



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:	12 April 2024
Centre ID:	OSV-0000348
Fieldwork ID:	MON-0043275

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:	32
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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
Friday 12 April 2024	09:30hrs to 15:30hrs	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 announced inspection and on arrival to the centre, the inspector met with the Person in Charge. An introductory meeting was commenced followed by a walkabout of the centre. 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 communal rooms.

Hollymount Private Nursing and Retirement Home provides long term care for both male and female adults with a range of dependencies and needs. The designated centre is a single storey building that can accommodate a maximum of 36 residents in single bedrooms. The centre is located close the village of Hollymount near Ballinrobe in Co. Mayo.

Overall, the general environment including residents' bedrooms, communal areas and toilets were clean. Alcohol hand gel dispensers were available for use on the corridors and staff were seen to use good hand hygiene techniques.

Bedrooms were nicely decorated and were personalised with residents' belongings such as photos, artwork and ornaments. Residents' bedrooms had sufficient personal storage space available for residents to store their belongings.

The residents in the centre have access to three day rooms, "the Yellow room", "the Roundfort room" and "the Hollymount room". On the morning of the inspection, the activity coordinator was facilitating bingo in the Hollymount room and residents who were taking part in this activity appeared to be enjoying themselves. Residents who spoke with the inspector were positive about their experience living in the centre. Speaking about the activities, residents who take part in these said they enjoy them. residents also told the inspector that they enjoy getting out into the garden in the summer and were looking forward to the better weather to come.

Some residents told the inspector it was a "home from home". One resident told the inspector "how hard it was to adjust to living in the centre, leaving all their belongings behind and only one room being yours alone" but said that the staff had been so kind during the process.

The inspector asked residents about the renovation works taking place and most residents were aware of this. Due to the fact that the provider is renovating some residents' bedrooms, some residents told the inspector that they will have to move

out of their rooms for a period of time. One resident told the inspector that they are very anxious to return to the same room as they do not attend the day room and enjoy the view from their window. The inspector reviewed two of the bedrooms that are nearly completed and found that they were decorated to a high standard and the layout has been reviewed to ensure they better meet the needs of residents, ensuring privacy and dignity.

The inspector observed residents during mealtime and found that staff assisted residents in a patient and unhurried manner. While residents were complimentary about the food, some residents were unable to tell the inspector what they were having for dinner on the day of the inspection as they had made their choice the day before.

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

This inspection found that there was good management and oversight of the quality and safety of the service by the provider and that the care and services provided met the residents' needs and was in line with the centre's statement of purpose.

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 provider has recently applied to renew the registration of the designated centre

The person in charge works full-time in the centre and is supported in their role by a clinical nurse manager. The remainder of the staff team consists of staff nurses, two activities coordinators, health care assistants, household, catering, maintenance and administration staff

The provider had ensured there were adequate staffing resources in place to meet the residents' clinical and social care needs, for the most part. The inspector reviewed minutes of staff meetings and found that staff were appropriately supervised in their roles. Staff meetings included discussions on a range of topics including incidents, risk management, quality improvement plans, safeguarding and restraints. This inspection found that where issues had been identified, an appropriate action plan had been put in place.

The centre has an established governance and management structure in place. The inspector found that the oversight and management of the service was robust and that adequate resources were provided to ensure residents' needs were met. The

systems in place to monitor the quality and safety of the service and residents' quality of life were effective. Service deficits were identified and acted upon, through the use of a comprehensive audit schedule which included audits of care plan, medication, call bells, infection prevention and control and behaviour management.

A review of training records found that all staff were up to date with the completion of their mandatory training

The inspector reviewed the incident and accident register and found that all notifiable incidents had been notified to the Chief Inspector in line with the requirements of Regulation 31.

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

Complaints were managed appropriately and to the satisfaction of the complainant. However, the complaints procedure required updating to ensure that all residents have access to advocacy services, and are aware of the support available, should they require this assistance when making a complaint

Registration Regulation 4: Application for registration or renewal of registration

The provider had applied to renew the registration of the designated centre and this application included full and satisfactory information as required by the regulations.

Judgment: Compliant

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 person in charge had ensured that staff had access to appropriate training.

Inspectors found that the person in charge had ensured that staff were appropriately supervised

Judgment: Compliant

Regulation 19: Directory of residents

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

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place were sufficient to ensure that the service was safe, appropriate and effectively monitored through the use of a comprehensive audit programme. The provider had a clear programme in place to ensure all twin bedrooms were brought into compliance with the regulations.

There were sufficient staffing resources in place on the day of the inspection and the centre had a clearly defined management structure in place with appropriate lines of authority

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all necessary notifications had been notified to the Chief Inspector notice in writing within 3 working days of its occurrence.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy and procedure had not been updated in line with changes in legislation in relation to residents' access to advocacy services for the purposes of

making a complaint.

Judgment: Substantially compliant

Quality and safety

Residents living in this centre experienced a good quality of life and received timely support from a caring staff team. Residents' health and social care needs were well met, through well-established access to health care services.

Residents' rights were protected and promoted and individuals' choices and preferences were seen to be respected, however, the inspector was not assured that all residents had access to meaningful activities in line with their interests and capacities.

Residents had access to local television, radio and newspapers. The inspector reviewed minutes of residents' meetings, which sought feedback on areas such as activities, the menu available and complaints. The most recent meeting took place in October 2023 and outlined the plans for construction work which is now taking place in the centre. Although there was satisfactory attendance at residents meetings, the inspector was not assured that residents who did not attend meetings were supplied with this information to ensure they were able to keep up to date with what was happening in the centre and have their views heard.

The provider is in the process of completing renovation works to eight twin bedrooms to improve the layout of a number of twin bedrooms to ensure that these bedrooms conform with Schedule 6 of the regulations and that they meet residents' needs in terms of privacy and dignity. The inspector spoke with residents who reside in these rooms and will be affected by these works and they were aware of the need to vacate their rooms for a certain period of time and were happy with this as long as they could return to their own bedrooms.

Corridors were wide and contained rails fixed to the walls to assist residents with their mobility. Some residents' accommodation was individually personalised with residents' own personal items and mementos from home. Residents had adequate storage space in their bedrooms and bathrooms for their personal belongings.

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 and standard infection prevention and control practices. However, the cleaning trolley was not adequately sealed which is detailed under Regulation 27: Infection prevention and control.

The inspector reviewed a sample of resident files and found that residents' care documentation was of a standard that comprehensively guided staff about the person's care and support needs and preferences. 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 a general practitioner (G.P.), physiotherapy, tissue viability nurse and speech and language therapy.

The inspector reviewed care plans of residents who present with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and found that these care plans were detailed and outlined appropriate de-escalation strategies to guide staff.

The inspector observed residents having their lunch time meal and found that residents who required assistance were assisted by staff in a respectful manner. However, orders were taken on the previous day and a number of residents were unable to remember what they had ordered for dinner.

The provider had systems in place to ensure that residents were protected from the risk of abuse and there were recent safeguarding incidents.

The inspector reviewed the residents guide and found that it did not contain all of the information as required under Regulation 20: Information for residents.

Regulation 17: Premises

The provider was completing renovation work on eight of the twin bedrooms in the centre to ensure the layout of these bedrooms was in compliance with the regulations and met the residents' needs. Two of these rooms were nearing completion on the day of the inspection and the provider had a time bound programme in place to complete the six remaining bedrooms. The works that had been completed was to a good standard and brought those two rooms into compliance. However on the day of the inspection the remaining six bedrooms were not compliant with Regulation 17.

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

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents chose their meal the day before and the inspector was not assured that all residents were able to remember what they had ordered for dinner from the previous day.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents guide required review to include information on:

- the procedure in respect of complaints
- visiting arrangements in the centre

Judgment: Substantially compliant

Regulation 27: Infection control

The bin on the cleaning trolley did not have a lid attached which posed a cross contamination risk and was not in line with National Standards for infection prevention and control in community services 2018

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident care plans and nursing documentation, and found that documentation clearly guided staff with providing person-centred care in line with residents' individual preferences and wishes. 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. GP's 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 7: Managing behaviour that is challenging

Residents who experienced responsive behaviours were appropriately responded to and had detailed care plans in place in order to guide staff.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider did not ensure that all residents had opportunities to participate in activities in accordance with their interests and capabilities;

- The inspector carried out observations in residents' bedroom accommodation and in the communal areas. The inspector did not observe residents who spent time in their bedrooms, being offered the opportunity to participate in meaningful activities and therefore was not assured that these residents had access to meaningful activities in line with their interests and capacities.
- In addition, all of the activities took place in one day room 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. These residents were not offered an alternative.

- The inspector observed that for some residents with cognitive impairment, there was a high reliance on television and watching music on television.

Judgment: Substantially 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

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

Inspection ID: MON-0043275

Date of inspection: 12/04/2024

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints policy and procedure has been updated in line with Regulation 34.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The six remaining bedrooms remain on schedule for completion. The mobility equipment such as hoist and steady sara will be kept in a dedicated store room. Assistive chairs will be given a dedicated area in one communal room as a temporary solution. When works on the bedrooms are completed, a permanent storage room will be created.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: The activities coordinator reminds each resident in the morning of their menu choices for that day and asks if they are happy with their choice or wish to change their mind.</p>	

Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The residents guide has been updated to include visiting arrangements and the complaints procedure.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A new cleaning trolley has been order that has a lid and lock box.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Every resident that chooses to stay in their room has a personal activity daily. Any resident that does not wish to participate in the group activity is offered an activity of their choice. Time will be dedicated daily to activities for residents with cognitive impairments. The activities coordinator will also undergo Sonas training.</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 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.	Substantially Compliant	Yellow	31/05/2024
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	18/05/2024
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	01/05/2024
Regulation 20(2)(d)	A guide prepared under paragraph (a) shall include the arrangements for visits.	Substantially Compliant	Yellow	01/05/2024

Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/05/2024
Regulation 34(5)(b)	The registered provider may, where appropriate assist a person making or seeking to make a complaint, subject to his or her agreement, to identify another person or independent advocacy service who could assist with the making of the complaint.	Substantially Compliant	Yellow	01/05/2024
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	01/05/2024