



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

## Issued by the Chief Inspector

Name of designated centre:	Holy Family Nursing Home
Name of provider:	Holy Family Nursing Home Limited
Address of centre:	Magheramore, Killimor, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	02 December 2024
Centre ID:	OSV-0000349
Fieldwork ID:	MON-0045675

## About the designated centre

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

The centre is located in a rural area near the village of Killimor near Ballinasloe in County Galway. It accommodates 70 residents requiring long-term care, or who have respite, convalescent or palliative care needs. The ethos of the centre is to provide a warm, welcoming, friendly and caring home, with a home from home atmosphere, where staff provide loving care and treat residents with dignity and respect making them feel valued.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	67
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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
Monday 2 December 2024	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 person in charge and the person representing the registered provider. 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.

Holy Family Nursing Home provides accommodation for 70 residents in single and twin bedrooms, many of which have ensuite facilities. On the day of the inspection, 67 residents were accommodated in the centre. The nursing home is a purpose-built, two-storey building, located near Killimor village in Co. Galway. The premises was appropriately decorated and suitably laid-out to meet the needs of the residents. The centre's bedroom accommodation and communal rooms were located across both floors, which were accessible by a lift. Communal rooms available to residents included lounges, sitting rooms, dining rooms, a hair salon and a quiet room. A visitors' room was also located on each floor. A large courtyard and landscaped gardens were accessed from various areas of the nursing home. These external areas contained seating, shaded areas and colourful plants and shrubs. Residents who smoked could access an internal smoking room independently.

Residents' bedrooms were clean, warm and bright. Each bedroom was decorated with well-maintained furniture and soft furnishings. Many residents had personalised their bedrooms with ornaments, photographs and other items. Residents who spoke with the inspector were satisfied with the layout of their bedroom and the storage available to them.

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 told the inspector that visiting arrangements were very flexible.

Residents told the inspector that they felt very safe and secure in the centre. They said that they would speak to a staff member or their relatives if they had any concerns or were dissatisfied with any aspect of the service they received. Residents who had previously provided feedback regarding the service felt that it was addressed to their satisfaction.

There was a programme of activities that provided opportunities for socialisation and recreation. Residents were observed participating in a number of activities throughout the day of the inspection, in the various day rooms. Residents were supported to participate in these by staff and it was evident that they enjoyed them. Some residents regularly visited the local village, and other outings were organised on a regular basis.

Residents spoke positively about the staff that cared for them. They felt that staff were kind and attentive to their needs. Residents told the inspector that staff promptly responded to call bells or requests for assistance.

The inspector observed the residents' lunchtime meal. This meal was observed to be a social occasion for residents, as many of them were observed chatting as they dined. A choice of three meals was offered to residents at lunch. Residents confirmed that they could have alternatives to the menu, if they so wished. Residents told the inspector that the food was "delicious" and that dining here "was like being in a restaurant". There were sufficient numbers of staff available during this mealtime to provide assistance to residents in a discreet manner.

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 Centre for Older People) Regulation 2013 (as amended). The inspector also followed up on solicited and unsolicited information received by the Chief Inspector since the last inspection. This inspection found that action had been taken to address the non-compliances found on the previous inspection in relation to Regulation 5, Individual assessment and care plan, Regulation 21, Records and Regulation 23, Governance and management. The provider was found to be in compliance with all regulations assessed on this inspection.

Holy Family Nursing Home Limited was the registered provider of this nursing home. There was a clearly defined management structure in place, with identified lines of authority and accountability. A company director participated in the management of the centre at a senior level. The person in charge was well-established in their role and worked full-time in the centre. They were supported by an operations manager, two clinical nurse managers (CNMs) and a team of nurses, health care assistants, catering, housekeeping, activity co-ordinators and maintenance staff.

The centre had established management systems in place to monitor the quality and safety of the service provided to residents. Key aspects of the service were subject

to frequent auditing to identify areas for continuous quality improvement, including residents' assessments and care plans, restrictive practices and nutritional needs. When necessary, audits were found to have associated action plans in place to mitigate against risk and to improve the service provided. Management meetings were held on a regular basis to review the service and to identify and monitor aspects of the service that required improvement. Records of these were provided to the inspector for review.

On the day of the inspection, the staffing levels and skill mix were appropriate to meet the assessed health and social care needs of the residents. The rosters available for review reflected the configuration of staff on duty.

The inspector reviewed a sample of staff files and found that these contained all of the information required by the regulations, including evidence of nursing registration with the Nursing and Midwifery Board of Ireland (NMBI). An Garda Síochána vetting disclosures were in place for all staff, prior to commencing work in the designated centre.

Staff were facilitated to attend training that was appropriate to their role. This included moving and handling practices, fire safety and the safeguarding of vulnerable adults. Training in areas such as infection prevention and control, dementia care and first aid were also available to staff.

A review of a sample of residents' contracts of care found that they met the requirements of the regulation. Each contract reviewed included the terms on which the resident was residing in the centre, such as a record of the room number and occupancy of the bedroom in which the resident would be accommodated. Contracts detailed the services to be provided and the breakdown of fees for such services.

### Regulation 15: Staffing

On the day of inspection there was sufficient nursing and care staff on duty with appropriate knowledge and skills to meet the needs of residents and taking into account the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

There were arrangements in place to ensure that staff were facilitated to access training in areas such as fire safety, safeguarding of residents and moving and handling practices. There were systems in place to support the supervision of staff.

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 in place. The management team were aware of their individual lines of authority and accountability. There were sufficient resources available to ensure the delivery of care, in accordance with the centre's statement of purpose. 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, which included a quality improvement plan.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. Each contract outlined the terms and conditions of the accommodation and the fees to be paid by the resident. All contracts had been signed by the resident and/or their representative.

Judgment: Compliant

### Quality and safety

The inspector found that the provider was delivering good quality care and support to residents, in line with their assessed needs.



The centre had an electronic resident care record system. A comprehensive assessment of residents' needs was completed prior to admission to the centre. Following admission, a range of clinical assessments was carried out using validated assessment tools. These were used to inform the development of care plans, which addressed each resident's individual health and social care needs. The inspector found that the care plans were person-centred and guided the care that was delivered by staff. Daily progress notes reflected the residents' current health status.

There was evidence of regular communication with each resident's general practitioner (GP) regarding their health care needs. Arrangements were in place to refer residents to health and social care professionals for further assessment and treatment as needed.

All staff had completed up-to-date training in relation to the detection and prevention of abuse. Staff who spoke with the inspector were knowledgeable regarding their responsibilities in reporting any safeguarding concerns. The registered provider acted as pension agent for a small number of residents. For these residents, arrangements were in place to support them to access, and manage their finances, in line with the guidelines published by the Department of Social Protection. There were clear processes in place for the safe storage and management of residents' personal monies.

Overall, residents' rights were promoted in the centre. Residents were supported to make decisions about their care and daily routines. Information in relation to complaints, advocacy and health promotion opportunities was provided to residents, to support them to make informed choices. Resident meetings were held on a regular basis and residents' views were actively sought through questionnaires and other feedback.

Residents were provided with opportunities for social engagement and to participate in activities that were aligned to their capacities and capabilities. There was an activity schedule in place and many residents were observed to be encouraged and supported to partake in the activities that were taking place on the day of the inspection.

Visiting was found to be unrestricted, and residents could receive visitors in either their private accommodation or communal area, if they wished.

## Regulation 11: Visits

The registered provider had flexible arrangements in place for residents to receive visitors. There was adequate private space for residents to meet their visitors.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

The needs of residents were appropriately assessed and used to inform the development of comprehensive care plans. There were arrangements in place to ensure that care plans were revised on a four monthly basis, or more frequently if required.

Judgment: Compliant

## Regulation 6: Health care

Residents had access to appropriate medical and allied health care services to meet their assessed needs.

Judgment: Compliant

## Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse. Staff had up-to-date training in relation to the prevention, detection and response to abuse.

The provider had a plan in place to ensure that residents' pensions and social welfare payments were managed appropriately.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights and wishes were promoted by the registered provider. Residents were supported to vote, to attend religious services and to access independent advocacy services if needed. Residents' choices, personal routines and privacy were respected by staff.

There were facilities for recreation and opportunities for residents to participate in activities in accordance with their interest and capabilities.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant