



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

Issued by the Chief Inspector

Name of designated centre:	Claremount Nursing Home
Name of provider:	Claremount Nursing Home Limited
Address of centre:	Claremount, Claremorris, Mayo
Type of inspection:	Unannounced
Date of inspection:	29 June 2023
Centre ID:	OSV-0000329
Fieldwork ID:	MON-0039489

About the designated centre

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

Claremont Nursing home is a purpose-built, two-storey centre which provides 24-hour nursing care for up to 60 residents requiring continuing care, convalescence, respite, dementia and palliative care. The centre is well laid out. Residents are accommodated on the ground floor. Bedroom accommodation comprises 50 spacious single and 10 twin bedrooms. All bedrooms have accessible en-suite toilet and showering facilities. There is a choice of different communal areas for residents to relax and a separate visitors' room, physiotherapy room and oratory are available. The centre is located approximately 1km outside the town of Claremorris in County Mayo. It has a large accessible internal garden for residents and is set in landscaped grounds.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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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 29 June 2023	09:30hrs to 17:00hrs	Lorraine Wall	Lead

What residents told us and what inspectors observed

On the day of the inspection the inspector observed resident and staff interactions and found that residents appeared to be content and relaxed in the company of staff. The overall feedback from residents was that they were generally happy with their life in the centre and were well cared for.

This was an unannounced inspection and on arrival to the centre, the inspector was greeted by the General Manager and the Assistant Director of Nursing. The provider attended and met with the inspector later in the day. An introductory meeting was commenced followed by a walk around of the centre with the General Manager. This gave the inspector the opportunity to meet with residents and staff, to observe the residents in their home environment and to observe staff practices. There was a relaxed and calm atmosphere in the centre. Residents were being assisted to get up from bed and were being supported by staff to the dining and various communal rooms.

Claremount Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The designated centre is a purpose built nursing home that can accommodate a maximum of 70 residents. The centre is located on the outskirts of Claremorris town.

The centre was warm, bright and clean and tidy throughout. Residents were accommodated in spacious and comfortable bedrooms which were personalised with photos, ornaments and other possessions.

The majority of residents who spoke with the inspector said that they were happy with the food in the centre. Residents said that they felt safe and that the staff were all nice and that they "knew them well". Some residents told the inspectors that they would like if there were more activities. One resident was unaware if any activities were taking place on the day of the inspection. The inspector observed that there was no activities schedule available to let the residents know what was scheduled for them on the day. There was an external provider playing music in one of the communal rooms and another resident told the inspector that they "did not know there was music on today."

Activities were observed to take place during the afternoon of the inspection, which included story telling. An external provider also provided music in one of the communal rooms. Residents appeared to enjoy these activities. However the inspector observed that the activity coordinators were busy with other tasks on the day and activities were only available for a short period of time. Residents who spent the majority of their day in their bedrooms were not observed to have any social interactions or access to meaningful activities other than television and radio on the day of the inspection.

Visitors were observed coming and going on the day of the inspection. There were

no restrictions on visiting and residents were observed meeting their visitors both in private and in the communal areas of the centre.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed under the relevant regulations.

Capacity and capability

Overall, Claremount Nursing Home was a well-run centre which supported residents to have a good quality of life. However, some improvements were required to staff training and to care planning in the centre, while at the time of the inspection the provider still needed to appoint a full-time person in charge who met the regulatory requirements.

This was an unannounced inspection carried out by an inspector of social services to review compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2013 as amended and to follow up on actions the provider had taken since the last inspection. The previous inspection in the centre had taken place in January 2023.

Claremount Nursing Home Limited is the registered provider for this designated centre. The management structure as set out in the centre's statement of purpose consists of the provider, a general manager, a person in charge and an assistant director of nursing. A team of nursing staff provide clinical support along with healthcare assistants, household, catering and maintenance staff. A physiotherapist is also based in the centre five days per week.

On the day of the inspection, the provider was in breach of Regulation 14 as there was no person in charge in post in the centre. The provider had recently submitted an notification to the Chief Inspector to appoint a person in charge who met the regulatory requirements however the post had been vacant for 10 months before this notification was submitted. As a result, residents were not fully benefiting from a stable management structure within the centre.

Systems to monitor and review risk were in place in the centre, and monthly governance meetings were being held where risks were reviewed and discussed. The inspector reviewed both monthly and quarterly audits and found that there had been an appropriate action plan in place with evidence that the actions arising from these audits had been addressed.

The oversight of assessments and care plans required some action as the inspector found that some residents did not have up-to-date social care plans. Additionally,

there were deficiencies in the completion of wound assessments. This posed a risk that wound assessments did not provide nursing staff with the information they needed to provide safe and appropriate wound care.

There was a sufficient number of healthcare assistants on duty on the day of the inspection. Three staff had unexpectedly called in sick at short notice, however, the provider had obtained cover for these shifts by the mid-morning. Nonetheless, the deployment of staff required review. On the day of the inspection, the inspector observed that the activity coordinators were unable to adequately provide activities on the morning of the inspection due to the additional tasks that they were required to complete. For example they were required to supervise communal rooms until after lunchtime and were required to support residents with their lunch time meal. This is detailed further under Regulation 15: Staffing.

Staff training records and the inspector's observations showed that there were some gaps in the completion of mandatory training in fire safety and safeguarding. Staff were being appropriately supervised by a clinical nurse manager.

The registered provider had established and maintained a directory of residents which included the necessary information as outlined in Schedule 3 of the Regulation.

Inspectors reviewed the designated centre's insurance certificate, which included all the requirements of Regulation 22.

The inspector reviewed the incident and accident register and found that all incidents which had occurred in the centre had been reported in writing to the Chief Inspector, as required under Regulation 31: Notification of Incidents.

The inspector reviewed a sample of residents' contracts of care. Each contract reviewed included the terms on which the resident was living in the centre, including 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. Contracts were signed by the resident and or representatives, where appropriate.

Regulation 14: Persons in charge

At the time of the inspection, there was no person in the role of the person in charge.

Judgment: Not compliant

Regulation 15: Staffing

While the provider had ensured that the number and skill mix of staff was appropriate, having regard to the needs of the residents and the size and layout of the designated centre, the deployment of some staff required review. This is detailed under Regulation 9.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that a small number of staff required refresher training in the following areas:

- Fire safety: 2 staff were overdue refresher training
- Managing responsive behaviours: 2 staff were overdue refresher training
- Safeguarding of Vulnerable adults: 5 staff were overdue refresher training

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was available for review on the day of inspection and included the required information as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had up-to-date insurance cover in place which covered resident's personal effects and public indemnity.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not ensured that a clearly defined management structure was in place in line with the centre's statement of purpose. At the time of the inspection the person in charge post had been vacant for 10 months and this was a repeated finding since the last inspection.

The provider was also in breach of a restrictive condition attached to their registration, which required them to have appointed a person in charge by 7 July 2023.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of contracts reviewed met the requirements of Regulation 24.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were submitted in line with the requirements of Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the findings of the inspection were that, for the most part, the provider was delivering good care to residents, in line with their assessed needs. However, some improvements are required to ensure that the social care needs of all residents are met, and significant action is required to ensure that the rights of all residents are upheld.

Findings in relation to the absence of a full-time person in charge have been set out in the preceding section of this report. Several residents who were able to speak with the inspector are mostly happy with the care and services provided in this centre, and gave positive feedback about the designated centre and the staff caring for them.

Inspectors observed visiting taking place throughout the day of the inspection and there were appropriate private areas for residents to host their visitors. A

comprehensive residents' guide was available for review, and this was found to contain all the necessary information for residents living in the centre, as required under Regulation 20: Information for residents.

A range of validated nursing tools were in use to identify residents' care needs. The inspector reviewed a sample of files of residents with a range of needs and found evidence that resident's assessments were completed within 48 hours of admission to the centre, in line with regulatory requirements. However, the documentation of assessment and care planning required review to ensure that the assessments and care plans were up-to-date and provided accurate information for staff to follow when providing care to residents, particularly in relation to residents social care needs and the management of wounds.

Inspectors found that residents had timely access to their general practitioners (GPs) and other allied health professionals such as speech and language therapy and dietetics.

The provider had taken adequate precautions to ensure that all residents were protected from abuse.

Residents had appropriate choice at meal times. Inspectors observed menus on the wall of the dining room and pictorial menus were available for those residents who required this. Residents were aware of what they were having for dinner and were offered a choice of three meals each day.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' needs. Infection prevention and control measures were in place and were sufficiently monitored. There was evidence of good practices in relation to infection control amongst staff.

Residents had ease of access to their wardrobes and personal possessions, however, inspectors found that residents in twin rooms did not have access to individual televisions with the option of individual headphones if required. This meant that some residents did not have individual choice of television viewing and listening.

While activities were seen to be taking place on the day of the inspection, inspectors were not assured that all residents, especially those residents who spent long periods in their bedrooms had the opportunity to take part in activities in line with their interests and capabilities as detailed under Regulation 9.

The inspector reviewed a sample of resident's meetings and observed that there was good attendance with a variety of topics including food, entertainment, visitors, COVID-19 and upcoming events discussed in these meetings. However resident meetings did not contain resident feedback.

Regulation 10: Communication difficulties

The provider had ensured that all residents who had communication difficulties could communicate freely. This was evidenced by:

- Pictorial menus available in the dining room
- An amplifier headphone and microphone set which was available for all residents with hearing difficulties.

Judgment: Compliant

Regulation 11: Visits

Visits were observed to be taking place, in line with national guidelines. This meant that residents could meet with their families and friends as they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to their personal possessions and had adequate space to store and maintain their clothes and other personal possessions.

Judgment: Compliant

Regulation 17: Premises

The provider had addressed actions as outlined in their compliance plan following the previous inspection. Some areas of the centre required painting and a schedule of works was in place for this.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were adequately supported to make choice in regards to their mealtime

options with the use of pictorial menus and those residents who required assistance with eating were supported in a respectful and dignified manner by staff.

Judgment: Compliant

Regulation 20: Information for residents

A comprehensive residents' guide was available to review and included all the requirements of regulation 20.

Judgment: Compliant

Regulation 27: Infection control

A number of infection prevention and control measures had been implemented since the last inspection and the provider had addressed all actions outlined in their compliance plan.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care documentation and found that assessment and care planning required improvement to ensure each resident's health and social care needs were identified and were sufficiently detailed to guide care delivery. This was evidenced by:

- Some residents' care plans were not reviewed and updated at four monthly intervals or in response to their changing needs. For example, a number of resident's social care plans did not reflect their current arrangements, while other residents had no social care plan in place.
- Upon reviewing wound care, the inspectors found that wound assessments were not completed at each dressing change. This made it difficult to ascertain if the current wound dressing plan was successful or required further review.

Judgment: Substantially compliant

Regulation 6: Health care

There were adequate arrangements in place for residents to access their general practitioner (GP) when required or requested. There was evidence that residents were supported to access allied health and social care professionals for additional expertise such as dietitian, physiotherapy and chiropody.

Judgment: Compliant

Regulation 8: Protection

Inspectors reviewed a sample of safeguarding investigations and care plans and found that the provider had taken all reasonable measures to ensure that residents were protected from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

- Residents located in a twin bedroom shared one television. Provision of one television in these bedrooms did not ensure that each resident had choice of television viewing and listening.
- Although there were two activities coordinators employed on the day of the inspection, the inspector observed that they were not allocated sufficient time in their day to ensure all residents had access to meaningful activities in line with their preferences and capacity. Although some activities were provided during the afternoon not all residents chose or were able to participate in these. Furthermore the activities schedule was not displayed around the centre. As a result some of some residents who spoke with the inspector were not aware of what was planned for the day. In addition a number of residents did not have an up to date social care plan to clearly set out how the resident preferred to spend their day and what activities they wanted and had capacity to participate in.
- A sample of records showed that some residents who spent most of their time in their bedrooms did not have adequate opportunity to engage in social activities. For example:

- One resident did not have opportunity to engage in a social activity from December 2022 to July 2023.

- Two residents had not had the opportunity to engage in a social activity since January and February 2023 respectively.

- Four residents records reviewed had between two and five room visits since January 2023.

Judgment: Not 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	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Claremount Nursing Home OSV-0000329

Inspection ID: MON-0039489

Date of inspection: 29/06/2023

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: The Person in charge came into compliance on 14th June 2023.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff training has been completed.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Person in charge came into compliance on 14th June 2023. PIC is supported by two Clinical Nurse Managers and General Manager. Recruitment is ongoing for ADON. We are no longer in breach of the registration condition and have applied to have it	

removed.

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:

Care plans have been audited and will be audited quarterly.

Nurses had a detailed individual care plan review and a structured plan is in place to have all care plans updated every four months.

The wound assessment charts are reviewed weekly by the CNM's and assessment charts include measurements and photographs. Photographs are now attached to the wound care plan.

Management meetings now include a review of wounds.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: We plan to upgrade all twin resident rooms to two televisions per room, with Bluetooth headsets. This will be on a phased basis and will be completed by 31st December 2023.

Morning Support – carers allocated each day to provide drinks & fruit to allow Activity Co-Ordinators time to provide an activity from 4th September 2023.

A daily choice of activities will be planned and offered and displayed on the notice boards which will be provided in the dining room and main entrance in order to display the days planned activity from 25th September 2023

Activity Co-Ordinators to complete weekly plan of activities and social engagement. Meetings are scheduled once a month to review previous month and plan for the next month.

Social care plans have been updated for each resident.

A revised room visit plan is now in place to ensure that any resident wishing to stay in their room receives minimum of three visits per week from 11th September 2023.

Those residents will also receive a weekly plan of activities so that they can engage if they wish.

The Claremount has been approved for Dog Therapy by Irish Therapy Dogs and weekly visits start on Friday 22nd September 2023.

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 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	14/06/2023
Regulation 14(2)(a)	The person in charge may be the registered provider where the registered provider concerned is a registered medical practitioner who is solely employed in carrying on the business of the designated centre concerned.	Not Compliant	Orange	14/06/2023
Regulation 14(2)(b)	The person in charge may be the registered provider where the registered provider concerned is a registered medical practitioner has not less than 3 years' experience of carrying on the business of a nursing home under the Health Act 2007 .	Not Compliant	Orange	14/06/2023

Regulation 14(3)	Where the registered provider is not the person in charge, the person in charge shall be a registered nurse with not less than 3 years' experience of nursing older persons within the previous 6 years.	Not Compliant	Orange	14/06/2023
Regulation 14(6)(a)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have not less than 3 years experience in a management capacity in the health and social care area.	Not Compliant	Orange	14/06/2023
Regulation 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Not Compliant	Orange	14/06/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	14/06/2023
Regulation 23(b)	The registered	Not Compliant		14/06/2023

	provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.		Orange	
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	19/09/2023
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	19/09/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in	Not Compliant	Orange	01/10/2023

	activities in accordance with their interests and capacities.			
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	31/12/2023