



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:	22 January 2025
Centre ID:	OSV-0000391
Fieldwork ID:	MON-0045377

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
Wednesday 22 January 2025	10:00hrs to 17:30hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector found that residents living in this centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were complimentary about staff and the care they provided. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a respectful and calm manner.

St David's Nursing Home, a two-storey facility providing accommodation for 18 residents, is situated in Salthill, Galway. This unannounced monitoring inspection took place over one day. There were 18 residents accommodated in the centre on the day of the inspection and no vacancies.

Following an opening meeting, the inspector spent time walking through the centre, giving an opportunity to review the living environment and to meet with residents and staff. Residents were observed spending their day in the various areas of the centre. Some residents were observed relaxing in communal areas and bedrooms, while others were receiving assistance with their personal care needs from staff.

The premises was laid out to meet the needs of residents. Residents' living and bedroom areas were located on both floors which were serviced by an accessible stairlift. There were appropriately placed handrails along corridors to support residents to mobilise safely and independently. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was bright, warm, and well-ventilated throughout. Call-bells were available in all areas and answered in a timely manner.

Bedroom accommodation comprised of single and twin bedrooms, a number of which were en-suite. Residents were provided with adequate space to live comfortably, and sufficient space to store personal belongings. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs. There were a number of communal areas available to residents including a lounge, a conservatory and a dining room. There was also a visitors' room available, providing residents with a comfortable space to meet with friends and family members in private. The centre was clean and tidy, and all areas were designed and furnished to create a homely and accessible living environment for residents.

There was safe, unrestricted access to outdoor areas for residents to use which contained a variety of appropriate seating areas and seasonal plants. A number of residents told the inspector that they loved the outdoor space.

The inspector spent time observing staff and resident interaction in the various areas of the centre. The majority of residents were up and about as the day progressed. Residents were observed to be content as they went about their daily lives, and were comfortable and familiar with one another and staff. A number of

residents were observed moving freely around the centre throughout the day. Staff supervised communal areas and those residents who chose to remain in their bedrooms were supported by staff. Familiar, respectful conversations were overheard between residents and staff, and there was a relaxed, convivial atmosphere in the centre. It was evident that residents' choices and preferences in their daily routines were respected. While staff were busy assisting residents with their needs throughout the day, care delivery was observed to be unhurried and respectful. The inspector observed that personal care needs were met to a high standard. Staff who spoke with the inspector were knowledgeable about residents and their individual needs.

The inspector chatted and interacted with a large number of residents during the course of the inspection. Residents spoke positively about their experience of living in the centre. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. Those residents who spoke with the inspector were happy to chat about life in the centre. One resident told the inspector 'I love it here, it's great, the staff are awful good and they do their best'. Another resident said 'it's a great place, we are luck to have such a team'.

A range of recreational activities were available to residents, which included quizzes, bingo and music. Residents told the inspector that they were free to choose whether or not they participated. A number of residents explained that they often preferred to spend time relaxing in their bedrooms. The inspector observed residents participate in a lively quiz on the day of the inspection which they appeared to enjoy. Staff were available to support residents and to facilitate residents to be as actively involved in activities as they wished. Residents also had access to television, radio, internet, newspapers and books.

The inspector observed visitors being welcomed to the centre throughout the day of the inspection.

The centre provided residents with access to adequate quantities of food and drink. Residents were offered a good choice of wholesome and nutritious food at each meal, and snacks and refreshments were available throughout the day. The inspector observed residents having meals at various times of the day depending on their preference. Residents were supported during mealtimes, those residents who required help were provided with assistance in a respectful and dignified manner. Residents were complimentary about the food in the centre.

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 an inspector 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).

This inspection found that this was a well-managed centre where the quality and safety of the services provided were of a good standard. The provider had completed the majority of the actions in a compliance plan submitted by the provider, following the last monitoring inspection in February 2023, in relation to staff training, records management, notification of incidents, care planning and governance and management.

The registered provider of this designated centre is St David's Nursing Home Ltd, a company that consists of two directors. Both directors worked 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 authority and accountability. There was an established management team within the centre which consisted of the person in charge and the general manager. Both the person in charge and the general manager were present throughout the inspection, and were observed to be a very strong presence in the centre. The management of the centre was further supported by a full complement of staff, including nursing and care staff, housekeeping, catering, administrative, activity and maintenance staff. The person in charge facilitated this inspection and demonstrated a very good understanding of their role and responsibility. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge.

A review of the staffing rosters found that there were adequate numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. Staff demonstrated an understanding of their roles and responsibilities. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of healthcare assistants. The person in charge provided clinical supervision and support to all the staff. Communal areas were appropriately supervised, and the inspector observed kind and considerate interactions between staff and residents. Teamwork was very evident throughout the day.

The provider had systems in place to ensure that there was effective oversight of the quality of care received by residents. An audit schedule was in place examining key areas including care planning, infection prevention and control, environmental checks, fire safety, medication management and wound management. Where areas for improvement were identified, action plans were developed and completed. There were good systems of communication in the centre between management and staff. An annual review of the quality and safety of the services had been completed for 2024, and included a quality improvement plan for 2025.

The policies and procedures, as required by Schedule 5 of the regulations, were available to staff, providing guidance on how to deliver safe care to the residents.

A review of staff training records evidenced that all staff had completed relevant training to support the provision of safe care to residents. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

The centre had a risk register in place which identified clinical and environmental risks to the safety and welfare of residents, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frame.

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.

There were contracts for the provision of services in place for residents which detailed the terms on which they resided in the centre.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons and worked full-time in the centre. They were suitably qualified and experienced for the role. They had the overall clinical oversight for the delivery of health and social care to the residents and displayed good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

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

That staff had access to training appropriate to their role. Arrangements were in place to ensure staff were appropriately supervised to carry out their duties.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph three of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were strong governance arrangements in the centre. There were adequate 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 and safety of the service was effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints records found that resident's complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

Up-to-date policies and procedures as outlined in Schedule 5 of the regulations were available, were accessible to all staff and were specific to the centre.

Judgment: Compliant

Quality and safety

The inspector found that the standard of care which was provided to residents living in this centre was of a good quality. Residents were satisfied with the care and support they received and spoke highly of the staff who cared for them. The inspector observed that residents' rights and choices were upheld, and their independence was promoted. Staff were respectful and courteous with residents.

Nursing and care staff were knowledgeable about residents' care needs and this was reflected in the nursing documentation. A sample of residents' files were reviewed by the inspectors. Prior to admission to the centre, residents had a comprehensive assessment of their needs completed to ensure the service could meet their health and social care needs. Residents' care plans were developed within 48 hours following admission to the centre. Care plans were underpinned by accredited assessment tools to assess each resident's needs including, assessment of malnutrition, risk of falling, risk of pressure related skin damage and support needed to ensure safe mobility. Care plans were updated every four months, or as changes occurred, in line with regulatory requirements. Daily nursing records demonstrated good monitoring of residents' care needs.

Residents had access to medical and health care services. Systems were in place for residents to access the expertise of health and social care professionals, when required.

The design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. Housekeeping staff were

knowledgeable about cleaning practices and all areas of the centre were observed to be clean and tidy.

On the day of the inspection, work was in progress to create a dedicated housekeeping room in the centre.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Residents who were assessed as being at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways were established to ensure residents assessed as at risk of malnutrition were referred for further assessment by an appropriate health professional.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they choose. There were opportunities for residents to participate in recreational activities of their choice and ability, either in the communal areas or their own bedrooms. Residents had the opportunity to meet together and discuss management issues in the centre including activities, complaints, staff and food. Satisfaction surveys were carried out with residents with positive results. Residents were kept informed about services they could access, if needed. This included independent advocacy services.

There was an up-to-date residents' guide available which contained a summary of the services and facilities in the centre, the terms and conditions relating to living in the centre, the complaints procedure, and the arrangements for visits.

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

Regulation 10: Communication difficulties

There were provisions in place to ensure that residents with communication difficulties were supported to communicate freely.

Judgment: Compliant

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date 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 had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse.

Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in safeguarding vulnerable adults at risk.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives.

Residents told the inspector that they felt safe in the centre and that their rights, privacy and expressed wishes were 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant