



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

Issued by the Chief Inspector

Name of designated centre:	St David's Nursing Home
Name of provider:	St. Davids Nursing Home Limited
Address of centre:	Gentian Hill, Knocknacarra, Salthill, Galway
Type of inspection:	Unannounced
Date of inspection:	04 December 2025
Centre ID:	OSV-0000391
Fieldwork ID:	MON-0048618

About the designated centre

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

St. David's is a residential home situated in Gention Hill, a quiet area of Salthill, Galway. As St. David's is a small home, every resident is assured of individual attention to their needs. St. David's is committed to providing a safe and secure environment for our residents. We endeavour to provide high quality care in a homely environment. The centre comprises of 16 single bedrooms and one double. The living area comprises of a communal day and dining room and a conservatory with views of Galway Bay.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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
Thursday 4 December 2025	10:30hrs to 16:30hrs	Fiona Cawley	Lead
Thursday 4 December 2025	10:30hrs to 16:30hrs	Sharon Kane	Support

What residents told us and what inspectors observed

Inspectors found that residents living in this centre were provided with a good standard of care and support in a supportive environment. Feedback from residents was that they were well cared for by staff who were attentive to their needs. The atmosphere in the centre was very warm and welcoming over the course of the inspection. This unannounced inspection was completed over one day. There were 18 residents accommodated in the centre on the day of the inspection and no vacancies.

On arrival at the centre, inspectors were met by a clinical nurse manager. Following an introductory meeting, inspectors completed a walk through the designated centre, giving an opportunity to review the premises, and to meet with residents and staff. A number of residents were being assisted and supported by staff with their personal care needs, while other residents were relaxing in the communal areas.

St David's Nursing Home is a two-storey facility registered to provide accommodation for 18 residents located in Salthill, Galway. The premises is a two-storey building with residents' living and bedroom accommodation areas located on both floors which were serviced by an accessible stairlift. Bedroom accommodation comprised of single and twin bedrooms, a number of which were en-suite. Bedrooms were of a suitable size to cater for the assessed needs of residents, taking into account their privacy and dignity. Many residents had decorated their rooms with family photos and personal items of significance. There was adequate facilities available for residents to store their personal belongings.

The centre was found to be bright and comfortable throughout. The design and layout of the premises was appropriate for the number and the needs of the residents living in the centre. Inspectors noted that the provider had created a dedicated housekeeping room in the centre since the previous inspection. Corridors were sufficiently wide and there were appropriate handrails available to assist residents to mobilise safely. There was ample storage facilities for equipment, and corridors were maintained clear of items to allow residents with walking aids to mobilise safely around the centre. Call-bells were available in all areas and residents told inspectors that they were answered in a timely manner. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was decorated and furnished to create a comfortable, homely living environment for residents, and all areas were very clean, tidy, and well-maintained. The building was warm, and well-ventilated throughout.

There was a sufficient choice of suitable communal areas provided for residents to use, depending on their preference. There was also space available for residents to meet with friends and relatives in private. An accessible enclosed courtyard available

provided residents with access to fresh air and nature. This area included a variety of suitable garden furnishings and seasonal plants.

Inspectors spent time in the various areas of the centre chatting with residents and staff, and observing staff provide care and support to residents. The majority of residents were up and about, many relaxing in the sitting room and conservatory, or mobilising freely through the centre. Other residents chose to remain in the privacy of their own bedrooms. As the day progressed, residents were observed watching TV, reading, chatting to one another and staff, or participating in activities. Communal areas were appropriately supervised and those residents who chose to remain in their own rooms, or who were unable to join the communal area, were supported by staff. Inspectors observed that personal care was attended to in line with residents' wishes and preferences. It was evident from talking with staff that they knew the residents and their individual needs. While staff were seen to be busy assisting residents throughout the day, inspectors observed that staff were kind and respectful, and that care was delivered in a relaxed manner.

Residents' feedback provided an insight of their lived experience in the centre. Residents commented that they were comfortable and happy. One resident said 'this place is my home, I love it here', while another resident said 'I love it here and I am very content'. Residents told inspectors that they were very satisfied with the care they received from staff. One resident said 'they are there to help me if I ask for anything'. There were a number of residents who were unable to speak with inspectors and were therefore not able to give their views of the centre. However, these residents were observed to be comfortable in their environment.

There were opportunities for residents to engage in recreational activities of their choice and ability. There was a schedule of activities in place which included, exercises, bingo and music. Residents told inspectors that there was plenty to do and that they could choose how to spend their day. One resident said 'I have great fun with the activities ' while another resident told inspectors that they preferred to spend the afternoons in the quiet of their bedroom. There was a well-attended lively bingo session in the afternoon of the inspection and residents were observed to be enjoying themselves. Staff ensured that residents who wished to be actively involved in activities were facilitated to do so. Residents were also supported to go out for trips if they wished, including shopping in Galway city and days out with family. One resident told inspectors that 'they are all very good here for taking me places if I ask'.

Friends and families were facilitated to visit residents, and inspectors observed many visitors coming and going throughout the day.

Residents told inspectors that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of food. One resident told inspectors that 'lunch was delicious', and another resident said that 'the food is good and you wouldn't go hungry for sure'. The residents' lunch time was observed to be a pleasant, relaxed experience for residents. Staff were observed to provide assistance and support to residents in a respectful manner.

In summary, this was a good centre with a responsive team of staff, delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced monitoring inspection carried out by inspectors 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).

Inspectors found that there were effective governance and management systems in place which is evidenced in the high levels of compliance with the regulations found on this inspection.

St David's Nursing Home Ltd is the registered provider of this designated centre, a company comprised of two directors, each of whom works in the centre, one as the general manager and the other as a utilities manager. The provider had a clear governance structure in place with identified lines of responsibility and accountability. There was a person in charge in post, supported by a clinical nurse manager, nursing and support staff. Management support was provided by the general manager. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge. On the day of the inspection, the person in charge was not available and the clinical nurse manager (CNM) who was deputising in their absence facilitated the inspection.

Inspectors found that there were sufficient resources in place in the centre to ensure that the rights, health and wellbeing of residents were supported. The centre had a stable team which ensured that residents benefited from continuity of care from staff who knew their individual needs. Staffing levels and skill-mix were appropriate to meet the assessed health and social care needs of the residents, given the size and layout of the building. Staff were observed working together as a team to ensure residents' needs were addressed and, were observed to be interacting in a positive and supportive way with residents.

Policies and procedures, required by Schedule 5 of the regulations, to guide and support staff in the safe delivery of care, were available to all staff.

Staff were facilitated to attend training that was up-to-date and appropriate to the service. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training. There

were appropriate arrangements in place to ensure staff were appropriately supervised.

There were a number of management systems in place to monitor the quality and safety of the service. Clinical and environmental audits were completed by the management team. The audits included reviews of care planning, infection control, falls management, medicines management, nutrition and restrictive practice. Action plans were developed and completed where areas for improvement were identified. An annual review of the quality and safety of the services had been completed for 2025, and included a quality improvement plan for 2026.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. There were systems in place to identify, document and learn from incidents involving residents.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective

delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

This inspection found that the management and staff worked to provide a good quality of life for the residents living in St David's Nursing Home. Residents were satisfied with the service they received, and reported feeling safe and content living in the centre. There was a person-centred approach to care, and residents' well-being and independence were promoted.

Care delivered to the residents was of a good standard and clinical staff were knowledgeable about residents' care requirements. Inspectors reviewed a sample of five residents' care records. A range of clinical assessments were carried out for each resident on admission to the centre to identify care and support needs. 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. The care plans reviewed were person-centred, holistic and contained the necessary information to guide care

delivery. Daily progress notes demonstrated good monitoring of care needs and the effectiveness of care provided.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals, in line with their assessed needs.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bedrails and records reviewed showed that appropriate risk assessments and care plans were in place.

The design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The environment and equipment used by residents were visibly clean on the day of the inspection.

Inspectors observed that residents' rights and choices were respected and promoted in the centre. Residents were free to exercise choice in their daily lives and routines. Residents could retire to bed and get up when they choose. Activities were observed to be provided by dedicated activities staff, with the support of health care staff. Residents attended regular meetings and contributed to the organisation of the service. Satisfaction surveys were carried out with residents with positive results. Residents had access to an independent advocacy service.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and assessed needs of the residents accommodated there, and provided appropriate facilities, in accordance with the statement of purpose.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included all of the required elements, as set out in Regulation 26.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

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

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to a medical practitioner and health and social care professional services in line with their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspectors saw that residents' privacy and dignity was respected. Residents told inspectors that they

were well looked after and that they had a choice about how they spent their day. Inspectors observed that residents' privacy and dignity was respected.

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 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

