



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

Issued by the Chief Inspector

Name of designated centre:	Queen of Peace Nursing Home
Name of provider:	Queen of Peace Nursing Home Limited
Address of centre:	Churchfield, Knock, Mayo
Type of inspection:	Unannounced
Date of inspection:	30 April 2025
Centre ID:	OSV-0000379
Fieldwork ID:	MON-0045360

About the designated centre

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

Queen of Peace Nursing Home is a purpose built facility located near Knock, Co Mayo. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed over two floors with residents occupying the ground floor only. Resident bedrooms are single and double occupancy. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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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
Wednesday 30 April 2025	09:30hrs to 17:00hrs	Celine Neary	Lead

What residents told us and what inspectors observed

This was an unannounced inspection and was completed over one day. The inspector met with many of the residents and their feedback was very positive regarding the service they received and their lived experiences in Queen of Peace Nursing Home. Residents expressed their satisfaction with their clinical care and the support they received from staff. Residents told the inspector that they had opportunities to engage in social activities that interested them and that they were happy with the care and support they received.

On arrival at the centre, the inspector was greeted by the director of nursing. Following an introductory meeting with the director of nursing and the general manager, the inspector did a walk around of the centre, accompanied by the general manager. This walk around gave the inspector an opportunity to introduce themselves and to meet with residents and staff. In addition to conversing with residents and staff, the inspector spent time observing residents' daily routines to gain insight into their experiences living in the centre and how their needs were met by staff.

There was a calm and relaxed atmosphere in the centre and the inspector observed that staff and residents chatted and laughed together throughout the day. It was evident that residents trusted staff and they had built positive relationships together. Staff members were observed to be respectful, gentle and kind towards residents and were attentive to their need for assistance. Residents' comments to the inspector confirmed this observation, which included 'you couldn't find a better nursing home in the country', 'they are good to me here', and 'the food is first class'.

Queen of Peace Nursing Home is located in a quiet residential area in the town of Knock, County Mayo. The centre's interior and exterior were well maintained. Residents had access, as they wished, to an attractive and safe outdoor area. Seating was available and the pathways were well maintained to promote residents' safety. Colourful shrubs were growing and there was a poly-tunnel for residents' use. The interior of the premises was warm and comfortable.

Most residents spent their day in the communal day rooms. Furnishings in the day rooms appeared comfortable, well-maintained and the upholstery was easily cleaned. Residents' bedrooms were personalised with ornaments, family photos and personal items of significance. Residents had adequate storage available in their bedrooms for personal items. The layout of twin-occupancy rooms were well-designed, and there were privacy screens in place. Both residents had space for seating and storage in these rooms.

Residents reported that the food was good and that they were happy with the choice and variety of food offered. Residents were aware of who to make a

complaint to and were satisfied that any concerns they had would be investigated and managed in line with the complaints policy.

The inspector spent time observing residents living with dementia and their engagement with staff. The inspector saw that residents were supported, reassured and cared for in a kind and respectful manner throughout the day. The inspector observed that residents were relaxed. The communal rooms were supervised by staff.

The inspector observed many residents taking advantage of the fine sunny weather out in their courtyard garden and enjoyed ice-cream cones and music in the sun shine.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This inspection found that there were effective governance and management arrangements in place to ensure that the service was well-resourced, consistent, effectively monitored and safe for residents. The management team were proactive in responding to issues as they arose and used regular audits of practice to improve services.

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 (as amended).

Queen of Peace Nursing Home Limited is the registered provider of the centre. A director of the company represents the registered provider and works full-time in the centre. The person in charge works full-time in the centre. They are supported in their role by an assistant director of nursing and two clinical nurse managers (CNM), staff nurses and healthcare assistants, as well as activity, catering, domestic, administrative and maintenance staff. There were sufficient staff resources in place on the day of the inspection.

There was a clearly defined management structure in place that identified the lines of authority and accountability, specifies roles, and detailed responsibilities for all areas of care provision. Regular management meetings took place, and there was good oversight of the quality and safety of care provided for residents.

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 32 residents accommodated in the centre at the time of the inspection, with consideration of the size and layout of the building. Regular meetings were held

between the management team and staff, where key clinical and operational aspects of the service were reviewed. Where issues were identified, action plans were developed.

An effective auditing schedule was in place. Audits had been completed in a number of key areas, including; care plan audits, medication management audits, nutritional audits, infection prevention and control audits, skin integrity audits, restrictive practice audits and environmental audits. Audits completed were analysed and used to drive and sustain quality improvements. The registered provider had completed the annual review for 2024.

Staff who engaged with the inspector had very good knowledge of the systems in place that monitor the service. Information requested was made available in a timely manner and presented in an easily understood format.

The annual review of the quality and safety of the service for 2024 had been completed, which had been 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.

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.

A review of the complaint management systems in the centre found that complaints were managed in line with the requirements under Regulation 34: Complaints.

Regulation 15: Staffing

A registered nurse was on duty at all times in the designated centre.

There were sufficient staff with the appropriate knowledge and skills to meet the needs of the residents accommodated in the centre, and taking into account the size and layout of the centre.

Judgment: Compliant

Regulation 21: Records

A sample of staff recruitment records was reviewed and held all the relevant documents, such as two references and An Garda Síochána (police) vetting documents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The management team were aware of their individual lines of authority and accountability.

There were sufficient resources available to ensure effective delivery of care and support in line with the provider's statement of purpose (SOP). Staff members were deployed efficiently to ensure that residents' needs and preferences were addressed in a timely manner.

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

The person in charge had completed an annual review of the quality and safety of care in 2024, which included a quality improvement plan for 2025.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' files and found that there was a contract of care in place for each resident, setting out their allocated room number, the occupancy of the room, and the fee they would pay for the service they received. Any additional fees were also clearly described.

Judgment: Compliant

Regulation 3: Statement of purpose

There is a written statement of purpose in place that contains all of the information set out under Schedule 1 of the regulations. The statement of purpose was reviewed in August 2024. A minor amendment was required to accurately reflect the additional fees charged, and the provider had committed to completing this in August as part of their next review.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints process in place, and it was displayed around the designated centre. The policy included who would manage complaints in the centre, and who would monitor that the policy was being implemented.

The record of any complaints made showed verbal complaints were taken seriously, and the resolution reflected the concerns of the complainant.

Judgment: Compliant

Quality and safety

It was evident that there was a strong person-centred approach to providing care and support for residents in the designated centre. This inspection found that decisions were made with the resident, and where appropriate, their representative and that residents' rights were upheld. Residents also had access to independent advocacy services where required and were encouraged to choose how they spent their days. Staff and managers were innovative in finding ways to support residents to lead their best life, and to ensure that they maintained contact with their friends, families and the local community.

Overall, this inspection found that residents' rights were protected and residents' views and opinions were respected and valued by managers and staff. Resident and family feedback was actively sought and was used to develop and improve the service. Daily routines were flexible and focused on the resident's individual preferences and needs, and not the convenience of staff, which led to good outcomes for the residents. Staff addressed the residents by their preferred names/titles.

The design and layout of the centre meet the needs of the residents who live there. The communal spaces provide a homely and stimulating environment for the residents with opportunities for rest and recreation. The centre was clean, appropriately heated and ventilated, and it was free from any malodor on the day of the inspection.

There is suitable equipment available for residents to use in order to promote their comfort and independence. Equipment was stored appropriately and was regularly cleaned and well maintained. There were appropriate sluice and laundry facilities available.

Residents told the inspector that they enjoyed living in the centre and that they were kept busy. Residents were facilitated to participate in meaningful activities in accordance with their interests, abilities and capacities. Residents had unrestricted

access to a safe outdoor space in the centre. There was clear evidence that the centre was at the heart of the local community and was supported by that community. Residents had access to Knock Shrine, local services and amenities, and were encouraged to go out on local day trips to places of interest. These activities helped to promote their physical and mental well-being and socialisation.

Resident meetings were held regularly and were well attended. Feedback from these meetings was shared with managers and relevant staff teams and was used to make changes where required. Residents had access to independent advocacy services, and information about the service was in easily understandable notices on the resident's notice board. The resident guide included a summary of the service and facilities in the centre, the terms and conditions relating to living in the centre, the complaints procedure, and arrangements for visiting.

Residents had access to newspapers, television and radio. There was internet available throughout the centre. A number of residents had mobile phones which they used to keep in touch with families and friends. Residents also had access to a portable phone if they wished to make a call in private. Families and friends were actively encouraged to remain involved with residents in their day-to-day lives, living in the centre.

The inspector reviewed a sample of residents' care records, which were recorded on an electronic documentation system. Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission to the centre, a range of validated clinical assessment tools were used to identify potential risks to residents such as poor mobility, impaired skin integrity and risk of malnutrition. The outcomes of assessments were used to develop a care plan for each resident, which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre and reviewed every four months or as changes occurred, in line with regulatory requirements. Care plans were observed to be person-centred and sufficiently detailed to guide the delivery of care.

Residents had timely access to the General Practitioner (GP) of their choice. There were systems in place to ensure that residents were referred to allied health and social care professionals as required, such as occupational therapy, physiotherapy and dietetic services.

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. A restraint-free environment was promoted in the centre, in line with local and national policy. Each resident had a risk assessment completed prior to any use of restrictive practices.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were not restrictive and were in line with residents' preferences.

Residents were able to meet with their visitors, as they wished. There were private spaces for residents to receive their visitors other than their bedroom. Visitors were made welcome with tea, coffee and snacks made available for them.

Visitors signed into the visitors book on entry to the centre and staff were available to take visitors to the resident.

A written visitors policy was in place and reflected the recent legislative changes.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to and retained control over their personal property, possessions and finances. Residents had a lockable storage space in their bedroom if they wished to use it.

Each resident had their own wardrobe with in-built shelving and hanging space as well as a locker and additional shelving if they wanted to use this to store their personal items and photographs.

Residents' personal laundry was appropriately laundered and returned to them in a timely manner.

Judgment: Compliant

Regulation 20: Information for residents

There was a resident's guide made available for residents with information in respect of the designated centre.

The guide included a summary of the services and facilities provided in the centre, the terms and conditions relating to living in the centre, the visiting arrangements and the complaints procedure.

Judgment: Compliant

Regulation 27: Infection control

The inspector observed that there were infection prevention practices in place, consistent with the standards for the prevention and control of health care-associated infections. The centre was very clean and staff were observed to use good hand hygiene techniques.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to protect residents from the risk of fire, including the provision of fire-fighting equipment and suitable building services.

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

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were processes in place for the prescribing, administration and handling of medicines, including controlled drugs, which were safe and in accordance with current professional guidelines and legislation.

Staff followed appropriate medicines 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' health and social care needs were assessed on pre-admission. A variety of evidence-based clinical tools were used to assess needs, including nutrition, personal preferences, mobility, communication and skin integrity. Based on a sample

of care plans viewed, appropriate person-centred interventions for residents' assessed needs were in place.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor restrictive practices in the centre and found that all restraints were documented clearly and subjected to regular review. There was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. Residents exhibiting responsive behaviours were appropriately supported by staff in a dignified and kind manner.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 20: Information for residents	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