maintained.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire, and provided suitable fire-fighting equipment, suitable building services, and suitable bedding and furnishings.

All staff have received suitable training in fire prevention and emergency procedures, including evacuation procedures.

The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire exit doors were clearly sign-posted and were free from obstruction. Records showed that fire-fighting equipment had been serviced within the required time frame. The fire alarm and emergency lighting were serviced on a quarterly and annual basis by an external company.

Clear and detailed records of each fire drill practised with staff were available for review. The records showed that staff had a clear knowledge of how to evacuate residents in the event of a fire. They simulated evacuating residents from the various compartment zones, and the evacuation times were sufficient.

Personal emergency evacuation plans (PEEPs) for each resident were in place and accurately reflected the assistance and equipment they required in order to be safely evacuated in a timely manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

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 5: Individual assessment and care plan

A sample of residents' assessments and care plans were reviewed on this inspection.

Assessments and care plans reviewed were updated on a four-monthly basis or when the resident's condition or care needs had changed. The care plans were person-centred and outlined the residents' wishes and preferences. The assessments reflected the residents met during the inspection, and clearly outlined their care needs.

There was evidence that residents were consulted about their care planning arrangements at regular intervals.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre was actively promoting a restraint-free environment within the home, in line with national policy.

A small number of residents exhibited responsive behaviours. These residents had person-centred care plans in place to support the management of their responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

The provider had taken all reasonable measures to protect residents from abuse. The provider had ensured that staff were facilitated to attend training in relation to the detection, prevention and responses to abuse. Staff were aware of the reporting

procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre. Residents confirmed to the inspector that they felt safe in the centre.

The inspector reviewed an allegation of abuse that was submitted to the office of the Chief Inspector of Social Services and was satisfied that it had been appropriately managed. The provider fully investigated the allegation and complaint in line with their policies and procedures.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld. There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were viewed participating in activities as outlined in the activity programme displayed in each unit. Residents with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities.

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 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
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 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Pilgrims Rest Nursing Home OSV-0000376

Inspection ID: MON-0047339

Date of inspection: 27/08/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A review of the layout of bedroom four was undertaken following the inspection. A review of furniture and positioning of same in this room was discussed with the residents occupying bedroom four. Issues raised in the Inspection were also discussed with each resident. Both residents requested to remain in this room as they had shared the room since their admission in 2022 and have developed a close friendship. Further discussions about dependency levels for each resident were discussed with them and a contingency plan to relocate to another bedroom if their dependency levels and care needs changed has been agreed. We will continue to review the occupancy of bedroom four as part of our monthly management meeting.	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	27/12/2025