

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:	John Desmond Joyce & Sharon Joyce Partnership
Address of centre:	Kilkerrin, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	04 September 2025
Centre ID:	OSV-0000393
Fieldwork ID:	MON-0043102

About the designated centre

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

St. Francis's Nursing Home is a two-storey residential care facility that provides 24-hour nursing care. The building was originally a monastery and it has been modified and refurbished over the years. It can accommodate 34 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency who require long-term care, or who have respite, convalescent or end-of-life care needs. It is situated in a rural location a short distance from the village of Killkerrin, County Galway. It is a family run business with family members having key roles for the management and oversight of the business. Accommodation is provided in 11 single bedrooms and 10 twin bedrooms, four of which have en suite shower and toilet facilities. There is one three bedded room which also has en suite shower and toilet facilities. There is lift and stairway access to the upper floor. There is a variety of communal day spaces available to residents and there is access to a safe, enclosed garden area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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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 4 September 2025	10:00hrs to 18:30hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

The inspector's observations were that residents enjoyed a good quality of life in the centre. The residents were supported by kind and caring staff that were knowledgeable of their needs.

This was an unannounced inspection that was carried out over one day. On arrival to the centre, the inspector was greeted by the clinical nurse manager (CNM). Following an introductory meeting, the inspector and person in charge completed a walk around the centre. Many residents were observed sitting in communal rooms or walking along corridors, while other residents were being assisted by staff in their bedrooms. The inspector spent time talking with residents during the walk around the centre. Overall, residents were complimentary of their experience of living in the centre, saying "I wouldn't want to be anywhere else" and "the quality of life here is tremendous, I can't think of anything that I would change".

St Francis' Nursing Home is a two-storey building located in a rural area near Kilkerrin village in County Galway. It was formerly a monastery but now accommodates up to 34 residents in single and multi-occupancy bedrooms. The premises was observed to be warm, comfortable and visibly clean on the day of the inspection. The centre's bedroom accommodation and communal rooms were located across both floors, which were accessible by a lift. A variety of communal areas were available for residents' use, including sitting rooms, a dining room, an oratory and a sensory room. Many residents who spoke with the inspector liked to sit in the reception so they could greet and chat with visitors as they entered the nursing home. A large garden was freely accessible to residents, which contained walking paths, suitable seating, shaded areas, flowers and shrubbery. Vegetable gardens had been developed, which were used and attended to by residents. A number of residents told the inspector that they enjoy going for walks through the garden, with one resident saying that they particularly liked how "peaceful" it was.

Residents' bedrooms were clean, tidy and well-maintained. The inspector observed that many residents had personalised their bedrooms with ornaments, photographs, furniture and other items. Residents who spoke with the inspector confirmed that they were satisfied with the size and layout of their bedroom, and the storage available to them.

Residents spoke positively about the staff that cared for them, stating that they felt that staff were kind and attentive to their needs. Residents told the inspector "they treat me so well" and "the staff are great here". Residents confirmed that staff promptly responded to call bells or requests for assistance.

The inspector observed the lunchtime meal, which was served in the dining room. A number of residents chose to have their meal in their bedroom, which was also facilitated. Residents said that they enjoyed their meals and that they were happy with the choice of food available to them. There were sufficient numbers of staff

available during the meal service to provide assistance to residents in a discreet manner. Residents requiring special or modified consistency diets were served meals in line with their assessed needs.

Visitors attended the centre throughout the day of the inspection. They were welcomed by staff and were observed to spend time with residents in communal areas or in their bedrooms. Residents stated that visiting arrangements were very flexible.

There was a programme of activities that provided opportunities for socialisation and recreation. Residents expressed satisfaction with the activity schedule and the opportunities for socialising that were provided, with a number of residents saying that they enjoyed group activities such as baking and quizzes, as well as more individual activities such as wordsearches. Throughout the day of the inspection, residents were observed participating in a number of activities in the various day rooms, including live music. Residents were supported to participate in these by staff, and it was evident that they enjoyed them. Outings were arranged on a regular basis, such as a recent trip to Lough Key Forest Park. Some residents also highlighted how they were supported by the provider to travel to the local village or to visit with their families.

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.

Capacity and capability

This was a one day unannounced inspection, carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on solicited and unsolicited information received by the Chief Inspector since the last inspection.

The findings of this inspection were that the provider had ensured that a good quality and consistent service was provided to residents, in line with the requirements of the regulations.

John Desmond Joyce and Sharon Joyce Partnership was the registered provider of St Francis' Nursing Home. There was a clearly defined management structure in place, with identified lines of authority and accountability. A member of the partnership worked in the centre on a full-time basis and oversaw the day-to-day management of the centre. There was a person in charge who demonstrated a clear understanding of their role and responsibility. The person in charge was supported by an assistant director of nursing (ADON), who deputised in their absence. The remaining staffing complement comprised a general manger, a CNM, and a team of

nurses, care staff, activities, catering, house-keeping, laundry, administration and maintenance personnel.

The provider had systems in place to support the monitoring and oversight of the service. A programme of clinical and operational audits were completed by the management team on a regular and ongoing basis. The results of these audits were used to inform the development of quality improvement plans, which were reviewed and updated as actions were completed. An annual review of the quality and safety of the service for 2024 had been completed and contained a quality improvement plan for 2025.

The management team met on a regular basis to review and discuss key areas of the service. Records of these meetings were well-maintained.

On the day of the inspection, the staffing levels and skill mix were observed to be appropriate to meet the assessed health and social care need of the residents accommodated in the centre. A number of residents were assessed as requiring one-to-one care, and there was evidence that staff were allocated appropriately to meet these requirements. Up-to-date rosters were available for review, which reflected the configuration of staff on duty.

The inspector reviewed a sample of staff files. These contained all of the information and documentation required by Schedule 2 of the regulations, including evidence of An Garda Síochána vetting disclosures and nursing registration with the Nursing and Midwifery Board of Ireland (NMBI).

Staff were facilitated to complete mandatory training and additional professional development training, to ensure they were appropriately skilled to meet the residents' needs. This included training in fire safety, dementia care and infection prevention and control. Staff who spoke with the inspector demonstrated a good awareness of the training that they had completed.

There was a policy and procedure in place regarding the management of complaints. A review of the complaints log found that complaints were recorded, investigated and managed in line with regulatory requirements.

Regulation 15: Staffing

On the day of the inspection, the number and skill mix of staff was appropriate with regard to the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were up-to-date with training in moving and handling procedures, fire safety and the safeguarding of residents from abuse. A range of other training was available to staff to ensure their knowledge and skills were maintained or enhanced, as needed.

There were arrangements in place to ensure that staff were appropriately supervised, according to their individual roles.

Judgment: Compliant

Regulation 22: Insurance

There was an up-to-date insurance policy in place which covered residents' belongings and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure that identified the lines of authority and accountability. The registered provider had ensured that there were sufficient resources available to ensure the delivery of care, in accordance with the centre's statement of purpose.

There were management systems in place to ensure that the service was safe, consistent and appropriately monitored.

The provider had completed an annual review of the quality and safety of care provided to residents in 2024.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the records found that complaints were recorded, managed and responded to, in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that the residents accommodated in the centre experienced a good quality of life in the centre, and that their health and social care needs were being met by the registered provider.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of comprehensive care plans, which were reviewed every four months or more frequently if required. The inspector reviewed a sample of these care plans and found that they were person-centred and reflected the care needs of the residents.

Residents had timely access to a general practitioner (GP) of their choice. Residents identified as requiring additional health and social care professional expertise were referred to these services as needed.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received care and support in line with their individual needs.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the use of restrictive practices in the centre, in line with local and national policy.

There were systems in place to protect residents from abuse. There was an up-to-date policy and procedure in place in relation to safeguarding, which guided staff practice. Staff also completed regular training in the prevention, detection and response to abuse.

There was an activity schedule in place, which ensured that residents were provided with opportunities for social engagement and to participate in activities that were aligned to their capacities and capabilities. There were dedicated activity staff allocated to the provision of activities, who ensured that residents could participate in group sessions as well as one-to-one activities, in line with their individual needs and preferences. On the day of the inspection, many residents were observed to be encouraged and supported to partake in the activities that were taking place, such as nail care and live music.

The fire alarm system, emergency lighting system and fire fighting equipment were serviced regularly. The provider maintained records of daily, weekly and monthly checks in relation to aspects of fire safety, including means of escape and tests of the fire alarm system. Residents' personal emergency evacuation plans (PEEPs)

identified the different evacuation methods applicable to individual residents for day and night evacuations. Evacuation drills took place on a regular basis throughout the centre. Records of these were comprehensive and highlighted any areas of improvement that were identified. The registered provider had arranged for the completion of a fire safety risk assessment, the findings of which informed the development of an detailed action plan. The manager team provided a written update of this action plan, which stated that all actions have been completed.

Regulation 10: Communication difficulties

There were systems in place to support residents with additional communication needs, including the use of specialist communication equipment.

Judgment: Compliant

Regulation 11: Visits

There were flexible arrangements in place to support residents to receive visitors. Residents could meet with visitors in their bedroom, a dedicated visitors' room or in communal areas.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to protect residents from the risk of fire, including regular review and servicing of fire safety equipment. Staff completed training in fire safety on an annual basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed within 48 hours of admission to the centre, and regularly thereafter. These informed the development of comprehensive care plans which were person-centred and reflected residents' individual needs. Care plans

were reviewed and updated regularly, in consultation with the resident and their representatives, as appropriate.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their choice of GP. There were arrangements in place to ensure residents had access to appropriate health and social care professional support to meet their needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were systems in place to ensure that staff were appropriately skilled to support residents with responsive behaviours. Residents who experienced responsive behaviours had appropriate assessments completed. These informed the development of person-centred care plans that detailed the supports and interventions to be implemented by staff.

The implementation of restrictive practices was informed by risk assessments and were subject to review.

Judgment: Compliant

Regulation 8: Protection

A policy and procedure for safeguarding vulnerable adults at risk of abuse was in place. Staff had completed up-to-date safeguarding training and were knowledgeable of the processes in place.

Judgment: Compliant

Regulation 9: Residents' rights

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

Residents' rights and choices were promoted and respected by staff. There were arrangements in place to ensure that residents' privacy and dignity was maintained at all times.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant