



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:	22 July 2022
Centre ID:	OSV-0000329
Fieldwork ID:	MON-0036644

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 40 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:	50
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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 22 July 2022	10:30hrs to 18:30hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector spoke with a number of residents and visitors who expressed their satisfaction with the service they received. However, others highlighted that improvement was needed in relation to the provision of activities and the availability of staff to support them with their needs.

This was an unannounced inspection. On arrival, the inspector was guided through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, hand hygiene, face covering and temperature checks.

Following an opening meeting with the Assistant Director of Nursing (ADON), the inspector carried out a walk through the centre. Many residents were sitting in various communal areas while others were sleeping or in the process of getting up.

The centre is a two storey, purpose-built nursing home that can accommodate a maximum of 70 residents, with residents' communal areas and bedroom accommodation located throughout the ground floor. The centre was bright and spacious, with easy access to a variety of communal rooms and secure outdoor areas. The communal rooms were homely while the gardens were well-maintained areas filled with brightly coloured flowers, shrubbery and trees. There was suitable seating and shading for residents in the gardens. It was a sunny day and residents were observed enjoying the good weather during the afternoon of the inspection. Staff provided residents with hats and ensured they were safely shaded during this time.

Residents were seen to personalise their private space with personal mementos and pictures. Those residents spoken with were happy and content with their rooms and felt that they had sufficient space to store their items.

While visitors and some residents provided positive feedback relating to staff, a small number of residents spoke about experiencing delays in staff responding to their requests for assistance. A resident felt that this was unacceptable, particularly for residents requesting assistance to the toilet.

The provider had taken steps to recommence some activities from external service providers since the previous inspection, such as weekly mass and regular live music. Potential outings were also being discussed at the time of the inspection. As noted in the previous inspection, residents' feedback in relation to activity provision was mixed. Some residents were observed enjoying the activities that were being provided by activity staff, but the inspector noted that arrangements in place did not ensure that all residents' capacities, capabilities and preferences were catered to. While some residents who spoke with the inspector felt that they were happy with the quality and frequency of activities, others described not having enough to occupy them. Activities observed on the day of the inspection included a quiz and

some other games. These group activities were taking place in the large day room, while more individual-based activities were occurring in the smaller day room, known as the 'Blue Room'. In both of these rooms, the inspector observed periods where residents had little to occupy them. Additionally, while some staff assigned to the large day room took opportunities to engage with residents, the inspector noted that other staff were focused on completing paperwork without making efforts to interact with residents.

The inspector met with two visitors who were bringing a resident's dog into the centre. This visit was facilitated by staff. This much-loved pet was welcomed by a number of residents, who clearly enjoyed its presence in the centre.

For the most part, residents told the inspector that they were happy with the food served to them and that there was a choice at meal times. The inspector observed two sittings of a mealtime. Residents were observed to enjoy this meal, which were nicely presented and included several courses as well as extra portions of food if residents wished. Residents were offered a choice of cold and hot drinks with their meals. A number of staff were available to serve meals and to provide assistance to residents. While the majority of this assistance was appropriate, the inspector observed that some staff demonstrated a task-orientated approach while providing support to residents which did not optimise the mealtime experience for the residents. This was a finding on the previous inspection and had not been addressed at the time of this inspection.

Drinks and snacks were served throughout the day and could be requested at any time, and staff were observed providing ice creams to residents in the afternoon, due to the good weather.

Visitors and residents spoke positively about the visiting arrangements in place in the centre. There was a dedicated visitors' room, as well as a number of other areas available for residents to meet with their family and friends. Visitors felt that the arrangements were flexible and were satisfied with the measures that were in place in relation to infection control upon entering the centre.

Residents told the inspector that they felt safe in the centre and that they could talk to any staff if they had a worry or a concern. Visitors said that they would not hesitate to raise any issue, should one arise.

The next two sections of the report 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

Although the inspector found that some improvements had been implemented since the last inspection, overall, the inspector found that the governance and

management systems that were in place did not ensure that the care and services provided for the residents were safe and appropriate. In addition, a number of risks identified by the inspector had not been identified by the provider and appropriate actions had not been put into place to mitigate those risks.

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended. During the service's previous inspection in February 2022, a number of non-compliances had been identified. The compliance plan submitted by the provider to address these findings was assessed at this inspection to determine whether all actions had been effectively carried out. The inspector found that some of these actions were completed but some remained outstanding in relation to staff training, governance and management, infection prevention and control, residents' rights and protection. At this inspection, additional areas of non-compliance were identified in relation to contracts of care and premises. Therefore, despite the efforts since the previous inspection, the inspector was not assured that the management team had sufficient oversight of the service or could ensure the service was safe and appropriately monitored.

Claremount Nursing Home Limited is the registered provider for this designated centre. A company director represents the registered provider and is the person that the person in charge reports to. The nursing management team consists of the person in charge and an assistant director of nursing (ADON) who oversee the work of a team of nurses, health care assistants, a physiotherapist, activity co-ordinators and housekeeping, catering and administrative staff. However, on the day of the inspection, the inspector was informed that the person in charge had been absent from the centre for an extended period of time and the ADON was deputising during this absence. This absence had not been notified to the Chief Inspector, as required by the regulations. While the provider had made efforts to support the ADON in this role, the inspector's findings on the day of the inspection were that the management support for the clinical team was not sufficiently robust to sustain a good quality, safe service. However it was evident that the provider had made some effort to implement improvements to the governance and management systems in place in the centre. For example, management meetings were now being formally documented and evidence of these indicated that the meetings were taking place approximately three to four times per month. Processes relating to information governance had been amended to ensure that documentation could be accessed if required.

In addition the quality and frequency of some audits had improved. For example, audits were being completed regularly in relation to medication management and residents at risk of malnutrition. Other audits completed since the previous inspection include waste management, care planning, the use of personal protective equipment (PPE), hand hygiene, sharps management, environmental hygiene and falls management. The findings of these audits were documented, as were any actions required to increase compliance. However, following the last inspection the provider had committed to completing weekly audits of residents' mealtime experience but none of these audits had been completed at the time of this inspection. This non-compliance and others identified at this inspection in relation to

governance and management are set out under Regulation 23.

While some training had been completed by staff since the previous inspection, gaps remained in the training records reviewed at this inspection. Training in relation to safeguarding and infection prevention and control was scheduled to take place in the weeks following the inspection.

There were systems in place to ensure that complaints were appropriately investigated and resolved to the satisfaction of complainants. However in relation to one complaint reviewed, the documentation did not clearly reflect the measures that had been put in place to address the issues raised by the complainant.

Regulation 14: Persons in charge

While there was a person in charge employed at the time of the inspection, they were not present in the centre due to an unplanned absence. The registered provider had arranged for the ADON to deputise in the absence of the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that not all staff had up-to-date mandatory training in safeguarding, fire safety and infection prevention and control practices.

The inspector observed a number of incidents whereby staff acted inappropriately or did not support the dignity and choice of residents. A similar issue had been identified on the previous inspection, which did not assure the inspector that appropriate action was being taken to supervise staff or to provide relevant training to staff, for example, in relation to dementia care and the provision of activities.

Judgment: Not compliant

Regulation 22: Insurance

A current insurance certificate was in place and had the necessary insurance coverage as detailed in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was not assured that there were management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example:

- The risk management systems in the centre did not identify some issues that posed a risk to resident safety and well being. For example, the inspector observed poor management of sharps. Razors were stored on trolleys that were easily accessible, which had the potential to cause injury to staff and residents. Additionally, the inspector observed that some chemicals were being stored on open shelving in a sluice room, which was not locked at the time of the inspection
- A number of actions from the previous inspection had not been addressed in line with the compliance plan response submitted by the provider.

While there were arrangements in place during the absence of the person in charge, a clearly defined management structure that identified lines of authority and accountability was not in place. For example:

- The inspector was not assured that the interim measures to support the person deputising for the person in charge were sufficient to ensure the service was safe, appropriate and met the needs of residents
- An extended unplanned absence of the person in charge had not been notified to the Chief Inspector, as required by the regulations
- Some staff who spoke with the inspector stated that they did not have a clear management or reporting structure in the absence of the person in charge.

An annual review of quality and safety of the service had been completed for 2021. However, it was not clear if this had been developed in consultation with residents and/or their representatives.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts of care were reviewed, which outlined the terms and conditions of the accommodations and the fees to be paid for various services. All of the contracts reviewed were signed by the provider, the resident and/or their representative.

While the contracts set out the details of the bedroom that each resident is

accommodated in, the inspector found that one resident's change of bedroom was not reflected in an updated contract nor were there signatures to indicate that this change had been agreed to by the resident and/or their representative.

Judgment: Substantially compliant

Regulation 32: Notification of absence

The provider had not notified the Chief Inspector of the person in charge's absence from the centre, once they became aware that the person's absence would exceed 28 days.

Judgment: Not compliant

Regulation 34: Complaints procedure

The service maintained a complaints log. While no new complaints had been recorded since the previous inspection, the inspector reviewed records relating to a complaint that had been closed since the inspection. Details of the investigation and their findings were documented, as was evidence that the complainant was satisfied with the outcome of the investigation.

The management team could demonstrate the improvement measures that were implemented in response to the complaint. However, details of these measures were not documented in the complaints log, as required by the regulations.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The provider had not notified the Chief Inspector of the arrangements that were in place to manage the day-to-day operation of the centre during the absence of the person in charge.

Judgment: Not compliant

Quality and safety

Many residents in this centre felt that they received a good standard of service. However, a focus on safety and quality improvement was required to ensure residents received an appropriate service, particularly in relation to activity provision, residents' rights, premises, safeguarding and infection prevention and control. Some of the areas of non-compliance identified are repeated actions from the previous inspection in February 2022.

The inspector saw that the centre was generally clean and there was adequate hand hygiene dispensers through out the centre to facilitate hand hygiene practices. Some of the findings from the previous inspection had been addressed and there was evidence of some good infection prevention and control practice in the centre, however, there were gaps identified in relation to cleaning processes and records.

For the most part, the centre was bright, warm and decorated in a homely manner. The centre had a number of communal areas available for use by residents and their visitors, including an oratory, several day rooms, a conservatory, and a visitors room. One day room was not available to residents as it was being used to store a large number of items and an action relating to this is discussed under Regulation 17, premises. Large landscaped gardens were accessible from a number of points throughout the building. Bedroom accommodation was spacious and contained sufficient for residents' clothing and possessions. Many residents' rooms were decorated with their own furniture or items such as photographs, ornaments and flowers.

There was an activity programme in place for residents that was facilitated by dedicated activity staff. While residents were observed engaging in some activities during the inspection, there were times during the inspection where residents had few opportunities for occupation or social interaction. This was particularly true for residents spending time in the smaller day room. Therefore, further planning and structure was needed to ensure that residents' choice and preferences regarding activities were met.

Additionally, while the inspector observed some positive engagement between residents and staff, there were multiple incidents where residents' privacy, dignity and choice were not respected or supported by staff. These are described under Regulation 9, residents' rights.

The centre had amended its arrangements relating to the management of residents' pensions and was no longer acting as pension agent for any resident.

There were regular residents' meetings held across two day rooms. Records of these meetings indicated that a variety of topics were discussed, such as activities, quality of food, new staff and visiting arrangements.

Residents' personal emergency evacuation plans had been revised since the previous inspection to include all pertinent information, such as the level of assistance required to evacuate each resident and details of any cognitive impairments. Staff had completed three fire drills in February 2022. which simulated

the horizontal evacuation of a fire compartment using night duty staffing levels. Records relating to these were appropriately detailed and set out any areas of improvement identified.

Daily, weekly and quarterly fire safety checks were conducted and recorded. Evidence was provided which showed that the emergency lighting system, fire alarm panel and fire extinguishers were serviced regularly.

Visiting was facilitated in the centre, in line with the preferences of residents. The inspector observed a number of visitors coming and going to the centre during the inspection.

Regulation 11: Visits

There were appropriate visiting arrangements in place to ensure that residents could meet with their friends and loved ones on a regular basis, in communal areas or in private.

Judgment: Compliant

Regulation 17: Premises

The private and communal areas of the premises met the needs of residents. However, a day room in the South Wing of the centre was being used for the storage of bulky items including mattresses, personal protective equipment (PPE) and other equipment. Therefore this was not available for use by residents who may wish to spend time in a smaller communal area.

Judgment: Substantially compliant

Regulation 27: Infection control

While some issues in relation to infection prevention and control had been addressed since the previous inspection, the following actions were being repeated to ensure compliance with Regulation 27:

- Some gaps in cleaning records were identified, such as those for residents' mobility equipment
- While residents requiring the use of a hoist had their own sling, a hoist in use throughout the day of the inspection had a sling draped over it. It could not be ensured that this sling had been appropriately laundered after previous

usage and did not pose a risk to cross-contamination

- Alcohol hand gel was not available on a trolley used for serving of residents' food. The inspector observed the same utensils being used by a number of staff throughout mealtimes to serve dessert, without the staff completing hand hygiene before or after use.

Additionally, the following areas of non-compliance were identified at this inspection:

- While the centre was generally tidy, poor environmental hygiene was observed in two communal bathrooms. These rooms were cluttered with a variety of equipment which appeared to be out of commission, such as multiple headrests. They also contained linen, open packs of continence wear and PPE on open shelving and in a bath, as well as some residents' personal toiletries. The inspector also observed dirty wipes and an open packet of wipes on top of a bin
- The cleaning trolley in use on the day of the inspection was not configured in a manner that support good infection prevention and control. For example, cloths that had been used to clean down surfaces were being stored loosely on an open shelf, which posed a risk of cross contamination with other items on the trolley. The provider confirmed that a new trolley had been ordered and were waiting for the service provider to complete training with the centre's staff before it could be used
- A room used for storing items was very cluttered, with many items being stored on the floor of the room. Poor storage impacted on the ability to effectively clean areas of the centre
- The hand wash sinks in both of the centre's sluice rooms did not comply with current recommended specifications for clinical hand hygiene sinks
- A small number of items were being inappropriately stored in a sluice room, for example, a dust pan and brush
- A shelf used for drying items in the sluice room was not appropriate as it was wooden and could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A number of staff did not have up-to-date training in fire safety.

Judgment: Substantially compliant

Regulation 8: Protection

A review of the staff training records showed that twenty staff were not up to date

with their mandatory refresher training in safeguarding practices This comprised approximately 33% of the overall staffing complement and was a repeat finding from the previous inspection.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The centre had dedicated staff responsible for the provision of activities. However, the inspector's observations and feedback from residents on the day of the inspection did not assure the inspector that residents were provided with sufficient opportunities to participate in activities that were in line with their interests and capacities. This was evidenced by:

- The inspector found that there was limited activity observed in both day rooms, although activities provided in the large day room appeared to be better planned and coordinated than the smaller day room, known as the "blue room". For example, during an observation period in one day room, two residents were reading a magazine and completing a jigsaw and an activity co-ordinator was carrying out a one-to-one activity with a third resident. The remaining six residents in the room were not engaged in any type of activity. From the inspector's observations and discussions with staff, it was apparent that residents in this room were not being provided with activities that aligned to their capabilities.
- Staff who were present in the blue room in the evening of the inspection when asked if they would be completing any activities with residents stated that they had only been asked to supervise residents and therefore were not aware if they had to carry out any activity programme.
- In the larger day room, while activities such as a quiz, ball games and music were observed during the day, however, there were also several periods where there was little interaction between staff and residents or there were no activities taking place.

While the inspector observed positive interactions between staff and residents during the day of the inspection, there were also several examples of interactions were demonstrated task-orientated care or which were inappropriate and did not support residents' dignity or choice:

- A number of staff were observed carrying out tasks in relation to residents' care without seeking permission from residents or explaining what action they were about to take. For example, moving residents in wheelchairs out of a room, adjusting a resident's specialised chair or examining a resident's foot
- During a mealtime, the inspector observed staff providing assistance and support to residents. However, a number of staff were observed demonstrating a task-focused approach to care, such as moving between multiple residents during the meal or interrupting the assistance that they

were providing in order to attend to other tasks

- In a day room, the inspector observed staff openly discussing the needs of a number of residents in front of other residents who were present in the room
- In the same day room, two staff were observed spending a period of time in the room completing paperwork without making efforts to acknowledge or interact with residents. This was also observed at the last inspection.

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	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 32: Notification of absence	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Claremount Nursing Home OSV-0000329

Inspection ID: MON-0036644

Date of inspection: 22/07/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Regulation 16(1)(a)</p> <p>Fire Training: on the day of inspection 22 staff were due for training. 9 staff trained on 9.09.22 - 11 staff due to be trained on 22.09.22. All staff Fire Training will be completed by 31st October 2022.</p> <p>Infection, Prevention & Control & Safeguarding: 16 staff due, 11 staff attended 15.08.22. 5 staff are scheduled on the next training session and this will be completed before 31st October 2022.</p> <p>Dementia & End of Life – Two sessions have been completed on 25.08.22 & 14.09.22 & a total of 14 staff have been trained. More sessions have been scheduled & training will be complete by 31st October 2022.</p> <p>Regulation 16(1)(b)</p> <p>Staff will be monitored constantly by PIC & nurse on duty to ensure proper support, dignity and resident choice at all times.</p> <p>Person responsible: Person in Charge</p> <p>Timeframe: 31st October 2022</p>	
Regulation 23: Governance and	Not Compliant

management

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 23(b)

The person in charge is supported by two very experienced staff nurses:

1. Former DON - 2 years experience as DON, 5 years experience as ADON, 5 years experience as staff nurse in Claremount, 2 years experience in a hospital setting.
2. Senior Nurse - 11 years experience in Claremont, 33 years experience as a staff nurse in a hospital setting, in medical, surgical and A&E.
3. Manager – 4 years experience in Claremount
4. Owner/Provider - 25 years experience as a nurse. 22 years experience as Provider in a nursing home setting.

The ADON has 1.5 years experience in the current position of ADON. ADON has 4 years experience as a Staff Nurse in Claremount. ADON has acted as DON during Covid outbreak in early 2022 and has acted as DON during absence of previous DON. During this time, ADON also successfully completed training in a Link Practitioner Course in Infection, Prevention & Control. ADON is also a qualified Hand Hygiene Trainer.

ADON has shown high levels of competency during time as acting DON and has overseen 2 HIQA inspections and a successful Environmental Health Inspection.

ADON is actively engaged in recruitment of staff in all departments and induction of those staff.

ADON is actively overseeing admission of new residents, including pre-admission assessments. ADON is actively overseeing Care plans and completing and overseeing regular Audits.

ADON has a wealth of knowledge and experience with both residents and staff. ADON knows each resident personally and is very knowledgeable on individual care plans, medical history, medications, needs, preferences and has good relationships with the family members.

The provider regularly attends management meetings in order to provide support to the person in charge. Provider has a deep understanding of the role and its challenges and is able to support from an 'on the ground' perspective. Provider is available at all times to support the PIC & Management Team.

The PIC is also supported by the Management team as listed above at Claremount. One of the Senior Staff Nurses is the former DON. The second Senior Staff Nurse has 44 years experience as a nurse. The Manager has more than 4 years experience in Claremount

<p>and is able to support the PIC by trouble shooting and dealing with general management queries.</p> <p>Person Responsible: Provider Timeframe: Ongoing</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Regulation 24(1)</p> <p>All contracts now have a signature sheet to be signed by the resident or their family in order for agreement by the resident or resident's agent to move room or occupancy.</p> <p>Person Responsible: PIC Timeframe: Complete</p>	
Regulation 32: Notification of absence	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 32: Notification of absence: Regulation 32: NF60 notification was submitted on 13th September 2022</p> <p>Person Responsible: Provider Timeframe: Complete</p>	
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre: Regulation 33: Notification NF60 was submitted on 13th September 2022. The recruitment of the ADON position is currently ongoing. Two senior staff nurses are supporting the PIC until this position is filled. Person Responsible: PIC</p> <p>Timeframe: Ongoing</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Regulation 17: The premises will come into compliance by 30th November 2022</p> <p>Person Responsible: PIC/Manager</p> <p>Timeframe: 30th November 2022</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Regulation 27 Each resident has been allocated their own wheelchair in order to avoid cross-contamination. A new cleaning record has been created detailing mobility equipment cleaning. Cleaning records are now being monitored by the Manager.</p> <p>Person responsible: Manager</p> <p>Timeframe: Completed</p> <p>Each resident has their own hoist sling, which is stored in their own room after use & this is strictly monitored by the PIC. Sling will not be shared in order to avoid cross contamination.</p> <p>Alcohol hand gel/Santiser</p> <p>Dessert trolley is now stored inside the kitchen and one person is allocated to serve in</p>	

order to avoid multiple handling.

Person Responsible: PIC

Timeframe: Complete

Bathroom has been decluttered immediately. Shelves are being cleared and removed from bathrooms. Storage units with doors are being moved to bathrooms to replace open shelving.

Person Responsible: PIC

Timeframe: 30th September 2022

Staff have been made aware that wipes must not be left on bins. Constant supervision by Nurse on duty and PIC.

New cleaning trolley and mopping system is in use and staff have completed training.

Timeframe: Complete

Smaller storage room in SW will be decluttered by 30th September 2022.

Timeframe: 30th September 2022

Sluice room: Dustpan and brush have been removed immediately. New taps for hand wash basins have been ordered and are awaiting delivery and plumbing. To be completed by 31st October 2022.

Person Responsible: Manager

Timeframe: 31st October 2022

Shelf in SW sluice room was removed immediately and has been replaced by a new drying rack.

Person Responsible: Manager

Timeframe: 31st October 2022

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Regulation 28: Fire Training: on the day of inspection 22 staff were due for training. 9

staff trained on 9.09.22 - 11 staff due to be trained on 22.09.22. All staff Fire Training will be completed by 31st October 2022.

Person Responsible: Manager

Timeframe: 31st October 2022

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Regulation 8: Infection, Prevention & Control & Safeguarding training: On the date of inspection 16 staff were due to be trained, 11 have attended training on 15.08.22. 5 staff will be scheduled on the next training date and this will be completed by 31st October 2022.

Person Responsible: Manager

Timeframe: 31st October 2022

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Regulation 9: A new activities timetable will be issued based on resident's interests and capacity and the interaction audits. This timetable will be in place by 31st October 2022.

An additional carer has been assigned to assist the Activities Co-Ordinator at 11.30 and again from 2pm until 4pm.

Training session for all carers will be undertaken to provide training and guidance on Day Room & Blue Room Activities by the PIC and Manager. This will be completed by 31st October 2022.

Person Responsible: PIC & Manager

Timeframe: 31st October 2022

A resident interaction audit in both the Day Room & Blue room will be completed on a monthly basis. This will be started by 30th September 2022.

Person Responsible: Person in Charge

Timeframe: 30th September 2022.

Staff have undergone Dementia training and improvements in communication with residents has been made. This will be closely monitored and supervised by PIC.

Dementia Training - Two sessions have been completed on 25.08.22 & 14.09.22 & a total of 14 staff have been trained. More sessions have been scheduled & training will be completed by 31st October 2022.

Person Responsible: Person in Charge

Time Frame: 31st October 2022

Mealtime audits will be completed fortnightly and staff will be closely monitored during mealtimes by Senior staff nurse or PIC in order to avoid interruptions to resident meal experiences.

Person Responsible: Person in Charge

Time Frame: Ongoing

Day room All staff have been reminded of resident privacy and not to discuss individual residents in front of others. This will be closely monitored and supervised by Staff Nurses, Senior Staff Nurses and PIC.

Person Responsible: Person in Charge

Time Frame: Ongoing

Staff have been provided with a designated area to complete paperwork and folders have been removed from the day room. All staff have been instructed to complete paperwork in designated area, not the day room or blue room.

Person Responsible: Person in Charge

Time Frame: Ongoing

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.	Not Compliant	Orange	31/10/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	16/09/2022
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/11/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that	Substantially Compliant	Yellow	11/10/2022

	identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	16/09/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	31/10/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that	Substantially Compliant	Yellow	16/09/2022

	centre.			
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	31/10/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	31/10/2022
Regulation 32(3)	Where the person in charge is absent as the result of an emergency, the registered provider shall, as soon as it	Not Compliant	Orange	16/09/2022

	becomes apparent that the absence concerned will be for a period of 28 days or more, give notice of the absence including the information referred to in paragraph (2) in writing to the Chief Inspector specifying the matters mentioned in paragraph (2).			
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	31/10/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/10/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/10/2022
Regulation 33(1)	Where the registered provider gives notice of the	Not Compliant	Orange	16/09/2022

	absence of the person in charge from the designated centre under Regulation 32, such notice shall include details of the procedures and arrangements that will be in place for the management of the designated centre during that absence.			
Regulation 33(2)(a)	The notice referred to in paragraph (1) shall specify the arrangements which have been, or were made, for the running of the designated centre during that absence.	Not Compliant	Orange	16/09/2022
Regulation 33(2)(c)	The notice referred to in paragraph (1) shall specify the name, contact details and qualifications of the person who will be or was responsible for the designated centre during that absence.	Not Compliant	Orange	16/09/2022