



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:	Unannounced
Date of inspection:	12 July 2023
Centre ID:	OSV-0000168
Fieldwork ID:	MON-0040654

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 25 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:	25
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 12 July 2023	09:20hrs to 18:20hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were happy living in St Francis Nursing Home and their rights were respected in how they spent their days. Residents who spoke with the inspector expressed satisfaction with the staff, food, bedroom accommodation and services provided to them.

The inspector completed a tour of the designated centre with the person in charge and observed that many residents were up and neatly dressed in accordance with their preferences. There were a number of spaces for residents to relax in, such as homely day rooms and pleasantly decorated sun lounges. These rooms were comfortably furnished with an adequate amount of seating and wall art. House plants were observed at various locations throughout the home and an enclosed courtyard was available which was easily accessible by the residents.

The inspector spent periods of time chatting with residents and observing interactions between residents and the staff. All of the residents who were spoken with were complimentary of the staff and said they received the assistance of staff, if they required it. A resident informed the inspector that they were 'very happy here' and 'find staff very helpful and are always there when you need them'. The inspector observed that staff greeted residents by name and residents were seen to enjoy the company of staff.

Overall, the environment was clean, warm, comfortable and mostly well-maintained. There were some signs of general wear and tear observed including, chipped paint work and splashes on walls from alcohol dispensers. The inspector noted that these items had already been highlighted on a recent communal area audit and the person in charge confirmed they were on a maintenance repair schedule.

Bedroom accommodation comprised of single bedrooms with ensuite toilet facilities. The inspector viewed a small number of bedrooms and saw that they were warm, homely spaces, and personalized with photographs and souvenirs which reflected the residents' life and interests.

Throughout the day of inspection, the inspector observed residents mobilizing freely around the centre. Hand rails were in place in corridors to promote resident's movement and independence.

Mass was live-streamed every morning and residents informed the inspector that it was very important to them to attend religious services and receive communion. A quiet room was available in the home and some residents informed the inspector that they attended rosary there every afternoon or went there to pray whenever they wanted.

The inspector observed that residents were supported to enjoy a good quality of life

in the centre. On the day of inspection, the inspector observed a lively game of bingo with staff on site to organize and encourage resident participation in the event. The inspector also heard from residents that they enjoyed the various outings and most recently to a restaurant and to a local shopping centre. One resident said that they 'enjoyed having a cup of tea and a treat in a different surrounding' and buying their own 'bits and pieces' in the shops. The inspector heard that having access to daily newspapers was very important to some residents, and residents on the day of inspection were observed reading the paper in various locations in the centre. Residents told the inspector that a hairdresser came into the centre every two weeks and a number of them said they loved this service, especially the fact that they 'did not have to go out to get their hair done'.

The inspector observed the dining experience and found that there was enough staff available to provide support and assistance for the residents. Staff were discreet and unhurried in their work and residents were able to enjoy their meal in a relaxed and dignified manner. The tables in the dining room were laid out with cutlery and condiments for the residents to access with ease. The lunch was served hot and looked and smelled appetising. A number of residents told the inspector that they liked the food, there was always a choice at mealtimes and there was plenty of food available to them. The inspector observed staff offering drinks to the residents at frequent intervals throughout the day.

No complaints or concerns were raised by any resident on the day of inspection, and residents confirmed that they would not hesitate to speak with a staff member if they had any issues. Advocacy services were available to all residents that requested them.

The inspector observed many instances of good practices in respect of infection prevention and control including good hand hygiene techniques, and overall procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). The inspector noted that following the last inspection, the registered provider had taken action to prevent and control the spread of infection in the centre. For example, two clinical hand wash sinks had been installed and the 'I am clean' system was introduced to identify cleaned equipment that was ready for use.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, this inspection found that there was a clearly defined management structure in place, with identified lines of authority and accountability. Since the last inspection, improvements had been made across most regulatory requirements however, some further action was still required specifically in the area of notification

of incidents and governance and management. These areas are detailed in the report under the relevant regulations.

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). The registered provider was St Francis Nursing Home (Mount Oliver) Company Limited by Guarantee.

There was evidence of a comprehensive and ongoing schedule of audits in the centre which were overseen by the person in charge. Audits were objective and identified improvements.

Policies and procedures were in place in line with the requirements set out in the regulations. They were easy to read and understand so that they could be readily adopted and implemented by staff.

The person in charge, a registered nurse, worked full time in the centre. The person in charge motivated a creative and well skilled team to support residents to live active lives, having due regard to their wants and needs.

A review of the roster, and observations on the day of the inspection found that staffing levels and skill mix were adequate to meet the needs of residents. The person in charge informed the inspector that the home was experiencing a period of staff transition with the recent departure of the clinical nurse manager (CNM) and a senior staff nurse. Recruitment initiatives were ongoing and the provider had made interim arrangements for an existing staff nurse to step into the CNM role, with allocated time to undertake managerial duties and support the person in charge, while a new staff nurse was due to start in a few weeks.

The centre maintained a directory of residents, which was in hard copy format. The inspector noted that it was appropriately maintained, safe and accessible.

The person in charge was aware of the requirement to submit notifications to the office of the Chief Inspector of Social Services. However, the inspector learned on the day of inspection that not all notifications were communicated in line with the requirements and will be discussed further in Regulation 31.

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations. They had the appropriate experience and qualifications and demonstrated a commitment to regulatory compliance.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty to meet the needs of the 25 residents taking into account the size and layout of the designated centre. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 19: Directory of residents

A Directory of residents was established and maintained in the designated centre. A sample of residents' names were randomly chosen by the inspector and all included the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good governance and management arrangements in place to oversee the service, some improvements to the management systems in place were required to ensure that the service provided was appropriate, consistent and effectively monitored. Evidence of where further oversight was required included:

- Notifiable incidents as required under the regulation were not all submitted to the Chief Inspector including, an incident of alleged abuse to a resident and of a serious injury to a resident which required immediate medical and/or hospital treatment.
- The annual review completed for 2022 was available to the inspector. While it contained details of quality improvement plans for 2023 it did not include audit results or evidence of residents or their families being involved in the review.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were no volunteers in the centre at the time of inspection. The person in

charge was aware that volunteers should have roles and responsibilities set out in writing, a vetting disclosure and should receive supervision and support.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not submitted the following notifications as required under the regulation:

- The three-day notification required informing the Chief Inspector of an incident of alleged abuse to a resident.
- The three-day notification required informing the Chief Inspector of a serious injury to a resident which required immediate medical and/or hospital treatment.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall the inspector was assured that the residents were receiving a good standard of care and support which ensured that they were safe and could enjoy a good quality of life.

The inspector reviewed a number of residents' care plans in respect 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). Dedicated care plans were in place to support each resident and contained information that was person-centred in nature. Such residents were appropriately assessed and well-managed.

Residents that had communication difficulties had their needs attended to with dignity and respect in a discreet manner. Staff knew the residents well and

communicated respectfully and effectively with residents while promoting their independence. Care plans were person-centred regarding specific communication needs of individuals.

Residents were supported where possible to manage their own accounts and property while also ensuring that safeguards were in place to protect them and prevent financial abuse. A safe was available for the safekeeping of valuables and monies submitted by the residents and/or representatives. Records of all transactions (deposits and withdrawals) were maintained and were co-signed.

Following appropriate assessment, residents' wishes and preferences were sought in a timely manner to ensure their end-of-life care needs were respected. End-of-life care assessments and care plans included consultation with the resident concerned and where appropriate, the residents' representative and reviewed by a doctor. Care plans were reviewed on an ongoing basis and updated with the changing needs of the residents.

The designated centre had adopted the use of a transfer document which was used where a resident was transferred to and from acute hospital and contained all relevant resident information including infectious status, medications and communication difficulties where relevant. When a resident returned from another designated centre or hospital, all relevant information was obtained by the designated centre.

The inspector was assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. Controlled drugs were stored safely and checked at least twice daily as per local policy. Checks were in place to ensure the safety of medication administration. There was good pharmacy oversight with regular medication reviews carried out. There was evidence of good oversight of multi-drug resistant organisms (MDRO) and antibiotic stewardship.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties can communicate freely, while having regard for their wellbeing, safety and health and that of other residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to

store and maintain personal possessions. Clothes were laundered regularly and promptly returned.

Judgment: Compliant

Regulation 13: End of life

Each resident received end of life care based on their assessed needs, which maintained and enhanced their quality of life. Each resident continued to receive care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre it was done in a planned and safe manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Each resident experienced care that supported their physical, behavioural and psychological well being. The person in charge ensured that all staff had up-to-date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	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-0040654

Date of inspection: 12/07/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The NF03 and NF06 that were not sent to HIQA at inspection were sent the following day after inspection. Completed on 13 July 2023.</p> <p>The RPR took on board improvements required in completing annual review and in future is to include results and evidence of residents or their families being involved in the review/audits. The attributes for nursing home improvements given by staff/residents and families to be also included. Target and completion are ongoing.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The NF03 and NF06 that were not sent to HIQA at inspection were sent in following day after inspection. Completed on 13 July 2023.</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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	13/07/2023
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	11/08/2023

Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	11/08/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	13/07/2023