



**Health
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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:	10 September 2024
Centre ID:	OSV-0000348
Fieldwork ID:	MON-0044717

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, three sitting rooms, a dining room, 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:

28

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 10 September 2024	09:00hrs to 17:00hrs	Celine Neary	Lead

What residents told us and what inspectors observed

Residents living in Hollymount Private Nursing Home were complimentary of the quality of care they received and described that staff were patient, kind and respectful towards them. Residents told the inspector that they felt safe living in the centre and there was always someone to talk to if they were worried about anything. The inspector observed staff asking residents how they would like to spend their day and offered support and care when required.

The inspector was met by the person in charge on arrival to the centre. Following an introductory meeting, the inspector walked through the centre and met with residents and staff. The inspector spoke with seven residents in detail about their experience of living in the centre.

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.

There was a calm and relaxed atmosphere in the centre when the inspector arrived. Residents were seen starting their day and having breakfast in the dining room or their bedrooms. Residents told the inspector that they enjoyed living in the centre and that staff were very good to them. On the day of inspection there was a Spa Day taking place and some residents were having their nails painted, hair styled or aromatherapy hand massage. Other residents were observed taking part in arts and crafts, puzzles and watching movies from olden times. One resident told the inspector how they enjoyed another day were they ordered in pizza, chips and burgers from a local restaurant.

The premises was appropriately decorated, bright, clean, and warm for residents. The designated centre was laid out over a ground floor footprint and had a secure garden area to the rear of the premises. There were appropriately placed hand rails to support residents to walk independently around the centre. There was ample storage facilities for equipment, and corridors were maintained clear of items that could obstruct residents who were observed walking around the centre throughout the day. The layout and reconfiguration of four twin rooms had been completed to a high standard and for the benefit residents accommodated in these rooms. A further four bedrooms were in the process of being reconfigured and re decorated also. Furnishings in communal areas and bedrooms were observed to be well maintained, and comfortable for residents. There were decorative murals on some walls which provided points of interest and added to a homely environment.

Bedrooms were personalised, and decorated according to each resident's individual preference. Residents were encouraged to personalise their bedrooms with items of significance, such as ornaments and photographs.

Residents were complimentary of the dining experience and the quality of the food

they received. The dining experience was observed to be a social and enjoyable experience for residents. Staff were available to provide discrete assistance and support to residents, if required. Food was freshly prepared and met residents individual nutritional requirements. Residents confirmed the availability of snacks and refreshments outside of scheduled meal times.

The next two sections present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

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. The inspector also followed up on information of concern that had been received by the Chief Inspector of Social Services and found that the concerns were partially substantiated.

The centre continued to have a good history of compliance with the regulations and was found to be compliant or substantially compliant under the regulations reviewed on this inspection. The inspector found that the provider had addressed all the areas for improvement identified on the last inspection.

This inspection found that this was a well-managed service with an established management and staff team who worked hard together to ensure that the care and services were safe and appropriate for the residents who lived in the designated centre. These findings are mirrored in the high levels of satisfaction expressed by residents and visitors who spoke with the inspector on the day of the inspection.

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 worked full-time in the centre and was supported in their role by a clinical nurse manager who deputised when the person in charge was not available. The remainder of the team consisted of staff nurses, two activities coordinators, health care assistants, household, catering, maintenance and administration staff.

The systems in place to monitor the quality and safety of the service and residents' quality of life were for the most part effective. However, care planning, medication management, and training and development was not in line with with the regulatory requirements. Greater oversight and supervision was required by management to ensure that care plans, medication management and training and development were adequate and in line with the regulations.

The inspector reviewed governance and management documentation including audit

records, meeting minutes and complaints. The inspector found that adequate staffing resources were consistently provided to ensure residents' needs were met. The number and skill mix of the staff was appropriate for the 28 residents accommodated in the designated centre on the day of the inspection. A review of the rosters confirmed that the centre was consistently and adequately resourced with staff to provide good quality care to residents living in this centre.

The provider had completed the reconfiguration of four twin bedrooms to a high standard and was currently in the process of completing another four twin rooms in order to come into full compliance with the regulations. Both residents and staff reported an improvement in the service provided and quality of life for residents accommodated in these rooms.

Staff were facilitated to attend mandatory training and other training appropriate to their roles however, a review of training records in the centre found that most of the nursing staff required refresher training in medication management. The impact of this was that some medications as needed were administered without review and no clear clinical need had been documented when as needed medications were given.

The provider had a directory of residents in place which was maintained and up to date in line with the requirements of Regulation 19.

The inspector reviewed a sample of five residents contracts of care and found that they met the requirements of Regulation 24.

Residents' complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to. Independent advocacy services were made available to residents and families if required.

All the requested records required were made available to the inspector for review and found to be compliant with legislative requirements.

There were policies in place in accordance with Schedule 5 of the regulations.

Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the statement of purpose. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care and activities staff. The staffing complement also included catering, laundry, administrative and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

Although training was made available to staff a number of nurses had not completed refresher training in their medication management which was overdue since July 2024. The impact was an over reliance on administering some as needed medications regularly without review or clearly stating the clinical need for administering.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The centre had established and maintained an up to date directory of residents containing all information as required by the regulations. This documentation was made available to inspector for review.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication.

There were clear systems in place for the oversight and monitoring of care and services provided for residents.

The annual review for 2023 was completed it and included feedback which had been sought from the residents in relation to the quality of the service they received.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A review of five contracts for the provision of services confirmed that residents had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services. All contracts of care reviewed had

been appropriately signed and included the residents room number.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaints procedure was on display. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process, in line with legislative requirements.

Contact details for advocacy services were also on display in the centre. The residents spoken with had no complaints and the inspector saw there were no open complaints on file.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies outlined in Schedule 5 were all available for review and all those reviewed had been updated within the past three years.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. The inspector found the care and support provided to the residents of this centre to be of a good standard.

There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by the activity co-ordinators and residents had daily opportunities to participate in group or individual activities.

Staff were respectful and courteous with the residents. Staff who spoke with the inspector showed they had the necessary knowledge and competencies required to care for residents with a variety of needs and abilities. Residents were observed to be happy and content on the day of the inspection. Staff knew the residents well

and this was evident in their communication.

The person in charge had ensured that residents had access to and could retain control over their personal property, possessions and finances. There were measures in place to ensure residents finances were safeguarded. The inspector reviewed the records of residents personal possessions that were in safe keeping and found that the records were in line with the possessions kept for residents. These personal possessions were regularly checked and recorded by a member of the management team.

The inspector observed safe administration and medication management practices, however the use of some medications as needed required greater oversight and more frequent reviews.

Each resident had a suite of clinical and environmental assessments completed on admission. Assessments such as skin integrity management, nutritional care, mobility and continence assessments, had been completed. However, some needs identified on assessment did not include a corresponding care plan to guide care for each resident.

Residents' health and well-being was promoted and residents had access to general practitioners (GP), old age psychiatry team, tissue viability and dietician services as required.

The inspector reviewed the safeguarding policies in place and was assured that the centre has robust processes in place to respond appropriately to concerns. Staff had completed training in the safeguarding of vulnerable adults and demonstrated an awareness of their role in reporting suspected abuse. Staff were able to tell the inspector what they would do in the event of a safeguarding concern being disclosed to them and the appropriate steps to take in maintaining resident safety.

Residents had access to tv, radio and newspapers and were seen chatting to staff about world events. Residents were receiving visitors inside and outside of the centre and the visiting arrangements in place were safe.

Residents rights were promoted in the centre and residents were encouraged to maximise their independence with support from staff. Arrangements were in place for residents to meet with the management to provide feedback on the quality of the service they received. There were opportunities for residents to participate in meaningful social engagement and activities through one-to-one and small group activities in each of the three communal rooms. Residents could choose what activity they wanted to attend or could choose to remain in their bedroom and watch television or chat with staff.

Residents told the inspector that they felt at home in the centre and that their privacy and dignity was protected. The inspector observed several positive interactions between staff and residents throughout the inspection. Interactions were polite, supportive and respectful.

Regulation 12: Personal possessions

The person in charge had ensured that residents have access to and retain control over their personal property, possessions and finances.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector could not be assured that all medicinal products were administered in accordance with the standards for medication management. For example,

- the clinical indication for the administration of some as needed medications were not recorded.
- the use of as needed medications were not regularly reviewed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were not always prepared based on the comprehensive assessment of each resident. For example, a resident who had been assessed as having compromised skin integrity did not have a care plan developed to guide care in this area and mitigate the risk involved.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were observed to have good access to medical and healthcare professionals and were facilitated to continue under the care of their own general practitioner (GP) where possible. The person in charge confirmed that GPs were visiting the centre as required.

Judgment: Compliant

Regulation 8: Protection

Measures to ensure residents were safeguarded from the risks of abuse were in place and the procedures to be followed by staff were set out in the centre's policies. These measures included arrangements to ensure all incidents, allegations or suspicions of abuse were addressed and managed appropriately to ensure residents were safeguarded at all times.

All staff were facilitated to complete safeguarding training on safeguarding residents from abuse. Staff who spoke with the inspector clearly articulated their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the centre's reporting structures.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected and they were encouraged to make choices regarding their lives in the centre. Their privacy and dignity was respected in their lived environment and by staff in the centre.

Resident's social activity needs were assessed and their needs were met with access to a variety of meaningful individual and group activities that met their interests and capacities. Residents were supported by staff to go on outings and integrate with their local community.

Residents were supported to practice their religions, and clergy from the different faiths were available to meet with residents as they wished.

Residents were provided with opportunities to be involved in the running of the centre and their views and suggestions were valued. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services if they wished.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0044717

Date of inspection: 10/09/2024

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff nurses have completed medication management training on HSEland	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: A dedicated nurse is reviewing all PRN medications monthly and findings will be discussed with G.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 assessments are carried out within 48 hours of admission. All Care Plan are now been created according to assessment findings and scores, further	

information is then inputted as more person centered details are gathered.

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	30/09/2024
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	01/10/2024
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	Substantially Compliant	Yellow	01/10/2024

	than 48 hours after that resident's admission to the designated centre concerned.			
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