

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:	30 April 2026
Centre ID:	OSV-0000168
Fieldwork ID:	MON-0049888

About the designated centre

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

St Francis Nursing Home is a purpose built nursing home which accommodates a maximum of 30 female residents over the age of 65 years. The centre cares for their religious Sisters and also female residents from the community. The Nursing Home provides 24 hour nursing and residential care to those with medium, high and maximum dependencies. The centre is situated on extensive grounds, 3.2 km North of Dundalk. On the same site as the Mount Oliver Convent the centre has a separate entrance. The accommodation is laid out along two corridors; La Verna and Kevina. All bedrooms are single and have ensuite facilities. There are multiple rooms strategically situated throughout the centre for resident use. The centre also has an enclosed garden for private use. St Francis Nursing Home is a not-for-profit charity set up by the Franciscan Missionary Sisters for Africa.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 30 April 2026	07:30hrs to 16:45hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

This was an unannounced monitoring inspection, conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

The inspector was assured that the provider had adequate resources, policies, procedures and supervision in place in the centre to ensure that residents were safeguarded in their home.

The inspector met with many residents during the inspection, and spoke with nine residents in more detail, to elicit their experiences of life in St Francis' Nursing Home.

Overall, residents said that they were supported to live comfortably in the centre and were adequately cared for by staff who were attentive to their needs for assistance.

The centre provided a homely environment for residents. The corridors were clutter-free and fire exits were kept clear. Overall, the premises was found to be clean and well-maintained.

Resident bedrooms were neat and organised. Residents who spoke with the inspector were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures and photographs in their rooms and other personal items.

Lunchtime was observed to be a sociable and relaxed experience. All residents who spoke with the inspector said that the food was very good. They said that there was always a choice of meals, and confirmed that food and snacks were available at all times including out-of-hours. Residents appeared comfortable and were supported in a dignified manner during mealtimes.

There was an activities schedule on display and the residents spoken with said that they had the choice to participate or not and that their choice was respected. Sometimes they looked on in the background and enjoyed that also. The inspector saw creative art work made by the residents and some residents told the inspector that they enjoyed the art class very much.

A record of complaints was kept in the centre and appropriate action appeared to be taken to address any concerns. There were two open complaints at the time of inspection. Residents spoken with confirmed that they would not hesitate to speak with a staff member if they had any complaints or concerns.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affect the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this inspection found that the management team were striving to improve practices and services. However, further improvements were required in some areas, specifically individual care planning and assessments and managing behaviour that is challenging and will be detailed further under the relevant sections of the report.

This was an unannounced inspection to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). This inspection had a specific focus on the provider's performance with respect to safeguarding vulnerable adults.

The registered provider is St Francis Nursing Home (Mount Oliver) Company Limited by Guarantee. The person in charge facilitated this inspection and demonstrated a commitment to providing a good quality service for the residents. They were supported by a clinical nurse manager, staff nurses, health care assistants, activity, catering, household and administration staff.

The provider had nominated a staff member to the role of designated Safeguarding Officer, with responsibility for safeguarding oversight, reporting and compliance.

Staff training records were maintained to assist with monitoring and tracking completion of mandatory and other training completed by staff. A review of training records indicated that the majority of staff were up-to-date with mandatory training, with a small amount of staff who were due updates booked into upcoming dates.

Regulation 14: Persons in charge

The person in charge, a registered nurse, worked full time in the centre. They had the appropriate experience and qualifications and demonstrated a commitment to regulatory compliance.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient resources available to provide the service in line with the statement of purpose and to ensure residents' safety and wellbeing at all times.

Call-bells were answered promptly, and the inspector observed that residents did not have to wait long for assistance or support from staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role. Staff demonstrated an appropriate awareness of their training and their role and responsibility in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents were effectively safeguarded in their home. However, some action was required to further strengthen the quality of the service as outlined further in the report.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. The inspector reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. There was evidence that that they were completed within 48 hours of admission and reviewed at four month

intervals. However, residents' individual assessments and care planning required further improvement to ensure each residents needs were met.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans in place, however some did not include the required level of detail to enable staff to provide an optimum level of care to the resident.

The provider had measures were in place to protect residents from abuse. The inspector reviewed a sample of staff files and all files reviewed showed that staff had obtained Garda vetting prior to commencing employment.

Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a wide range of media, including newspapers, telephone, television and Internet. There was access to advocacy with contact details displayed in the centre. There was evidence of resident meetings to discuss key issues relating to the service provided.

Observation of staff interaction identified that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately.

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care plans was good, however the following gaps were identified:

- Some residents' care plans reviewed demonstrated that the general practitioner (GP) had not reviewed the resident until up to two weeks after their admission date. The inspector acknowledges that there was evidence that the relevant documentation including prescription was sent to the GP on the day of admission however, this was seen not to meet the needs of one

resident who had a medication change post hospital admission which was identified one week later when the resident voiced a concern. • A review of a sample of care plans found that de-escalation techniques and ways to effectively respond to behaviours were not always fully outlined to adequately guide staff to support them during these episodes.
Judgment: Substantially compliant
Regulation 7: Managing behaviour that is challenging
The use of restrictive practices was not found to be fully in line with national policy as published on the website of the Department of Health. For example; • Residents who had restraint in use had an individualised risk assessment in place and outlined alternatives trialled prior to that restraint being used; however, in some cases there was no signed consent in place or no documented evidence that the risks of using that restraint had been explained to the resident or their representative prior to use.
Judgment: Substantially compliant
Regulation 8: Protection
There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from all forms of abuse.
Judgment: Compliant
Regulation 9: Residents' rights
Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.
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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Francis' Nursing Home OSV-0000168

Inspection ID: MON-0049888

Date of inspection: 30/04/2026

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 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Following the inspection, the admissions process within the centre has been reviewed in its entirety to ensure that residents receive timely medical review following admission, including residents who have been recently discharged from hospital, have had a change in their medication or a have undergone changes in their overall presenting clinical condition. The centre's admission documentation and communication processes with GP services have been reviewed by the Person in Charge to strengthen oversight and ensure resident needs are met in a timely manner. A new admission checklist has been implemented to ensure that all documentation, medications, and prescriptions are reviewed by nursing staff on admission and escalated to the GP for review promptly. Admissions to the centre and GP review timeframes will be included as a topic for discussion at clinical governance meetings to facilitate ongoing oversight. Further arrangements have been made with the General Practitioner (GP) service to initiate increased GP reviews onsite to support the timely assessment of residents following admission and ongoing clinical oversight. In response to the inspection findings, a review of all resident's behavioural support care plans will be commissioned to ensure that individualised de-escalation strategies, known triggers, and appropriate staff response pathways are clearly defined and outlined to guide staff in supporting residents during episodes of responsive behaviours. Staff education continues to be provided regarding the ongoing requirement for person centred behavioural support documentation and the importance of ensuring care plans	

accurately reflect assessed needs and effective interventions. Ongoing audits of care plans continue to be undertaken by the management team to monitor compliance and support continuous quality improvement in this regard.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Since the inspection, a full review of residents utilising restrictive practices in the centre was undertaken by the management team to ensure that all restrictive practices are implemented in line with national policy and are appropriately assessed, monitored, and documented.

The review has since been concluded and signed consent has been obtained and documented where appropriate. Restrictive practice care plans and associated risk assessments have also been reviewed to ensure that discussions pertaining to potential associated risks have been clearly communicated and are documented within the contents of the resident's care plan.

Staff education has been provided regarding the requirements of national policy in relation to restrictive practices, consent, and documentation standards. The use of restrictive practices in the centre forms part of the agenda at clinical governance meetings to facilitate ongoing oversight, review, and monitoring of compliance.

A restrictive practices register continues to be maintained within the centre and is subject to ongoing review and oversight by the management team. Ongoing audits of restrictive practices and associated documentation will continue to be undertaken by the management team to support continuous quality improvement in this area.

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 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/06/2026
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/06/2026
Regulation 7(3)	The registered provider shall	Substantially Compliant	Yellow	31/05/2026

	ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
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