



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:	16 January 2026
Centre ID:	OSV-0000329
Fieldwork ID:	MON-0045403

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:	62
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 16 January 2026	09:00hrs to 17:30hrs	Celine Neary	Lead

What residents told us and what inspectors observed

The inspector found that residents living in Claremount Nursing Home received a good standard of care and were supported to live a good quality of life, by a team of staff who knew their individual needs and preferences. Feedback from residents was that they were well-cared for by staff who were attentive to their needs. Staff were observed to deliver care and support to residents, which was kind and respectful. There was a friendly, relaxed atmosphere throughout the centre.

Shortly after arrival, the inspector completed a walk around in the centre, giving an opportunity to review the premises, and to meet residents and staff. The centre was bright, spacious and laid out to meet the needs of residents. Observations found that residents were receiving support and care to start their day. Staff worked hard to provide support that was person centred. A number of residents were having breakfast in the dining area and bedrooms, while other residents were relaxing in communal areas. A number of residents were being assisted and supported by staff with their personal care needs.

Residents told the inspector that "they are good to me", "I am happy enough here" and " they help me when I call". They told the inspector that they felt safe living in this centre and they knew who to speak to if they had any concerns or worries. Both the person in charge and the general manager were known to most of the residents spoken with.

The inspector found that significant improvements had been made to the premises and many refurbishment and fire safety works had been completed to a high standard. The provider was working hard to address the findings of the last inspection and had completed the majority of improvements required.

There were a number of bright communal areas available to residents, including sitting rooms, a spacious foyer and a large dining room. There was sufficient space available for residents to meet with friends and relatives in private, should they wish to. Residents' bedroom accommodation consisted of single and twin-occupancy bedrooms, all of which had en-suite facilities. Bedrooms were suitably styled and furnished, and provided residents with sufficient space to live comfortably. Many residents had decorated their rooms with family photos and personal items of significance. There were adequate facilities available for residents to store their personal belongings.

The inspector observed that there was sufficient staff available to assist residents and there was good supervision by management to monitor and support staff, when required.

Residents had unrestricted access to a secure, large and well maintained garden area and one resident told the inspector how they enjoyed walking in this garden each day.

Residents had access to radios, television, telephone and internet services. Arrangements were made for residents to access advocacy services. Residents could receive visitors in the centre's many communal areas, their bedrooms, or in the garden.

Lunchtime at 12.30pm was a sociable experience, with most residents eating in the dining room. There was plenty of chatting among residents as they dined. Staff were available and provided support and assistance in an unhurried and respectful manner. Residents confirmed they were offered a choice of two main courses and three dessert options. The menu was displayed in writing and as pictures in the dining room. Meals were freshly prepared in the centre's kitchen. The food served appeared nutritious and appetising. There were ample drinks available for residents at mealtimes and further drinks accompanied by snacks throughout the day. Residents expressed their satisfaction to the inspector about food quality, quantity, choice and variety.

All areas of the centre were clean, tidy and well-maintained. Storage had improved and items were stored appropriately. Equipment used by residents was observed to be visibly clean. Housekeeping staff were observed to clean the centre according to a schedule, and cleaning practices were observed to be consistent to ensure all areas of the centre were cleaned. Staff were knowledgeable in their role and could tell the inspector the procedures in place and required in the event of an outbreak of infection.

Capacity and capability

The provider had addressed the findings from previous inspections, and significant improvements were found on this inspection. The registered provider was committed to and striving to provide a service compliant with the regulations, and this is reflected in this predominantly compliant inspection report.

This was an unannounced inspection to assess the registered provider's ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and review the registered provider's compliance plan following the previous inspections in February and November 2025.

The centre had a newly appointed person in charge who was responsible for the day-to-day operation of the centre in addition to providing oversight of clinical

practice. They were supported by a general manager and the registered provider representative.

The clinical care team consisted of an assistant director of nursing, nurses and health care assistants. There were sufficient resources in place in the centre to ensure effective care delivery. There was an ongoing training schedule in the centre, and management had good oversight of the training needs of staff, with an increase in the provision of training on topics, such as, restrictive practices and a rights-based approach to care.

Established management systems were effective in ensuring the centre was operating in compliance with the regulations. They included thorough governance and management oversight through staff meetings, monitoring key performance indicators (KPIs), and auditing. There was a proactive management approach in the centre, which was evident by the ongoing action plans that were in place to improve safety and quality of care.

The provider had arranged for a fire safety risk assessment by an external fire safety consultant, and this was issued in August 2025. The provider had made significant progress and invested greatly in addressing the identified risks, with some minor works to doors in the South wing required. The provider informed the inspector that these works were due for completion in four weeks' time. The provider was required to submit confirmation in writing and certification by their competent fire person, once all the works were complete. This was submitted by the provider following the inspection, as committed.

Regulation 14: Persons in charge

The person in charge was a registered nurse working full-time in the centre who met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

The skill-mix and number of staff on duty were adequate to ensure that residents needs were met. There was at least one registered nurse on duty at all times. Management personnel were allocated supernumerary hours to perform their managerial responsibilities. There were sufficient staff resources to maintain the cleanliness of the centre. There were housekeeping staff in each area of the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff nurses had completed training in medication management, cardio-pulmonary resuscitation (CPR) training and end-of-life care training.

The inspector observed consistent and effective supervision of staff throughout the centre during the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient resources available to ensure effective delivery of care and support in line with the statement of purpose (SOP). Staff were deployed efficiently to ensure that residents needs and preferences were addressed in a timely manner.

There is a clearly defined management structure that identifies lines of authority and accountability, specifies roles and responsibilities for all areas of care provision.

Management systems were in place to ensure that care and services were safe, appropriate, consistent and effectively monitored. Where improvements were identified, this was communicated to the relevant staff, and there was a prompt response to complete any actions required.

There was an annual review of the quality and safety of care delivered to residents in the designated centre, and there was evidence that feedback from residents and their families was used to inform the review and the quality improvement plan for 2026.

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre, which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 34: Complaints procedure

A copy of the complaints procedure was on display in reception. The policy was up-to-date and identified the designated complaints officer. It also outlined the person responsible for complaints review. There were eight complaints submitted and investigated in 2025, which were in line with their complaints process.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service aimed to deliver high quality care to the residents. This inspection found that significant positive improvements had been made by the provider since the last two inspections in 2025.

Care planning documentation was available for each resident in the centre. An assessment of residents' health and social care needs was completed on admission and ensured that residents' individual care and support needs were being identified and could be met. A review of two new admissions found that some pertinent assessments such as, mobility, skin integrity, personal care and elimination needs had yet to be initiated . As a result care plans were not in place to guide staff in their care and support requirements. These residents had been admitted into the centre two days ago for respite care.

The centre was actively promoting a restraint-free environment and the use of bedrails in the centre was kept to a minimum. Restrictive practices were only initiated following an appropriate risk assessment, and in consultation with the multidisciplinary team and the resident concerned. Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were observed to receive care and support from staff that was person-centred, respectful and non-restrictive.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise.

Infection control practices had significantly improved since the last inspection. The issues identified on previous inspections had been addressed. The inspector observed many instances of good practices in respect of infection prevention and control, including effective processes to mitigate the risks associated with the spread

of infection. Outbreaks of infection were appropriately managed in line with current national guidance.

The provider had completed a number of fire safety improvement works in 2024 and 2025. They were awaiting the final sign-off by their fire engineer at the time of this inspection. This inspection found that there were systems in place to ensure the environment was safe for residents, visitors and staff. Staff who spoke with the inspector were knowledgeable about fire safety and the fire evacuation procedures.

The inspector observed that residents' rights and choices were respected, and their independence was promoted. Residents were free to exercise choice in their daily lives and routines. Residents could retire to bed and get up when they chose. Opportunities to participate in recreational activities in line with residents' choice and ability were provided. There were sufficient staff available to support residents in their recreation of choice. Residents had the opportunity to meet together and discuss relevant management issues in the centre. Satisfaction surveys were carried out with residents with positive results. Action plans were developed in response to suggestions made by residents at resident meetings and surveys. Residents were provided with access to an independent advocacy service.

Regulation 27: Infection control

Overall, procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). Staff were observed to practise good hand hygiene techniques, and all staff were bare below the elbow and hand hygiene ready. All areas of the centre were observed to be very clean and clutter free.

Judgment: Compliant

Regulation 28: Fire precautions

Notwithstanding the significant improvements, investment and works carried out to achieve full compliance with this regulation, some works were still required to ensure fire safety in the South wing of the premises such as the replacement of doors to ensure that they were fire proof. The provider was also required to have their competent fire person to review and sign-off on all the works completed to date and provide the relevant certification.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample residents' care records and found that comprehensive assessments were not carried out immediately before or on the residents' admission to the designated centre. The inspector found that key assessments for two people admitted for respite care had not been completed to guide staff in their care needs and support.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. There were appropriate and detailed care plans in place, and the supervision provided was as per the residents' individual needs. The use of any restraints was minimal.

Judgment: Compliant

Regulation 8: Protection

Residents reported that they felt safe in the centre and could talk to a member of staff if they had any concerns. Staff demonstrated up-to-date knowledge and skills regarding the protection and safeguarding of the residents. Records of incidents showed that residents were protected from abuse and that any concerns were followed up appropriately.

Judgment: Compliant

Regulation 9: Residents' rights

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they chose. There were facilities for residents to participate in a variety of activities such as reminiscing, movie time, live music, dog therapy, ball games and mass. Although a structured activities plan was in place, daily activities were flexible, allowing residents to guide the daily schedule based on their interests, abilities and preferences. This person-centred approach ensured that engagement was tailored to the needs of each individual. Residents participated in

regular meetings with the centre's management team to discuss all aspects of the service. The meetings provided a forum for residents and their representatives to provide feedback and contribute to quality improvement plans.

Judgment: 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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Claremount Nursing Home OSV-0000329

Inspection ID: MON-0045403

Date of inspection: 16/01/2026

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>To come into compliance with regulation 28, Fire works that were ongoing / outstanding have now been completed and a certificate of completion issued by our competent person and a copy submitted to HIQA. Completed 18th March 2026</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Comprehensive assessments are completed on the residents' admission to the designated Centre to guide staff in their care needs and support. A mandatory admission check list has now been introduced to ensure all assessments and care plans are completed within 48 hours of admission, Named nurses are assigned specific residents to ensure clear accountability, this is monitored through auditing completed by the PIC, ADON & CNM Completed 17 January 2026</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	18/03/2026
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	17/01/2026