



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:	06 November 2025
Centre ID:	OSV-0000329
Fieldwork ID:	MON-0048815

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 69 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 of 31 single and 19 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 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:	63
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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
Thursday 6 November 2025	09:45hrs to 17:00hrs	Gordon Ellis	Lead

What residents told us and what inspectors observed

This was an unannounced inspection of Claremount Nursing Home to monitor compliance with the regulations, to follow up on the previous inspection findings and a subsequent restrictive condition on the centres registration following the inspection findings on March 2024. The current inspection took place over one day with a particular focus on fire precautions, governance and management and premises.

The designated centre is a purpose built nursing home that can accommodate a maximum of 69 residents. There were 63 residents accommodated in the centre on the day of the inspection. The centre is located on the outskirts of Claremorris town. The centre is a detached building consisting of two single-storey wings either side of a two-storey central link reception area. The ground floor provides 50 bedrooms with ancillary accommodation consisting of reception area, administrative office, day and TV rooms, kitchen, laundry, hairdressing, and dining rooms. The first floor consists of ancillary accommodation including offices, water tank room and store rooms.

The inspector was met by the person in charge who facilitated the inspection. Following an introductory meeting, the inspector completed a walk around of the centre. This gave the inspector an opportunity to meet with staff and residents and observe life in the centre. Residents appeared to be relaxed and comfortable in the company of staff. All interactions were observed to be respectful towards residents.

The layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The provider was progressing well with a program of premises upgrades compared to the previous inspections in March 2024 and February 2025 and had improved the environment of the residents living in the centre. A number of premises issues had been addressed. However, some improvements were required in relation to premises and maintenance. This is discussed further in the report.

Due to significant fire safety risks identified on a previous inspections in March 2024 and subsequent fire risks identified in a Fire Safety Risk Assessment (FSRA) undertaken by the providers' competent fire person, a restrictive condition was placed on the registration for the registered provider to take all necessary actions to comply with Regulation 28: Fire precautions to the satisfaction of the Chief Inspector no later than 31 May 2025.

The inspector identified the provider had carried out a significant quantity of fire safety works and had improved the safety of the residents living the centre. A number of fire safety risks had been addressed. Notwithstanding the efforts of the provider, some fire risks identified had not been completed within the prescribed

timeline of the restrictive condition. These and some additional fire risks identified on the day are outlined in detail in the following sections of this report.

The next two sections of this report presents the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced 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. The Inspector followed up on the compliance plan from the previous inspections. The registered provider had addressed many of the outstanding actions from the previous inspection and improvements were found on this inspection. However, improved focus and oversight were now required to achieve full compliance with the regulations. The findings are set out under the relevant regulations.

Claremount Nursing Home Limited is the registered provider for this designated centre. The management structure as set out in the centre's statement of purpose, was in place and, consists of the provider, a general manager, a person in charge and two clinical nurse managers. A team of nursing staff provide clinical support along with health care assistants, household, catering and maintenance staff.

Fire safety training was provided for staff and staff were up to date with this training. The registered provider was proactive in response to the issues arising during the inspection, addressed immediate issues promptly on the day and submitted assurances after the inspection.

The restrictive condition attached to the registration of the centre outlined that by 31 May 2025 the registered provider shall have taken all necessary action to comply with Regulation 28: Fire Precautions to the satisfaction of the Chief Inspector.

At the time of the inspection, while a significant quantity of fire safety works had been completed, the inspector observed that not all fire rated risks had been completed. As such, the provider was in breach of their restrictive condition. The majority of commitments made by the provider from the previous inspections with regards to fire precautions had been actioned. Notwithstanding this, further improvements were required to achieve regulatory compliance in relation to fire precautions in the centre. These fire risks relating to a breach of a restrictive condition are discussed under the quality and safety section of this report.

There were some good management systems and oversight of fire safety in the centre, however some actions were required to improve fire precautions,

maintenance of the building fabric and fire containment. These are outlined in detail in the quality and safety section of the report and under Regulation 28.

Issues relating to the management of fire safety are detailed under Regulation 23 Governance and Management. Further fire safety issues are detailed under the quality and safety section and regulation 28 fire precautions of the report.

Regulation 23: Governance and management

While some governance and management systems supported a good standard of maintenance of effective fire safety systems and some areas of good fire safety management systems were in place, other areas of management systems were not sufficiently robust and required action. For example:

- The provider had not recognised some of the fire risks found on the inspection and additional fire precautions were required to ensure that residents were protected from the risk of fire as detailed under regulation 28.
- The provider had not fulfilled all commitments identified on a previous inspection on March 2024 in regard to Regulation 28: Fire Precautions. These are detailed under the Quality and Safety section of this report and under regulation 28: Fire Precautions.
- The provider was in breach of a restrictive condition in regards to fire precautions and had not provided the required resources to complete all required fire safety works within the specified date set by the Chief Inspector. Furthermore, the provider failed to apply for an application to vary this condition as not all fire risks identified had not been completed within the prescribed timeline.

Judgment: Not compliant

Quality and safety

The provider had completed a significant amount of fire safety works to the centre and was working towards bringing the centre into compliance. Substantial progress had been made on the remediation of the fire safety deficiencies outlined in a fire safety risk assessment completed in June, 2024.

Notwithstanding the above, this inspection found that the provider had not fulfilled all the commitments outlined in the restrictive condition and had not taken all necessary action to comply with Regulation 28 Fire precautions to the satisfaction of the Chief Inspector by the 31 May 2025.

The registered provider was in breach of their restrictive condition as some fire risks still remained. These were in respect of the following:

- Some areas in the centre were noted to have utility pipes or ducting that penetrated through the fire-rated walls and ceilings.
- Fire door modification works completed to bedroom fire doors were not completed to an acceptable standard. This resulted in deficiencies to fire doors and impacted on the performance of fire doors.
- A required fire resistance door had not been fitted to a high risk room.
- Glazing identified in two nursing stations and a dining room appeared to not provide the required fire resistance.

When these works are completed and reviewed by the providers' competent fire consultant, the provider is required to submit confirmation to the Office of the Chief Inspector in the form of a final sign-off and an updated fire safety risk assessment from the providers' competent person indicating that all fire risks have been completed.

Staff were knowledgeable on the evacuation strategy in the centre, however improvements were required by the provider in relation to; fire precautions, maintenance of the building fabric and fire containment. These and other fire safety concerns are detailed further under Regulation 28: Fire Precautions.

Personal emergency evacuation plans (PEEP) were in place for residents. The individual PEEPs contained pertinent information to inform the evacuation of the resident and were based on fire compartments. However, residents who required two staff members to evacuate a resident were indicated on the records as requiring one staff member instead of the required two staff members. A fire evacuation drill based on the largest compartment with the least amount of staff rostered during night time hours was not available on the day. An immediate action was verbally issued on the day to the provider and drill records were subsequently provided, which gave the necessary assurances required.

Fire evacuation plans were displayed throughout the centre. When checked, the fire alarm panel was functional and free of fault. Escape corridors were kept clear and ready for evacuation. Fire exits were also clear and available. Service records for equipment and fire safety systems were readily available for review and were up to date. The inspector reviewed the fire safety register which detailed daily, weekly and monthly checks of fire safety systems and fire equipment. Issues identified were recorded and actioned in a timely manner by the provider. Maintenance certificates for fire-fighting equipment were available and were up-to-date.

The overall environment was homely, decorated and there was a comfortable atmosphere in the centre. Significant refurbishment and redecoration works had been completed since the last inspection. The provider was making good progress and there was a plan in place to address the remaining works in regards to premises. Improvements identified on this current inspection are detailed under Regulation 17: Premises.

Regulation 17: Premises

The provider had made significant improvements to the premises and was making good progress in fulfilling their commitments in regards to premises issues identified on a previous inspection that was carried out in February 2025.

- The flooring in the majority of residents' en-suite bathrooms had been replaced, with a plan to finish the remaining three areas in the coming week.
- A renovation program of recovering, and replacing residents chairs was nearing completion
- Emergency call bell facilities for all residents had been reviewed. Broken or missing call bells had been replaced and a system of additional checks by staff had been introduced to ensure all residents had access to call bells.

Notwithstanding the program of works completed, some areas of the premises required improvements to fully conform to the requirements set out in Schedule 6 of the regulations. For example:

- There were some areas where walls and ceiling surfaces were visibly damaged or had holes that required sealing and redecoration to address gaps in these surfaces.
- Some doors sampled required repair due to holes, wear and tear.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Day-to-day arrangements in place in the centre were not fully implemented to provide adequate precautions against the risk of fire. For example;

- In an electrical room, a large fridge freezer with an extension lead was being stored and was plugged in. This created a fire risk. An electrical room is a high risk room and should not be used for storage of items, especially electrical items. An immediate action was verbally issued on the day to the provider. The provider addressed this issue on the day of the inspection.

Arrangements for the maintenance of the means of escape, building fabric and building services were not fully implemented.

- Some areas in the centre were noted to have utility pipes or ducting that penetrated through the fire-rated walls and ceilings (walls and ceilings built in a way to provide a certain amount of fire resistance time), and this required appropriate fire sealing measures. For example, an electrical storage cabinet in a nurse's station was identified with penetrations and holes through the

fire rated ceiling. This area required fire sealing and was previously identified on an inspection in 2024.

- Some fire doors were found to not be maintained to ensure they functioned as intended. Fire seals were found to have fallen off, were missing or were damaged. In addition, some fire doors were found to have signs of damage, which impacted on the performance in a fire situation. Some store room fire doors were noted to be fitted with air vents. Assurances are required in regards to the fire rating of these vents and the overall fire rating of the fire door assembly.

Arrangements required improvement to ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and in so far as is reasonably practicable, residents, were aware of the procedure to be followed in the case of a fire. For example:

- Personal emergency evacuation plans (PEEPS) were in place and detailed. However, the records required a review as residents who required two staff members to evacuate a resident with a ski-sheet were indicated on the records as requiring one staff member instead of the required two staff members.
- While fire evacuation drills were taking place, a simulated fire evacuation drill based on the largest compartment with the least amount of staff rostered during night time hours was not available on the day. The inspector was not assured the provider had ensured an effective evacuation could take place with the least amount of staff available. An immediate action was verbally issued to the provider and drill records based on the above scenario were subsequently provided, which demonstrated the necessary assurances required.

The registered provider did not make adequate arrangements for containing fires. For example:

- A fire door into a laundry was a 30 minutes fire resistance door. A laundry room is a high risk room and is required to be fitted with a 60 minute fire resistance door under the fire safety certificate for the building. This was identified previously on a inspection in 2024 and in the providers own fire safety risk assessment.
- Georgian glazing was identified in two nursing stations and a dining room. This type of glazing appeared to not provide the required fire resistance.
- Fire doors to all bedrooms have been fitted with a 25mm vertical timber batten fixed to the inside of each bedroom door. The batten was fitted with an intumescent seal and a smoke seal. The modifications to fire doors created an issue for a number of reasons; the timber batten would become damaged over time from wear and tear; it did not provide assurance that the fire doors were in compliance with the fire door test certificate as the door had been modified.

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 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Claremount Nursing Home OSV-0000329

Inspection ID: MON-0048815

Date of inspection: 06/11/2025

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Daily, weekly and monthly checks have been increased and the data/criteria used for the inspections adjusted to ensure all areas are covered and deficits identified. This is now not limited to the core building but the service units too. Including; boiler room, generator room, electrical room and electrical cabinets. With immediate effect of the inspection; 06th November 2025</p> <p>-A major program of works had been started in March 2024 and continued throughout 2025. The Claremount Nursing Home Ltd committed a major financial and time commitment to meeting compliance; however, we acknowledge some issues highlighted on the initial inspection had been missed during the program of works. This inadvertently then resulted in us not meeting our commitment to the condition of registration (5:10). However, this was not an intentional breach nor an intentional act of failure to submit for an extension, but one made due to previously non-identified deficits. Going forward we will ensure all conditions to vary are met and ensure all conditions are completed to the required standard. A subsequent permission to vary was submitted immediately when the areas requiring further works were identified. A new permission to vary was submitted to reflect the additional works required to meet condition (5:10) Time line; 01st March 2026</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Ensuite Floors 49 of the 50 ensuite floors have been replaced.</p>	

One resident has refused to have their ensuite floor replaced. This decision has been respected by the Claremount Nursing Home Ltd.
This floor will be completed as and when the resident no longer resides in the home.

Furnishings

66 Chairs have been recovered.
12 chairs have been replaced.
4 chairs remain to be returned from recovering
Date for completion 28.02.2026

Walls & Ceilings visibly damaged

Due to the extensive and intrusive fireworks completed during 2024/2025 some ceilings had become cracked due to attic/compartimentation works.
These have all been filled/painted as part of our preventative maintenance program.
Painting was completed for this throughout January 2026.
Completed 31.01.2026

Repair to damaged doors

The use of assistive equipment in home to promote independence does cause damage to walls and doors while residents and staff mobilise around the building.
Over 50% of residents require mechanical assistance for mobility including, zimmer frames, wheel chairs and hoists. Damage caused to the premises from these aids will be maintained and monitored with a maintenance program. Badly damaged doors have been replaced and will continue to be monitored and replaced where necessary.
Completed

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

-Deep freeze in electrical room

The deep freeze stored in the electrical room was removed on the day of inspection.
Completed

-Utility pipes & ducting that were penetrating a ceiling:

Penetrations have been sealed.
Completed 17.11.2026

-Fire Door Maintenance

A revised maintenance and audit program is in place to include all fire doors including boiler rooms, switch rooms and electrical store rooms.
Completed 06.11.2026

-Personal Emergency Evacuation plans

PEEPs were in place and detailed day and night time evacuation, however the assistance needed was not clear as to whether it referred to day or night. An additional column has been added to the PEEP to ensure the assistance of 1 or 2 staff members is clear both day and night.

Completed 07.11.2025

-Night Fire Drill

Records of the night fire drill were not provided on the day of inspection. The drill had been archived and was completed by the previous PIC whom resigned her post in October. The drill was retrieved from the archive and forward to the inspector on the 10.11.2025. Night drills have been increased and will be kept for ease of retrieval going forward.

Completed 10.11.2025

-Laundry Room Door

Due to human error replacement of this door was missed on the initial works schedule. From the day of construction the laundry door was rated at 30 minutes resistance, this has been replaced with a 1hour fire rated door.

Completed 21.11.2025

-Works completed to the bedroom doors were not completed to a satisfactory standard. Works recommenced immediately from the 7th November 2025. All bedroom doors have now been modified and adjusted to a satisfactory standard. This is now completed and has been assessed and passed on the 10.02.2026

Completed 10.02.2026

-Georgian Glass

Independent assessment has been completed by fire Sure on the Georgian glass to ensure its suitability.

The glass in the dining room compartment wall was found not to be compliant and was boarded up with a fire rated wall system.

Completed 17.11.2025

Georgian glass in the fire compartment doors and nurse's stations were assessed by fire Sure and found to be compliant. The glass was removed, assessed and found to be 7mm pyroshield or Pyrostem. The timber beading used on the panel is white oak – hardwood with a density of 750kg/m³, the seal used is a non capped sodium silicate intumescent liner. The aperture size and siting were found to be within tolerances typically permitted for wired glass.

A report confirming this was sent o HIQA on the 24.11.2025

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/02/2026
Regulation 23(1)(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.	Not Compliant	Orange	01/03/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	06/11/2025

	consistent and effectively monitored.			
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.	Not Compliant	Orange	10/02/2026
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.	Not Compliant	Orange	10/02/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	10/11/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Not Compliant	Orange	10/02/2026

	containing and extinguishing fires.			
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