



**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:	17 November 2021
Centre ID:	OSV-0000348
Fieldwork ID:	MON-0034627

About the designated centre

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

Hollymount Private Nursing Home is a purpose-built, ground level 36 bed nursing home on the outskirts of the village consisting of 25 bedrooms, sitting rooms, dining room, oratory, small conservatory and ancillary facilities for staff members to support residents' wellbeing in their day-to-day activities. Hollymount Private Nursing Home can provide services for male and female residents over the age of 18 years. Care for residents with dementia, respite care, convalescent care, palliative care and long-term care needs are catered for.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29
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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
Wednesday 17 November 2021	08:00hrs to 16:30hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in Hollymount Nursing and Retirement home told the inspector that this was a nice, safe and caring environment to live in and that they felt at home in the centre. Residents felt that they were well cared for by a dedicated team of staff that knew them well.

This was an unannounced inspection carried out during the COVID-19 pandemic. There was no outbreak of COVID-19 in the centre at the time of the inspection.

The Inspector arrived at the centre and was met by the clinical nurse manager who guided the inspector through the centres infection, prevention and control procedures before progressing to an opening meeting with the person in charge. Following this meeting, the inspector completed a walk around the centre with the person in charge.

The inspector spoke with a number of residents and a small number of visitors during the inspection and both were very complimentary of the service provided. Resident said that staff supported them to enjoy a good quality of life and were available within a short time when they used their call bells for assistance. Residents told the inspector that the menu and food choices were 'top class' and that 'staff could not do enough for you'. Residents said they felt 'included and part of a small family' and this was in the context of the difficult and challenging time residents and staff had been through during the pandemic.

The centre is a single story premises that is registered to provide accommodation to 36 residents in both multi-occupancy and single bedroom accommodation. On the day of inspection, there were 29 residents living in the centre.

The premises was observed to be bright, spacious and clean in areas occupied by residents. The inspector observed that store rooms and shower rooms required additional attention in regard to cleaning. The building was warm and comfortable and the inspector observed a number of environmental thermometers to monitor the temperature of the corridors and communal spaces to ensure it was comfortable for residents. The inspector observed some areas of the building that required minor maintenance such as scuff marks and paint chipped on walls and doors from mobility equipment and the external garden area required some maintenance on the foot paths. Since the previous inspection, the enclosed garden had been increased in size but the inspector observed that it was not of a suitable size to facilitate all residents when the centre was at full occupancy. Outdoor space was not easily accessed by residents as entry was gained through the dining room and this door was locked with a key code.

Bedrooms were decorated to a good standard and residents were encouraged to personalise their private space with photo's, ornaments and items of personal significance. Some residents in multi-occupancy bedrooms said they would like more

storage and shelving in their bedroom but this was difficult to achieve due to limited space behind their privacy screens. The inspector observed that a number of shared bedrooms were occupied by just one resident. Residents with whom the inspector spoke with in these bedrooms were satisfied with the privacy, additional space and 'freedom' they had while the additional bed in the room was vacant and some expressed discontent at the prospect of having to share a room again after a period of having a 'room to themselves'.

The furnishings provided for residents use were soft and comfortable. Some chairs in bedrooms required maintenance where varnish had worn off the wood which made it difficult to effectively clean. Some specialised seating for residents had been brightly decorated with floral fabric covers. However, the inspector observed that underneath these covers, the chairs were torn in parts which made them difficult to clean.

The inspector reviewed the laundry facilities during the walk around the centre and the person in charge informed the inspector that housekeeping staff were also responsible for laundry duties. The laundry area was small and not well defined in regard to the segregation of clean and dirty linen. While the person in charge confirmed that the dryer vents were cleaned daily, the inspector observed that vents were heavily packed with lint which presented a fire risk.

There was adequate signage in place to remind staff, residents and visitors to perform hand hygiene and maintain social distancing where possible. There was key information displayed specific to COVID-19. Hand sanitising stations were strategically placed throughout the centre and were monitored by the housekeeping staff. However, the inspector observed that the majority of wall mounted hand sanitisers were not appropriate for this setting and required review. The inspector observed that the provision of hand hygiene sinks was limited and there was no sink in the centre that met current guidelines and specifications.

The inspector spent time observing the residents dining experience. Staff were available to provide support and discrete assistance to residents, in the dining room and bedrooms, and interactions between residents and staff were polite, respectful and person-centred. Residents confirmed that they were offered a meal choice daily and where there was a requirement for a specific diet, this was also provided. There was access to snacks and drinks throughout the day.

There was a resident notice board that displayed the activities schedule, complaints procedure, advocate details, infection prevention and control updates and the annual review of the quality and safety of the service for 2020.

Residents reported being satisfied with the activities schedule and confirmed that they could choose what activities they would like to attend and contributed to the development of a meaningful activity schedule. The inspector observed that the activities coordinator spent time in each day room providing meaningful and engaging activities to residents. For example, many residents took part in morning chair exercises and residents were seen coming and going and attending the activities of their choice and enjoyment. All staff contributed to the daily activity plan

in the centre and residents that chose to remain in their bedroom would be visited by staff frequently for assistance and company.

The inspector spent time listening to resident, staff and visitors experience of the COVID-19 pandemic and the inspector acknowledged the challenging time they had experienced. The centre experienced and outbreak of COVID-19 in January 2021 that had been managed. Some residents detailed their experience of the outbreak and the challenges and difficulties they faced when they were unable to receive visitors and had to isolate. Resident complimented the staff and management of helping them through this time. Residents detailed the various methods of maintaining contact such as window visits, phone and video calls.

On the day of inspection, the person in charge was in the process of implementing updated visiting guidelines. Residents, staff and visitors were made aware of updated visiting guidelines and the staff were observed engaging with residents and visitors to explain the guidelines. Residents and visitors told the inspector that they felt safe coming in to the centre and residents expressed their delight at being able to sit and chat with their relatives and friends. Visiting was observed to be facilitated in the conservatory, the dining room when not in use and visitors could also visit residents in their bedroom.

The atmosphere in the centre was calm and relaxed throughout the inspection. The call bell system had been relocated near the nurses station and the inspector observed that call bells were answered promptly. Residents confirmed that there were limited periods of extended wait times and call bell audits evidence this. Residents were observed freely moving around the centre. Resident could watch television in their bedroom or in the day room or listen to the radio. The inspector observed that the design and layout of the multi-occupancy bedrooms continued to present a challenge in affording residents adequate space for personal belongings and access to television. For example, there was only one television in each multi-occupancy bedroom. Mass was provided on-site on a monthly basis and was also available through radio and television. Residents were observed to have their individual style and appearance respected and confirmed that staff supported them to maintain their individual preferences in regard to their appearance. Residents confirmed to the inspector that they knew the management and staff well and would not hesitate to bring a complaint or concern to a member of staff and were confident that the issue would be resolved promptly.

The following sections of this report detail the capacity and management arrangements in the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

The findings from this inspection were that the registered provider, Doonaroom Limited, had established a stable governance and management structure where

lines of responsibility and accountability were clearly identified and defined. Systems of monitoring and improving the quality of the service were in operation. The provider had taken action to address non-compliance's identified on inspection in October 2019 and improvements were noted in the regulations that support the quality and safety of the service provided to residents. For example, staffing, staff training and development and complaints management. However, the inspector found that the systems to monitor the service require further strengthening in regard to:

- Clinical care documentation.
- Risk identification
- The premises
- Infection Control
- Fire precautions and associated risks.
- Individual care plans and assessments
- Residents rights.

This was an unannounced risk inspection conducted over one day by an inspector of social services to:

- Monitor compliance with the Health Act (2007), as amended and the Regulations and Standards made there under.
- Follow up on the actions taken to address non-compliances found on the previous inspection in October 2019.
- To review the centres infection prevention and control standards, the COVID-19 preparedness plan and review the management of the COVID-19 outbreak in January 2021.

The management structure of the centre comprised of the person in charge, supported by the provider representative. The person in charge was also supported by a clinical nurse manager and both worked in a supernumerary capacity in the centre. The person in charge was responsible for overseeing the clinical care provided to the residents and the clinical nurse manager supported the person in charge to discharge her duties and regulatory responsibilities. Information requested during the inspection was made available in a timely manner and the person in charge was available throughout the inspection to discuss any issues or queries as they arose.

There were systems in place to monitor the quality and safety of the service provided to residents. A schedule of audits evaluated the services performance against infection prevention and control standards, the quality of clinical and social care and the management of risk that included trend analysis and learning from incidents and accidents. Some audits required further development to support the management team in identifying deficits in their service such as those observed by the inspector under infection prevention and control. The inspector observed that audit findings were not routinely discussed with management and staff at meetings. For example, the findings of a recent wound care audit had not been disseminated to staff and progress with the quality improvement plan was not recorded and therefore progress could not be measured. Governance and management meetings

discussed performance indicators such as staffing, training and development, complaints, incidents, fire safety and COVID-19. However, records of these meetings required improvement and there were gaps in excess of three months in some of these meeting records.

Systems were in place to include residents in the operation of the centre. Monthly resident forum meetings were held and the minutes of these meetings evidence good attendance and participation from residents. Where concerns or complaints arose during these meetings, they were appropriately screened and progressed through the centres complaints procedure to achieve effective resolution. The inspector was assured that feedback from residents was used to inform ongoing quality improvements initiatives in the centre. The annual review of quality and safety of the service for 2020 had been prepared and shared with residents. A quality improvement plan for 2021 had been identified and progress kept under review.

The policies and procedures, as required by Schedule 5 of the regulations, had been reviewed and updated in February 2021 and the non-compliance arising from the previous inspection had been addressed. Resident's contracts for the provision of services required further oversight to ensure the details of the room and occupancy to be occupied by a resident was outlined in the terms of residency.

The team providing direct care to residents included a registered nurse on duty at all times. The nurse in charge led a team of health care assistants and an activities coordinator. The service was also supported by catering, housekeeping and maintenance staff. Through the inspector's observations, discussions with staff and residents and a review of the staffing rosters, the inspector was satisfied that there was an appropriate number and skill mix of staff on duty at all times to meet the health and social care needs of the current residents. There was a dedicated activities person on duty five days per week to ensure residents had access to meaningful activities and engagement. Health care staff provided activities on weekends. However, on review of the rosters for the period of 8 November to 5 December, there was no senior management rostered on duty at the weekends. The person in charge confirmed to the inspector that both the person in charge and clinical nurse manager were available to provide additional support and guidance outside of normal working hours, including weekends. The person in charge ensured that staff had access to appropriate training and education relevant to their role. The centres staffing levels were aligned with the centres statement of purpose and function submitted to the office of the Chief Inspector for the purpose of registration. However, the statement of purpose required updating.

The inspector reviewed the training records that evidence all staff had completed mandatory training in fire safety, safeguarding of vulnerable adults and manual handling. All nursing staff had up-to-date training in cardio-pulmonary resuscitation. Staff were knowledgeable in the procedure to initiate should a resident or staff member display symptoms consistent with COVID-19 and the procedure to initiate in the event of fire alarm activation. Staff were supervised by the clinical nurse manager. Some improvement was required in the communication with and supervision of staff in regard to ensuring correct, and safe, manual handling

practices were followed.

The inspector reviewed a sample of staff personnel files and these contained the information required by the regulation including a valid Garda vetting disclosure on file and the person in charge confirmed that all staff employed in the centre had a valid disclosure on file prior to commencing employment. The directory of residents required improvement as some information required by the regulation was not recorded. Information governance systems were in place and records on incidents, accidents and near misses were recorded. There was evidence of action taken following an adverse event and learning from incidents. The systems of risk identification in the centre required further development.

The complaints procedure was displayed and residents confirmed they were aware of the procedure and personnel involved in complaints management.

Regulation 15: Staffing

There was an appropriate number of staff on duty, with the appropriate skill mix and competence, to meet the assessed needs of the current residents in the centre.

The inspector reviewed the centres staffing rosters with the staffing model outlined in the statement of purpose and both were aligned with one another.

Judgment: Compliant

Regulation 16: Training and staff development

Through a review of the training records and discussions with staff, the inspector was satisfied that all staff had received training and support relevant to their role. Staff were knowledgeable on the theory of their training in fire safety, infection prevention and control and safeguarding of vulnerable adults and provided practical examples all of which provided assurance.

The supervision of staff required improvement to ensure that the required standards of work were consistently implemented in practice. For example:

- The inspector observed the inappropriate disposal of personal protective equipment in a residents en-suite.
- Continence care aids, such as a bedpan, were left on an en-suite floor.
- There was a disparity between a residents assessed manual handling and safe transfer needs and what was observed in practice.
- Medication was not stored in line with professional guidelines. For example, some medication did not have a dispensing label while other medication did

not have a date of opening.

Staff performance appraisals were not completed for one staff member and were overdue by 10 months for another staff member.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was maintained and available for review by the inspector. The directory of residents did not contain a record of residents transferring to hospital or the date on which the resident was transferred as is required by Schedule 3 of the regulation.

Judgment: Substantially compliant

Regulation 21: Records

Nursing records were maintained on an electronic system that was made accessible to the inspector for review. Daily health and social care needs were documented in the electronic system for each resident. However, information pertinent to the nursing care interventions provided to residents was not consistently recorded. The inspector reviewed residents records with the person in charge and observed the gaps in the clinical care records. For example:

- Nursing records did not consistently record the residents health, condition and treatment provided on a daily basis. For example, there was no nursing record for a residents condition, symptoms or vital signs in the days leading up to the resident requiring medical review due to a deterioration in health.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had clearly defined, accessible, governance arrangements and structures in place that set out lines of authority and accountability. The governance and management arrangements, and the availability of senior management, at weekends required review to ensure ongoing monitoring and oversight of the service provided to residents.

Regular audits were carried out to assess, evaluate and improve the provision of

services in a systematic way in order to ensure a safe and quality service was provided to residents. However, improvements were required to ensure that deficits in the service identified through audits were actioned within a defined time frame and followed up.

The system of risk identification required improvement. The inspector observed a number of risks on the day of inspection that were not entered into the local risk register. For example:

- The risk of cleaning chemicals left on top of the cleaning trolley unattended.
- An undesignated external smoking area outside a fire escape.
- The storage of large oxygen cylinders externally secured by a rope to a wooden fence and in close proximity to flammable liquid.
- The risk associated with the current wall mounted, bottled, alcohol hand sanitisers.

A review of staffing resources allocated to housekeeping was required:

- There was one housekeeper on duty each day responsible for cleaning the centre. Some areas of the centre, such as bathrooms, required repeated attention throughout the day which was observed to be difficult for one housekeeper to maintain.
- The housekeeper was required to carry out laundry duties during the day. This posed a risk of cross contamination.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

While each resident had a contract of care in place, as found on the previous inspection further oversight was required by the registered provider to ensure all contracts issued to residents contained the occupancy of each bedroom, for example single or multi-occupancy, within the terms of residency.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centres statement of purpose required updating to meet regulatory requirements.

- The narrative description of some rooms did not align with the floor plans on display. For example:
 - The oratory was an activities room.

- The visitors room was a smoking room.
- The office was a clinical store room.
- The details of the complaints procedure required updating as the personnel involved in the management of complaints was not accurate.
- The management structure within the statement of purpose required review to ensure all personnel involved in the management of the centre were identified.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incident, categorised as notifiable events, were reported to the Chief Inspector in the required format and within the specified time frame in accordance with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints.

Eight complaints had been received in 2021 and the inspector reviewed a sample of complaints, all of which had been resolved to the satisfaction of the complainant.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed the Schedule 5 policies that are required to be maintained in the centre. Policies had been updated in February 2021 and were accessible to staff.

Judgment: Compliant

Quality and safety

The inspector observed that residents in this centre received a good standard of care from a dedicated team of staff who knew their individual needs and preferences. Care was observed to be person-centred, unhurried and staff engaged with residents meaningfully as they assisted them with their care needs.

Systems were in place to ensure all residents had an assessment of needs completed prior to admission to the centre. Following admission, each resident was comprehensively assessed in all aspects of their health, social, psychological and spiritual care needs. Care plans were developed in consultation with the residents and were reviewed at intervals not exceeding 4 months. Residents confirmed that they were included in their care plan reviews and contributed to its ongoing evaluation. The inspector observed some gaps in the resident files reviewed where an assessed need did not have a corresponding care plan in place.

Residents could access the local general practitioner (GP) and were referred to health and social care professionals in a timely manner. Residents had unrestricted access to dietician services, speech and language therapy, physiotherapy and occupational therapy. There was no incidence of pressure wounds in the centre at the time of inspection and the person in charge confirmed that residents could access tissue viability expertise if needed. Residents identified at risk of impaired skin integrity had appropriate interventions detailed in their care plan and were provided with pressure relieving equipment to reduce the risk of wounds developing. Where changes to treatment were recommended following a review by the GP or health and social care professional, these changes were appropriately updated into the residents care plan in consultation with the resident and, where appropriate, their relative.

The premises was generally clean in areas occupied by residents but further attention was required to the cleaning of, for example, store rooms, clinical rooms and some en-suites. The inspector observed the cleaning procedure and spoke with housekeeping staff who demonstrated a good understanding of the cleaning procedure such as colour coding cleaning equipment to reduce the risk of cross infection. Service and validation records were up-to-date for mobility aids and equipment used by residents. Some furniture in residents rooms required repair. Access to outdoor space was restricted by a keypad on the dining room door used to access the enclosed garden and the front door was locked with a key. The inspector observed that a number of multi-occupancy bedrooms required review and reconfiguration to ensure they complied with the requirements of S.I No. 293/2016 that will come in effect on 1 January 2022. In addition the layout of these rooms did not ensure that residents could undertake personal activities in private. This was a repeated finding from previous inspections.

In January 2021, the Chief Inspector was notified of an outbreak of COVID-19 in the centre. Ten residents and three staff tested positive for COVID-19. Sadly, one resident passed away from the infection. Public Health had assisted in the management of the outbreak. An Infection Prevention and Control nurse specialist had attended the centre during the outbreak to advise on outbreak management and review the arrangements in place to isolate and cohort residents with a confirmed diagnosis of COVID-19. The person in charge reported that throughout

the outbreak, there was daily contact with the Outbreak Control Team (OCT). Staffing support was required from agencies to facilitate two nurse led teams in the centre. The outbreak was declared over on 2 March 2021. Through discussions with staff and a review of the outbreak report prepared by the person in charge, it was evident that the management had taken action to contain the spread of the virus in the centre. The person in charge confirmed that the COVID-19 preparedness plan had worked well in practice and a review of the management of the COVID-19 outbreak had been completed and included lessons learned to ensure preparedness for any further outbreaks.

The inspector observed many good examples in regard to infection prevention and control (IPC) in the centre. These included:

- Symptom monitoring of all residents, staff and visitors to the centre.
- Adequate supplied of personal protective equipment.
- Signs strategically placed around the centre to prompt frequent hand hygiene
- Colour coded, single use, mop and cloth system in place.

Notwithstanding the positive measures observed on the day of inspection, the inspector observed a number of issues that had the potential to impact on effective IPC measures in the centre. For example, there was limited hand hygiene sinks in the centre outside of the hand washbasins in residents' bedroom. Further findings are discussed under Regulation 27: Infection Control. Some of the risks associated with IPC had not been identified and therefore not updated into the centres risk register.

The centre had a risk management policy that contained the risks required by the regulation. The policy was last reviewed and updated in February 2021 but had not been reviewed following an incident that is referenced under this policy and for which the Chief Inspector was notified.

The provider had procedures in place to protect residents from the risk of fire. Arrangements were in place to carry out daily and weekly assurance checks on fire safety equipment and records reviewed contained no gaps. The centres fire alarm was sounded on a weekly basis to ensure it was operational and certification confirmed an L1 system was in place. There were arrangements in place for the quarterly and annual servicing of fire safety equipment and emergency lighting by a suitably qualified external contractor. There were frequent fire evacuation drills that practiced progressive horizontal evacuation and the records detailed the fire scenario, participants and the time taken to complete the simulated evacuation. There was evidence of learning from the practice drills to better improve the staff response to fire alarm activation. Ski sheets had been replaced with evacuation mats that were placed throughout the centre and these had been used in practice fire drills for staff to become confident in using during an evacuation. Floor plans were displayed throughout the centre that detailed specific fire zones and nearest means of escape. All staff whom the inspector spoke with were knowledgeable in regard to the centres fire safety procedures. Some improvement was required in the management of fire risk and this is discussed under Regulation 28: Fire Precautions.

Residents were provided with choice about how they spend their day and the inspector observed staff providing support to residents in a kind and person-centred way. Residents were satisfied with the activities provided and confirmed to the inspector that staff supported them and kept them informed about local news in the community. Residents views were welcomed regarding the service and were consulted and encouraged to express their views at resident forum meetings. Residents confirmed that staff sought their permission before entering their bedroom or providing assistance and their right to refuse was respected. Resident felt their needs were met promptly and reported little wait time for call bells to be answered.

Regulation 11: Visits

Visitors were welcomed and residents were facilitated to meet their visitors in private. Visiting was implemented in line with the Health Protection Surveillance Centre (HPSC) guidelines 'COVID-19: Normalising Visiting in Long Term Residential Care Facilities (LTRCFs)'.

Judgment: Compliant

Regulation 17: Premises

The inspector observed that the centre was homely and accessible to residents but some improvement was required in aspects of the premises as detailed under Schedule 6 of the regulation.

There continued to be some issues with appropriate storage facilities in the centre. For example:

- Store rooms were cluttered and overstocked and thus not easily cleaned.
- The housekeeping room was used to store a variety of items including tools and was cluttered which impacted on the cleanliness of the area.

As found on previous inspections, some multi-occupancy bedrooms did not support the needs of residents in their layout and design. Eleven of the 25 bedrooms accommodated two residents and the inspector observed that:

- There was inadequate space for both residents to have a comfortable chair in their bedroom.
- Some residents could not have a bedside locker, that was accessible, due to the position of beds against a wall on one side and a door on the other side. As a result, lockers were observed stored at the foot of the residents bed.
- In some multi-occupancy bedrooms the space provided to each resident was not equitable which meant that one of the residents did not have the

minimum of required floor space for their personal use.

The enclosed garden required maintenance as the ground was covered in moss and presented a slip hazard.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were complimentary of food they received and the availability of snacks and refreshments. Residents were offered a choice at each meal time and meals were prepared specific to each residents individual requirement.

Residents nutritional status was monitored and where specific dietary requirements were prescribed, this was seen to be implemented. Residents identified as nutritionally at risk were appropriately assessed, monitored and referred to dietician services for further assessment.

Staff were available to provide support and assistance in a respectful and discreet manner.

The dining room and kitchen were not accessible to residents outside of mealtimes due to the door being locked. This is actioned under Regulation 9: Residents Rights.

Judgment: Compliant

Regulation 26: Risk management

The centres risk management policy set out the risks identified in Regulation 26(1)(c). A risk register was maintained on an online platform that identified hazards and the controls put in place in place to mitigate the identified risks.

Arrangements were in place to identify, assess and investigate serious and adverse events involving residents such as the COVID-19 outbreak in January 2021 that affected 10 residents.

Judgment: Compliant

Regulation 27: Infection control

A number of issues were identified during the inspection that had the potential to

impact on infection prevention and control measures. For example:

- The layout of the laundry facility was not conducive to reducing the risk of cross contamination between clean and soiled personal clothing and linen and the 'dirty' and 'clean' areas were not well defined.
- Hand hygiene facilities required improvement such as the provision of clinical hand-wash sinks. There were five hand hygiene sinks in the centre and each one did not meet the current recommended specifications.
- There was no hand hygiene sink in the housekeeping room.
- The underside and inside of three wall mounted alcohol hand gel dispensers were not clean on inspection.
- Bottles of alcohol hand gel were mounted on walls outside bedrooms and they were not suitable substitutes for wall mounted dispensers as they had to be removed and uncapped before use which also increased the risk of cross contamination.
- The fabric covers of several resident chairs were worn or torn. These items could not be decontaminated effectively which presented an infection risk. Fabric chair covers were not included on the cleaning schedule.
- Arrangements were not in place for effective cleaning of carpets at reception and on corridors and cleaning records were not maintained in regard to steam cleaning of fabrics.
- Some commodes were not clean on inspection while other pieces of mobility equipment were rusted.
- Medical equipment such as oxygen concentrators and nebuliser machines required cleaning.
- Some shower trays and shower guards were visibly unclean on inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While there had been improvement in the management of fire risk, the training and knowledge of staff in regard to fire safety and the documentation to support and validate servicing of fire equipment in the centre, the inspector observed that the following required improvement:

- Residents personal emergency evacuation plans (PEEP) did not contain key information to support the safe evacuation of residents.
- There were gaps around the water pipes entering the attic space through the ceiling in the linen room. This required review by a suitably qualified person to ensure that there was appropriate fire stopping in place.
- The laundry drying machine filter was full of lint which presented a fire risk. The person in charge informed the inspector that this vent was cleaned daily but records were not available to confirm this.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of five residents records evidenced that each resident had a care plan, based on an ongoing assessment of their needs which was implemented, evaluated and reviewed in consultation with the resident and, where appropriate, their relative. The inspector observed the following gaps in the documentation to guide staff on the provision of person-centred care to residents.

- Care plans were not always person-centred in the information documented to provide care and interventions necessary to manage a chronic condition. For example, wound care plans.
- A resident with a history of pain did not have a care plan in place to manage pain despite requiring medication to alleviate symptoms of pain.

Judgment: Substantially compliant

Regulation 6: Health care

Residents health care needs were met through regular assessment and review by their general practitioner (GP). The inspector reviewed a sample of residents records and found that residents received timely and unrestricted access to their GP and ,where necessary, residents were appropriately referred to health and social care professionals such as dietician services, occupational therapy, physiotherapy and speech and language therapy.

Where changes in a residents treatment regime was recommended, this was discussed with the residents and updated into the residents care plan. For example, residents identified as being at risk of malnutrition were reviewed by the dietician, had the appropriate weight monitoring and nutritional intake charts in place and progress was reviewed by the dietician in follow up appointments.

Occupational therapy were consulted to provide assessment of residents for suitable supportive equipment such as specialised seating and advice was acted upon in a timely manner to ensure best outcomes for residents.

Judgment: Compliant

Regulation 9: Residents' rights

Staff in the centre made efforts to ensure the privacy and dignity needs of residents were met that included knocking on bedrooms doors before entering and ensuring privacy screens were drawn when providing assistance with personal care. However, the layout of a number of multi-occupancy bedrooms impacted on aspects of residents rights. For example:

- Due to the position of some beds which were located against a wall coupled with the close proximity of privacy screens to beds, care could not be provided in a manner that protected the dignity of residents because staff had to pull out the bed into the second bed space in order to operate a hoist.
- Residents in shared bedrooms did not have a choice of television viewing as they shared a television with a resident in an adjacent bed.
- While en-suits in shared bedrooms provided two storage cabinets for each resident, personal care products for one resident were found in another resident's cabinet and oral hygiene products, such as tooth brushes, were stored together in the same toothbrush holder.

Outdoor space was not freely accessible to residents. The enclosed garden was accessed through the dining room that was observed to be locked with a key code at all times except during mealtimes. The front door was locked with a key that was held by nursing staff.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

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

Inspection ID: MON-0034627

Date of inspection: 17/11/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1.Notification to all staff in writing with regard to the proper storage of continence aids. 22/12/2020 2.Notification to all staff in writing with regard to their training in the removal and proper disposal of PPE equipment. 22/12/2021 3.Handling charts for residents are reviewed and additional information included. This will assist residents and staff with regard to handling events, also taking into account the wishes of the individual resident.12/12/2021 4.The Pharmacist will be contacted to apply the dispensing label on to all bottles dispensed to the Nursing Home. 10/12/2021 Labels to indicate date of opening of medication bottles will be available on the medicine trolley at all times 10/12/2021. 5.Staff appraisals will be reviewed and updated. New staff will have an appraisal at 6 months. All others will be appraised yearly and this will be maintained in their personnel file. 31/12/2021 	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The Directory of residents has been reviewed and all required information included in the register 8/12/2021</p>	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: In addition to the Daily Flow records and monthly record of vital signs for all residents additional information will be added in the progress notes as required on an individual basis. 23/12/2021</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The person in charge has confirmed that both she and clinical nurse manager were available to provide additional support and guidance outside of normal working hours, including weekends. They have stated that they will be included in the weekend roster at intervals throughout the year 15/12/2021.</p> <p>Actions on foot of audits will be reviewed on a monthly basis and any overdue actions will be brought to the attention of the person responsible 3/12/2021.</p> <ol style="list-style-type: none"> 1.A lockable trolley will be provided for the safety of residents in regard to cleaning chemicals. 15/1/2022 2.The designated smoking area for staff is now a standing area only with no furniture to ensure that the fire door is kept clear at all time. 15/12/2021 3.Storage of oxygen cylinders has been reviewed and they are relocated and stored appropriately. 15/12/2021 4.All the wall mounted hand sanitizers were removed and suitable dispensers put in place at appropriate locations in the Nursing Home. 13/12/2021 <p>A review of the housekeeping activities and laundry activities has been carried out in regard to infection prevention and control and external laundry services with a view to outsourcing non-personal items of laundry. Personal items will be laundered in house at a designated time of day when cleaning activities are completed and a change of uniform has been carried out. 31/1/2022</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: All contracts have been reviewed and all the relevant information included 13/12/2021</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose will be reviewed and updated and the Complaints procedure updated 8/12/2021</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Store rooms have been de-cluttered. 13/12/2021</p> <p>All double bedrooms will be examined in detail to improve the layout of the rooms for residents. All the shared rooms meet the requirement for size. Each resident will have 7.4 sq m at a minimum to accommodate their bed, chair, locker and wardrobe. The layout of some double rooms requires redesigning including rewiring for light and call bells and TV points. The new layout will ensure that the residents bedside locker will be easily accessible to the resident. Rooms 25, 26,16, 6 will be completed by 31/1/2022 and the remaining rooms will be completed by 28/2/2022 The enclosed garden will be maintained. 22/12/2021</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection</p>	

control:

Layout of the Laundry room and laundry activities is under review to identify and improve the system of washing and drying a range of items. Signage will be put in place to define the different areas and to improve infection and control 31/1/2022

Clinical hand hygiene sink in Sluice room and hand hygiene sink in Store room 31/1/2021
Hand dispensers will be included in cleaning schedule 15/12/2021

All the wall mounted hand sanitizers were removed and suitable dispensers put in place at appropriate locations in the Nursing Home. 13/12/2021

Each resident who uses a recliner chair is allocated their own as indicated by their name on their pressure relieving cushion on the chair. The covers are included in the cleaning schedule and they are washed weekly.15/12/2021.

The carpets are cleaned on a 3 monthly basis and a record will be maintained of this 15/12/2021

The commodes are on a frequent cleaning schedule at 7 30am, 3 30pm and 11 30pm and this is signed for. Replacement commodes had been ordered on 15/11/2021 but had not arrived at the time of the inspection. 13/12/2021

All the other mobility equipment has been examined and one shower chair was found to be in need of replacement.13/12/2021

Medical equipment such as nebulisers and oxygen will be allocated for Nursing staff attention 22/12/2021

The shower screens and shower trays are on a cleaning schedule and they will be checked by management on a monthly basis and recorded. 15/12/2021

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Residents PEEPS will be updated with photos 24/12/2021

The gaps around the pipes in the linen room will be sealed 15/12/2021

The lint filter is cleaned daily and record will be maintained 15/12/2021

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

A review and work will be carried out of all the residents care plans to ensure that they

continue to be person centered. This review will ensure that all the appropriate assessments and care plans are put in place. Attention will be paid to link any chronic condition of a resident to the relevant care plan of that person. 24/12/2021

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
All double bedrooms will be examined in detail to improve the layout of the rooms for residents. All the shared rooms meet the requirement for size. Each resident will have 7.4 sq m at a minimum to accommodate their bed, chair, locker and wardrobe.
The layout of some double rooms requires redesigning including rewiring for light and call bells and TV points. The new layout will ensure that the residents bedside locker will be easily accessible to the resident. Rooms 25, 26, 16, 6 will be completed by 31/1/2022 and the remaining rooms will be completed by 28/2/2022

All residents personal care products will be labeled with their name and stored in their own cabinet 31/12/2021

The dining room door will be left open during the day for the benefit of residents and only closed at nighttime. Sign on the door 15/12/2021.

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2021
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.	Not Compliant	Orange	28/02/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	22/12/2021
Regulation 19(3)	The directory shall	Substantially	Yellow	08/12/2021

	include the information specified in paragraph (3) of Schedule 3.	Compliant		
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	23/12/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	28/02/2022
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.	Substantially Compliant	Yellow	15/01/2022
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,	Substantially Compliant	Yellow	13/12/2021

	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 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	31/01/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	24/12/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	15/12/2021

Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	08/12/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	24/12/2021
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	28/02/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	28/02/2022
Regulation	A registered	Substantially	Yellow	28/02/2022

9(3)(c)(ii)	provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Compliant		
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