



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Hollymount Private Nursing and Retirement Home
Name of provider:	Doonaroom Limited
Address of centre:	Kilrush, Hollymount, Claremorris, Mayo
Type of inspection:	Unannounced
Date of inspection:	27 October 2022
Centre ID:	OSV-0000348
Fieldwork ID:	MON-0037484

## About the designated centre

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

Hollymount Private Nursing Home is a purpose-built, ground level 36 bed nursing home on the outskirts of the village consisting of 25 bedrooms, sitting rooms, dining room, oratory, small conservatory and ancillary facilities for staff members to support residents' wellbeing in their day-to-day activities. Hollymount Private Nursing Home can provide services for male and female residents over the age of 18 years. Care for residents with dementia, respite care, convalescent care, palliative care and long-term care needs are catered for.

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

Number of residents on the date of inspection:	34
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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 27 October 2022	09:15hrs to 00:00hrs	Leanne Crowe	Lead

## What residents told us and what inspectors observed

The overall feedback from residents and visitors was that the centre was a nice place to live and that staff were kind and considerate. Residents were observed to be content and relaxed in the company of staff.

When the inspector arrived at the centre, they were greeted by a staff member who guided them through the required COVID-19 infection prevention and control measures, including completion of hand hygiene and a temperature check. Following an introductory meeting with the person in charge, the inspector spent time walking through the centre.

Residents who spoke with the inspector were complimentary of their overall experience, describing the centre as a "nice place to live".

The environment was homely and nicely decorated and there was a comfortable atmosphere in the centre. Residents appeared calm and relaxed as they spent time sitting in various communal areas throughout the day. Some residents chose to spend time in their bedrooms or quieter areas but were content to do so. Staff were familiar with the residents' preferred daily routines, care needs and the activities that they enjoyed.

Residents were preparing for a number of upcoming events in the centre, including a Halloween party. They were also creating a remembrance tree for those residents that had passed away. A variety of planned activities were also taking place during the inspection, including bingo, music, dancing and piano lessons. Residents were observed to enjoy participating in the different activities. A number of residents who spoke with the inspector were complimentary about the activities that were available to them.

It was clear that flexible visiting arrangements were in place. Residents' visitors were calling to see them throughout the day and residents who spoke with the inspector were satisfied with the visiting arrangements.

The following two sections, capacity and capability and quality and safety, will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

The inspector found that the compliance plan following the last inspection had been

almost completely addressed and the overall level of compliance had improved in the designated centre. However this inspection identified that further improvements were required to achieve full compliance with a number of regulations including training and development, governance and management and premises. These findings are discussed under the relevant regulations throughout the report.

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The centre is owned and operated by Doonaroom Limited. The company has four directors, one of which represents the provider entity and is also a person participating in management (PPIM). There was a clearly defined management structure in place, with identified lines of accountability and authority. This structure comprised the PPIM, the person in charge and a clinical nurse manager (CNM). The management team were supported by nurses, health care assistants, activity, catering, domestic and maintenance staff. Staff were clear about reporting structures and had the information they needed to carry out their work safely and effectively.

An annual report on the quality of the service had been completed for 2021 which had been done in consultation with residents and clearly set out the service's level of compliance as assessed by the management team. A quality improvement plan had been developed to address any actions that had been identified.

Regular meetings took place with staff and management in relation to the operation of the service. Records of these meetings were maintained and detailed the attendees, the agenda items discussed and the actions that were agreed. A programme of auditing was in place which monitored key areas of the service. However, improvement was needed to ensure that actions were recorded in response to the identification of a non-compliance. Furthermore, the inspector found that one improvement action had been closed off despite it not being addressed.

There was a training programme in place to ensure that staff received training to support them in meeting the needs of residents. Records of training were reviewed by the inspector, who found that a small number of recently recruited staff required training in infection prevention and control practices.

## Regulation 15: Staffing

The inspector asked the management team to review staffing levels to ensure that they continue to meet the assessed needs of residents:

- There was one staff nurse on duty on the day of the inspection, who was responsible for the nursing care of 34 residents. In addition the centre's clinical nurse manager (CNM) was also working and they were available to provide nursing support if needed.
- While an activity co-ordinator was on duty to provide activities with residents, the inspector noted that on some occasions, they were required to interrupt

their engagement with residents to attend to the needs of another resident, such as with mobilising. This interrupted the activities for the remaining residents in the room.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Training records reviewed by the inspector indicated that a small number of staff required training in infection prevention and control practices.

While a number of staff had been recently completed training in cardiopulmonary resuscitation, the inspector was not assured that all nursing staff had attended the refresher training in line with the centre's own training requirements. The management team agreed to schedule additional training sessions to ensure nursing staff were there were sufficient staff available to provide this support at all times.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The centre's directory of residents had been updated since the previous inspection to include the additional information required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety. A review of the audits indicated that audits were used to monitor quality and safety and to identify areas for improvement, however the inspector found that in one audit the action plan had been closed out but the improvement action had not been fully addressed.

Judgment: Substantially compliant

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

The inspector reviewed a sample of residents' contracts of care. These had been revised since the previous inspection and while they now indicated the occupancy of the bedroom in which the resident would be accommodated, they did not specify the room number.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose required updating to reflect the governance structure in the centre.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector found that residents were content living in the designated centre. However some improvements were required to ensure that the quality and safety of care being delivered to residents was consistently managed to ensure the best possible outcome for residents. In particular, actions were needed to bring care planning, health care, premises, residents' rights and fire precautions into full compliance with the regulations.

On the day of the inspection, there were 34 residents being accommodated in 11 twin bedrooms and 14 single bedrooms. The inspector noted that while the dimensions of the twin bedrooms met the minimum requirements of the regulations, the layout of these bedrooms required review to ensure they met residents' needs in terms of privacy and dignity.

Overall, the premises was clean and well maintained. It was nicely decorated, homely and comfortably furnished. There were a number of communal areas available, which met residents' needs. The secure outdoor area had been upgraded since the previous inspection. This area was colourfully decorated and contained appropriate seating and shading. Residents enjoyed independent access to this area via the dining room. Actions in relation to the cleanliness of storage rooms, clinical rooms and resident equipment had been addressed since the last inspection. A number of clinical hand hygiene sinks had also been installed in areas that were easily accessible to staff.

Residents were consulted with in the day-to-day running of the centre. Residents' meetings took place regularly, with the most recent meeting occurring two weeks prior to the inspection. Records of these meetings demonstrated that they were



attended by approximate one third of the residents and that residents' feedback was sought in relation to a variety of topics, including the quality of activities and meals provided. Any issues raised by residents in these meetings were promptly addressed.

A programme of activities was in place in the centre, which was facilitated by an activity co-ordinator five days per week. The management team had also organised several outings for residents during the summer months. The inspector found that residents were free to exercise choice in how to spend their day.

Fire safety issues identified on the last inspection had been addressed, including those in relation to the storage of oxygen cylinders, fire stopping around water pipes and the quality of residents' personal emergency evacuation plans (PEEPs).

The inspector found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished. Visitors were observed attending the centre on the day of inspection. Visits were encouraged with appropriate precautions to manage and mitigate the risk of introduction of COVID-19 infection.

### Regulation 11: Visits

The inspector saw that residents were supported to receive visitors in their bedrooms or in a number of communal rooms.

Judgment: Compliant

### Regulation 17: Premises

The majority of the premises was in a good state of repair and met the needs of the residents. While the provider had made efforts to optimise the layout of the 11 twin bedrooms in the centre, these did not conform with Schedule 6 of the regulations: This was evidenced by;

- The layout of the twin rooms meant that some residents did not have sufficient space around their bed to contain the furniture set out in Schedule 6, such as a chair or bedside storage
- Some beds were placed against walls in order to maximise space and support the privacy of residents, but some required to then be moved out when delivering personal care in a safe manner
- The positioning of some beds resulted in the room's window being located within the bed space of one of the beds. This meant that if the privacy curtains were drawn around this bed it would limit natural daylight for the

other resident accommodated in the room.

The installation of grab rails was required in three shower rooms.

Judgment: Not compliant

### Regulation 27: Infection control

The centre met the requirements of the National Standards for Infection Prevention and Control in Community Services (2018).

Judgment: Compliant

### Regulation 28: Fire precautions

The actions relating to the previous inspection had been addressed. However, some staff required up-to-date training in fire safety.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident care plans and nursing documentation, and found that further oversight was required to ensure that residents' care needs were appropriately assessed and that the prescribed care interventions to meet those needs were clearly set out for staff to follow. For example:

- An end of life care plan did not outline how a resident's religious needs could be met in the event of their death
- A care plan in relation to responsive behaviours required additional detail to appropriately guide staff
- Some assessments and care plans had not been updated to capture and reflect the changing needs or abilities of residents, such as in relation to activities, nutrition, wound care or smoking.

Additionally, a document outlining each residents' end of life wishes for medical interventions contained gaps in relation to two residents. This posed a risk to staff being able to retrieve this information quickly in the event of an emergency.

Judgment: Substantially compliant

### Regulation 6: Health care

There was evidence of residents having good access to appropriate medical and the wider health and social care specialists. Access to occupational therapy was limited due to a lack of services in the local area. The person in charge had identified this as a risk and was trying to identify a solution at the time of the inspection.

Improvement was required to ensure that all eligible residents were supported to avail of health screening programmes if they wished to do so.

Judgment: Substantially compliant

### Regulation 8: Protection

The were good systems in place to appropriately safeguard residents.

Judgment: Compliant

### Regulation 9: Residents' rights

There were facilities for residents to engage in recreational and occupational opportunities. Residents were supported to exercise their political rights.

Residents had access to radio, television and newspapers and to the Internet. Residents were supported to exercise choice in relation to their daily routines. Resident meetings were held on a regular basis.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Hollymount Private Nursing and Retirement Home OSV-0000348

Inspection ID: MON-0037484

Date of inspection: 27/10/2022

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing levels are continuously reviewed. Going forward the activities coordinator will focus on the activities program and if residents require assistance in other matters another staff member will be informed.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff will be taking part in further IPC training to be completed by 31/01/2023 All nursing staff and some care staff will complete training in CPR by 28/02/2023.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: One action was closed before completion, in future all actions will be completed before being closed on the system or the time can be extended to be reviewed at a later date.</p>	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>An amendment page has been added to each residents contract to indicate any changes to accommodation/fees etc. To be signed by the resident or NOK</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose has been updated to reflect the current governance structure</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The layout of the double rooms has been reviewed and the bedrooms have been reorganized to ensure that residents have full access to all their furniture within their personal space. On consultation with the residents occupying these bedrooms there are two who wish to have their beds against the wall. We have respected the wishes of these residents and it has been documented in their care plan. However both of these rooms have the capability of being reorganised for full bed access again if the need arises. Three new grab rails have been ordered and will be installed by 13/01/2023. The privacy screens will be adjusted in some twin rooms to increase the access to natural daylight.</p>	
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:  
 All end of life CarePlans to be reviewed and updated to reflect their religious needs by 01/01/2023. All responsive behaviour CarePlans will be reviewed by 01/01/2023. Regarding end of life wishes, both residents have been reviewed by their GP and documents updated accordingly. All CarePlan and assessments are continuously reviewed and evaluated four monthly at a minimum. CarePlans are also updated as changes occur. CarePlan and assessments are at the top of the agenda for the next nurses meeting. 31/01/2023

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:  
 A document has been draw up to clarify the eligibility criteria for health screening programs, outlined in our statement of purpose, in terms of age and frequency. All eligible residents will have the relevant information included in their CarePlan. We have been in contact with the external service provider again regarding occupational therapy and they have informed us that they are near a solution and will be in contact with us early in the new year. We will continue to reach out and seek a solution.



## 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	04/11/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	27/02/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/01/2023
Regulation 23(c)	The registered	Substantially	Yellow	04/11/2022

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Compliant		
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	04/11/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	02/11/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for	Substantially Compliant	Yellow	01/01/2023

	a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	01/01/2023
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	10/11/2022