



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:	23 June 2026
Centre ID:	OSV-0000348
Fieldwork ID:	MON-0050598

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 23 June 2026	09:00hrs to 16:45hrs	Sandra Rowland	Lead

What residents told us and what inspectors observed

Overall, residents living in Hollymount Private Nursing and Retirement Home appeared to be happy and content with their lives. The inspector spoke with many residents throughout the day, and overall, they were complimentary of the service they were receiving. Residents stated that 'I am happy here, it's nice' and 'my room is lovely, I have a single room'. One resident informed the inspector that 'it's a good place generally, I go out for a walk, but I would like to be able to go out more'. There were contrasting reports on the food that was available, while some residents stated the 'food was good, you can ask for what you want' others stated that 'the food is grand, but it might not always be what you want'.

This unannounced inspection was carried out over the course of one day. The inspector arrived at the centre at 09:00hrs and met with the person in charge. Introductions were conducted along with the overall planned schedule for the day. The inspector carried out a walk around of the centre to observe care practices and the overall environment. Many residents were sitting in communal areas and in their individual bedrooms. Some were reading, listening to the radio and watching television. Kind interactions were witnessed between staff and residents.

Overall, the centre was clean and tidy throughout. However, bins without lids and foot pedals were being used in shared bathrooms and toilets in the centre. In addition, the majority of toilets did not have a toilet roll holder. Toilet rolls were placed on windowsills and cisterns, which posed a risk of cross contamination.

The centre is currently registered with 36 beds. Residents were accommodated in a range of single and twin-occupancy bedrooms. Some residents had personalised their bedrooms. There were several communal rooms for residents to choose from, which included two dayrooms, an activities room, and a sunroom. There was an external enclosed garden which was accessible through the dining room.

Mealtimes appeared relaxed in the centre. Most of the residents had their meals in the dining room. Residents were offered a choice from the menu, and alternative options were available if required. Fresh drinking water was available to residents as required.

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

Capacity and capability

This inspection was carried out to monitor the provider's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended).

Overall, this inspection found that there were systems of oversight in place to monitor current practices and promote quality improvements in the centre. However, supervision arrangements for infection prevention and control practices and nursing documentation required revision.

Doonaroom Limited is the registered provider of Hollymount Private Nursing and Retirement Home. The management structure identified clear lines of authority and accountability. The person in charge held qualifications that met the criteria for the position. They had been working in the role since 2020. The clinical nurse manager deputised for the person in charge in their absence. They had worked in the centre for more than three years and were familiar with their requirements in deputising. The registered provider representative supported the overall operation of the centre and was working full time. The staff team consisted of registered nurses, healthcare assistants, catering team, housekeeping, laundry, activities coordinator and maintenance. Nursing and Midwifery Board of Ireland (NMBI) registration was available for all nurses who were employed in the centre.

Staff in the centre were up-to-date with all mandatory training requirements in manual handling, safeguarding, fire safety, and infection prevention and control. Fire training was being conducted in the centre on the day of the inspection. Although all staff had completed the required infection prevention and control training, which included hand hygiene, the inspector observed that some staff members were not carrying out the correct hand-washing procedures during the inspection. This posed a risk of cross infection.

Monthly governance and management meetings were conducted to review the quality and safety of the centre. There was evidence that core concepts of the centre were discussed, such as risk management, infection prevention and control, fire, incidents, audits, safeguarding, complaints and residents' activities were discussed and analysed.

Staff meetings were conducted, with evidence that staff were included in decision-making within the centre. Furthermore, there was evidence that the feedback from residents was discussed at the most recent staff meeting in the centre. Residents' views were captured through feedback surveys. This information was also used to formulate the annual review for 2025 and the quality improvement plan for 2026.

A range of audits was completed in the centre, which included audits on call-bells, drug kardex (medication prescription and administration record or chart), accidents and incidents, food and nutrition, medication, wounds, hand-washing and post falls. Internal audit and monitoring systems did not recognise that the appropriate sanitary facilities, such as toilet roll holders and bins with foot pedals and lids, were not available. In addition, the lint drawer was full on the morning of the inspection

while the dryer was in operation. Monitoring systems to ensure correct processes were in place to reduce the risk of fire due to the lint drawer were not effective.

Regulation 14: Persons in charge

The centre had an appointed person in charge who met the criteria for the role.

Judgment: Compliant

Regulation 15: Staffing

The number of staff and skill-mix were appropriate for the current resident dependency levels in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Supervision arrangements did not ensure that all staff implemented the hand-hygiene training they received, as the inspector observed incorrect hand-washing practices.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was available for inspection and met the requirements of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in the centre had not ensured sufficient oversight of the following;

- A review of progress notes completed by nursing staff at end of life contact insufficient details.
- Internal audit and monitoring systems did not ensure that the appropriate sanitary facilities such as toilet roll holders and bins with foot pedals were available.
- Monitoring systems to ensure that the lint drawer was emptied were ineffective. This increased the risk of fire in the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed for residents and met all requirements of the regulation. There was evidence that complaints received had been appropriately managed.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents were supported to live well and had their rights upheld in Hollymount Private Nursing and Retirement Home. Residents informed the inspector that they felt safe and were content in bringing any concerns to the attention of the staff team and management.

Residents in this centre had timely access to a range of health and social care professions which included general practitioners, a dietitian, occupational therapy, speech and language, physiotherapy, chiropody, palliative care, psychiatry of later life, dental care, tissue viability specialist, vision and audiology services.

Residents were afforded opportunities to have their say in the operation of the centre through residents' meetings. Topics discussed included the menu, activities, days out, events, and complaints. Minutes from the meeting were also provided or read out to residents who did not wish to attend the meeting. Residents had requested trips out to local amenities and tourist attractions in the coming weeks. An activity schedule was displayed for residents in the centre. Some residents indicated a preference to engage in individual activities independently. Residents

had access to religious services and the local priest visited the centre every month. The hairdresser also attended the centre every two weeks.

The inspector reviewed end-of-life care practices for residents who had recently deceased in the centre. There was evidence that the appropriate care and comfort was afforded to them at their end of life. Supervision arrangements did not ensure that nursing documentation was completed to the required standard. A review of progress noted completed by nursing staff at end-of-life contained insufficient details.

Most care plans were personalised and comprehensive; however, some care plans required further revision to ensure the information available was sufficient to support effective person-centred care. Individualised information on residents' food preferences was not included in some residents' care plans. Whilst staff appeared knowledgeable on residents' preferences, the required information was not available. In addition, care plans for residents with diabetes did not specify the range for their blood sugar levels and did not provide guidance for staff on the measures that were to be implemented in the event the blood sugar recording was out of range.

There was evidence that there were effective communication systems in place where staff communicated with residents who were non-verbal or were living with dementia. However, the care plans did not reflect the practices that were occurring or did not provide staff with sufficient information on each resident's individual communication requirements.

Regulation 10: Communication difficulties

The sample of care plans reviewed did not contain sufficient, individualised guidance for staff on how to effectively communicate with residents who were nonverbal or living with dementia.

Judgment: Substantially compliant

Regulation 13: End of life

Records indicated that the required comfort measures were provided to residents who were approaching the end of life.

Judgment: Compliant

Regulation 18: Food and nutrition
Measures were in place to ensure that residents were supported with their nutrition and hydration needs.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Some care plans did not contain sufficient detail to guide care practices in the centre; this was evidenced by: • Individualised information on residents' food preferences was not included in some residents' care plans. In addition, residents who were prescribed nutritional supplements did not have this information included in their care plans. • Care plans for residents with diabetes did not specify the range for blood sugar levels and did not provide guidance for staff on the measures that were to be implemented in the event the blood sugar recording was out of range.
Judgment: Substantially compliant
Regulation 6: Health care
Residents had access to health and social care professionals as they required. Residents had the choice to remain with their chosen general practitioner (GP) if that was their preference.
Judgment: Compliant
Regulation 9: Residents' rights
Residents' rights were upheld and promoted. Residents were afforded opportunities to engage in activities that were in accordance with their interests and capacities.
Judgment: Compliant

Regulation 27: Infection control

There was an increased risk of cross-contamination in the centre due to the following;

- The bins that were in use in shared bathrooms and toilets had no lids or foot pedals.
- Toilet roll holders were not available in shared bathrooms, toilets and residents' en-suites. Toilet rolls were placed on windowsills and toilet cisterns.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 27: Infection control	Substantially compliant

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

Inspection ID: MON-0050598

Date of inspection: 23/06/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A refresher course on hand hygiene will be completed by all staff. A hand hygiene audit will be completed monthly.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A nurses meeting will be arranged to remind nurses of the important of the documentation of end of life care details. End of Life progress notes will be updated daily and reviewed by the PIC/CNM. All bins are replaced with foot pedal bins and toilet roll holders installed. A checklist for the lint drawer is installed for laundry personnel and signed daily with weekly checks carried out by management.	
Regulation 10: Communication difficulties	Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication difficulties: All non-verbal and dementia care plans will be updated and reviewed to included individualized guidance for staff on how best to communicate with residents.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All nutritional care plans are updated and reviewed to include food preferences and supplements. The blood sugar level range and the measures to guide staff are included in diabetic care plans.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: All bins are replaced with foot pedal bins and toilet roll holders installed	

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 10(2)	The person in charge shall ensure that where a resident has specialist communication requirements, such requirements are recorded in the resident's care plan prepared under Regulation 5.	Substantially Compliant	Yellow	04/09/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	02/10/2026
Regulation 23(1)(d)	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	30/09/2026
Regulation 27(a)	The registered provider shall	Substantially Compliant	Yellow	30/09/2026

	ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	04/09/2026