



**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:	Short Notice Announced
Date of inspection:	12 September 2023
Centre ID:	OSV-0000348
Fieldwork ID:	MON-0038346

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
Tuesday 12 September 2023	09:00hrs to 17:00hrs	Lorraine Wall	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector observed that residents were supported to enjoy a good quality of life supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy living in the centre and that staff were kind and caring.

This was an announced inspection and on arrival to the centre, the inspector met with the provider and the person in charge. Following an introductory meeting, the inspector completed a walkabout of the centre with the person in charge. This gave the inspector an opportunity to observe residents in their home environment and to observe staff and residents' interactions. Residents appeared relaxed in the company of staff and staff appeared kind and respectful towards residents. The inspector observed residents spending time in the communal rooms and being assisted to get out of bed.

Hollymount Nursing Home is a single storey purpose built nursing home that can accommodate a maximum of 36 residents. It is located outside Hollymount village, Co. Mayo.

The centre was nicely decorated and one of the communal rooms was decorated with pictures of various activities that have taken place over the years such as tea parties, pet days and pizza days.

The centre was clean and tidy throughout. Residents were well dressed and wearing appropriate footwear. Most residents' rooms were nicely decorated with residents' belongings and photographs.

On the morning of the inspection, the activity coordinator was facilitating bingo in one of the communal rooms and residents who were taking part in this activity appeared to be enjoying this activity. Some residents told the inspector that they would like more varied activities or that they don't play bingo.

An activity schedule was available for review in the corridor and the inspector observed that the schedule had the same activities daily; mass, rosary and bingo with bingo again in the afternoons. The schedule varied in the late afternoon, with a choice of art, movies or a walk on various days. The inspector observed a number of residents who did not take part in any activity on the morning of the inspection. Residents told the inspector they would like if they had more outings as they enjoyed the outings when they had them.

All of the residents who spoke with the inspector had positive feedback about the food, stating that "the food is nice" and "couldn't find better".

The inspector observed that there was only one choice for residents on the menu for dinner. However, the person in charge provided assurances that there is always an

alternative available if the resident does not want what is on the menu. The inspector also noted that there was only one choice available for evening tea 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, 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

This inspection found that improvements had been made in some areas since the previous inspection. However, further improvements were required to bring the centre into full compliance with the Regulations.

This was an announced inspection completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The registered provider of Hollymount Private Nursing and Retirement Home is Doonaroom Limited.

The centre had a clearly defined management structure in place with appropriate lines of authority. The person in charge works full-time in the centre and is supported in their role by a clinical nurse manager who deputises when the person in charge is not available. The remainder of the staff team consists of staff nurses, an activity coordinator, health care assistants, household, catering, maintenance and administration staff.

There was an established governance and management structure in place. The systems in place to monitor the quality and safety of the service and residents' quality of life were effective. The inspector reviewed governance and management documentation including audit records, meeting minutes and complaints. Service deficits were identified for the most part and acted upon, through the use of a comprehensive audit schedule which included audits of fire safety, call bell response times, wound care, housekeeping, care plans and residents rights.

The inspector found that the oversight and management of the service was robust and that adequate staffing resources were provided to ensure residents' needs were met. The inspector reviewed minutes of clinical governance meetings, which take place every 3 months and found that actions resulting from these audits were used to drive quality improvement. However, the provider had failed to address an

ongoing issue with the premises which was having an impact on the rights of residents who occupied twin bedrooms. This is discussed under Regulation 17; Premises and Regulation 9; Residents Rights.

The provider had addressed the non compliance identified on the last inspection in relation to Regulation 16: Training and Staff Development. All of the nursing staff were found to be up to date with their CPR training as per the centre's own policy. However, further improvement was required to bring the centre into full compliance with Regulation 16.

The inspector reviewed details of a safeguarding incident which had been inaccurately recorded as a complaint and therefore had not been submitted to chief inspector as per the requirements of Regulation 31: Notification of Incidents. The person in charge submitted this notification to the Chief Inspector following the inspection.

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate to meet the needs of all residents, in accordance with the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that some staff were overdue or had no record of training in the following areas:

- Safeguarding of Vulnerable Adults - 2 staff had no record of completion
- Fire safety training - 10 staff were overdue completion of their fire safety refresher training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had failed to address the non compliance identified on the last three inspections in relation to the layout of the 11 twin bedrooms in the centre which did not comply with the requirements of Regulation 17. Although the provider had made some changes to the layout of these bedrooms these actions had failed to fully

address the non compliant findings.

Judgment: Not compliant

Regulation 31: Notification of incidents

The Chief inspector had not been notified of an incident as set out in paragraphs 7 (1) (a) to (j) of Schedule 4 because this incident had been inaccurately recorded as a complaint. The person in charge completed this notification following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre's complaints policy and procedure required review to ensure that residents have access to advocacy services for the purposes of making a complaint and to ensure that the policy had been updated in line with changes in legislation.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents were content living in the designated centre. However, action was required in some areas to ensure that the privacy and dignity of all residents was respected.

The centre was clean and well maintained. It was nicely decorated, homely and comfortably furnished. There were a number of communal areas available, which met the needs of residents and residents were using the communal areas throughout the day of the inspection. However this inspection found that the provider had failed to adequately address recurrent non-compliances in relation to the twin bedrooms in the centre. While the provider had made some effort to improve the layout of a number of twin bedrooms more focus and resources were now required to ensure that these bedrooms conform with Schedule 6 of the regulations and that they meet residents' needs in terms of privacy and dignity. Infection prevention and control measures were in place in the centre and there was

evidence of good practices such as the use of appropriate hand hygiene techniques.;

The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs.

The inspector reviewed a sample of resident files and found that residents' care documentation was of a standard that comprehensively informed staff about the person's care and support needs. Care plans had been updated in line with regulations or in response to residents' changing needs and as such reflected the residents' current needs.

Residents had good access to allied health professionals such as dietician, tissue viability nurse and speech and language therapy. There was evidence of appropriate referral to and review by health and social care professionals where required. The person in charge stated that access to occupational therapy can be limited due to long waiting times in the area. At the time of the inspection there were no residents awaiting an occupational therapy assessment.

The inspector observed residents having their lunch time meal and found that residents who required assistance were assisted by staff in an unhurried and patient manner. However, while the residents had the choice of two main meals, only one main meal was displayed on the menu board. Additionally, orders were taken on the previous day and as such the inspector was not assured that all residents knew what they were having for dinner on the day of the inspection.

The inspector found that the registered provider had ensured that visiting arrangements were in place for residents and these arrangements were in line with National Guidance. Visitors were seen coming and going throughout the inspection.

The provider had systems in place to ensure that residents were protected from the risk of abuse. The inspector reviewed a safeguarding incident which had been inaccurately recorded as a complaint, however; the person in charge had investigated this matter. This was not in line with the centre's own safeguarding procedures.

Residents rights were upheld in this centre for the most part. Residents had access to local television, radio and newspapers. The provider had ensured that there were sufficient resources in place to offer meaningful activities to all residents within the centre. There was a dedicated activity coordinator on duty on the day of the inspection and a large number of residents were seen to be taking part in activities. However; the activities schedule did not change from day to day and a number of male residents in particular were not seen to take part in any activities. Feedback from residents was that they would like more varied activities and would like to go out of the centre more often.

Some residents in twin bedrooms could not easily access their personal belongings due to the layout of their bedrooms.

Regulation 11: Visits

Inspectors observed visits taking place in line National guidelines. The centre had suitable areas for visiting to take place in private.

Judgment: Compliant

Regulation 17: Premises

The layout of nine of the twin bedrooms in the centre did not comply with the regulations. For example, residents in these rooms did not have sufficient space around their bed to contain a chair or bedside storage. This meant that these residents could not easily access their possessions neither could they sit in a comfortable chair to watch television in their bedroom if they so wished. The lack of space around each bed also meant that residents with mobility aids did not have sufficient space to move around their bed space easily.

There was not enough appropriate storage for resident's mobility equipment which meant that a number of items of residents' assistive equipment was being stored in the residents' communal rooms. This created unsightly clutter and reduced the overall space residents had to circulate in these areas.

Judgment: Not compliant

Regulation 18: Food and nutrition

The inspector was not assured that residents were adequately supported to make choices in relation to their mealtime options. This was evidenced by:

- While residents could request a different meal to what was displayed, there was only one main meal displayed on the menu board daily for residents.
- Residents chose their meal the day before and the inspector was not assured that all residents remembered what they had ordered for dinner on the day of the inspection.

Judgment: Substantially compliant

Regulation 27: Infection control
The centre was clean and tidy and met the requirements of Regulation 27.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
The inspector reviewed a sample of resident care plans and nursing documentation, and found that there was sufficient oversight 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.
Judgment: Compliant
Regulation 6: Health care
Residents had access to a general practitioner (GP) of their choice. GPs visited residents regularly. Allied health professionals such as dietitian, physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, where required.
Judgment: Compliant
Regulation 8: Protection
Measures were in place to safeguard residents from abuse. Whilst the provider had comprehensive systems in place to ensure all allegations of abuse were identified and managed appropriately, one incident had not been identified as a potential safeguarding concern and had been inaccurately logged as a complaint.
Judgment: Substantially compliant
Regulation 9: Residents' rights

- The inspector was not assured that there were sufficient opportunities made available for all residents to participate in activities in accordance with their interests and capacities. While residents had access to activities, for the most part, the activity schedule did not vary from day to day and a number of residents were observed to not take part in any activities on the day of the inspection as they were not interested in the activity available.
- The inspector was not assured that the layout of the twin bedrooms in the centre enabled the residents accommodated in those bedrooms to carry out personal activities in private.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

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

Inspection ID: MON-0038346

Date of inspection: 12/09/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff have since completed the safeguarding of vulnerable adults training. All staff have completed an online basic fire safety awareness for care homes training and the remaining staff are also booked for In-House fire training on 31st October.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We are in consultation with an Architect on changes that can be made to bring the remaining rooms into compliance. Drawings and timescale will be provided.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The notification was completed correctly the day after the inspection. 13/09/23</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The centers complaints policy and procedure was reviewed and completed 18/10/2023</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: We are in consultation with an Architect on changes that can be made to bring the remaining rooms into compliance. Drawings and timescale will be provided.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Three choices will be on the menu board daily. Residents will continue to choose their meal the day before, however there will be menus displayed on each dining table for residents to read if they wish to change their mind.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The incident has since been logged correctly and management will complete refresher safeguarding training to ensure incidents are logged appropriately in the future.</p>	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A new activity schedule will be done up taking into account the interests of all residents. A resident survey will be carried out to gather the relevant information. We are in consultation with an Architect on changes that can be made to bring the remaining rooms into compliance. Drawings and timescale will be provided.</p>	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2023
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	30/10/2023
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	31/10/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	30/10/2023

	consistent and effectively monitored.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	13/09/2023
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall make each resident aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Substantially Compliant	Yellow	31/10/2023
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	31/10/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/10/2023

Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/10/2023
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