



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 October 2025
Centre ID:	OSV-0000348
Fieldwork ID:	MON-0049328

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:	33
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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 17 October 2025	09:30hrs to 17:00hrs	Gordon Ellis	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector observed resident and staff interactions and found that residents appeared to be content and relaxed in the company of staff. The overall feedback from residents was that they were generally happy with their life in the centre and were well cared for.

This was an announced inspection and on arrival to the centre, the inspector met with the Person in Charge. An introductory meeting was commenced followed by a walkabout of the centre. This gave the inspector the opportunity to meet with residents and staff, to observe the residents in their home environment and to observe staff practices. There was a relaxed and calm atmosphere in the centre. Residents were being assisted to get up from bed and were being supported by staff to the dining and communal rooms.

Hollymount Private Nursing and Retirement Home provides long term care for both male and female adults with a range of dependencies and needs. The designated centre is a purpose-built single-storey building with four wings and ancillary accommodation all served by a common corridor that connects bedroom accommodation.

There are 11 double bedrooms with the remaining being single bedrooms and ancillary accommodation. The designated centre is registered to accommodate 36 residents in single and twin-occupancy bedrooms. The centre consists of a choice of communal spaces that include two day rooms, a sunroom, a dining room, an activities rooms and a reception area along with ancillary rooms.

The centre consists of five primary fire compartments used for progressive horizontal evacuation, with the largest compartment able to accommodate up to 12 residents. There were 33 residents accommodated in the centre of the day of the inspection. The centre is located close the village of Hollymount near Ballinrobe in Co. Mayo.

The provider had engaged with the office of the Chief Inspector in order to come into compliance with regulation 17: Premises following repeated non-compliance in 2022, 2023 and 2024. At the time of the inspection, the provider had completed refurbishment works to a number of residents' bedrooms to ensure they better meet the needs of residents, ensuring privacy and dignity. The size of these bedrooms had been increased by reducing the size of the en-suites and removing en-suites in some of the bedrooms.

The inspector reviewed these bedrooms and found that they were decorated to a high standard, the layout and storage capacity had been reviewed and maximised. These works had improved the environment for residents of these rooms.

Notwithstanding this, there were some areas observed that required improvement. These are outlined in detail under Regulation 17: Premises.

On walking around the centre, the inspector observed the provider had carried out fire safety works in the form of new fire doors fitted to these bedrooms and fire stopping had been carried out to certain areas. Notwithstanding this, some deficiencies to fire doors and ceilings were observed. Two fire doors were found to be propped open which would result in the doors not closing in the event of a fire and fuel cans were noted to be located beside a generator that created an immediate fire risk. These and additional fire risks are outlined in detail under regulation 28: Fire Precautions.

Overall, the general environment including residents' bedrooms, communal areas and toilets were clean. Bedrooms were nicely decorated and were personalised with residents' belongings such as photos, artwork and ornaments. Some residents told the inspector they were "happy with their rooms" and access to storage for their belongings. Other residents said they were "happy, had no complaints and were cared for."

Staff spoken with demonstrated a good knowledge of the evacuation procedure in place and were up-to-date with their required fire training. Fire exits were fitted with a key locking mechanism. A key was placed at each fire exit in a red break glass unit and all staff carried a master key for all fire exits.

The fire alarm panel when viewed was noted to be free of faults. Fire evacuation floor plans were displayed at the fire panel and along various corridors in the centre. The inspector noted the floor plans were annotated but did not decipher the fire compartments for phased evacuation. This could potentially create confusion for staff to know where the fire compartments are located in order to move residents to in the event of a fire event.

Capacity and capability

This was an unannounced inspection completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the inspection was focused on regulation 17: Premises and regulation 28: Fire Precautions.

The registered provider of Hollymount Private Nursing and Retirement Home is Doonaroo Limited. The provider had completed refurbishment works to improve the non-compliance premises issues and recently submitted an application to vary the registration of the designated centre. The inspection was used to review these works and the providers' application to vary. The refurbishment works were finished to a high standard, had progressed in meeting the residents' needs for privacy and

dignity. However, there were some areas observed that required improvement. These are outlined in detail under Regulation 17: Premises.

The centre had a clearly defined management structure in place with appropriate lines of authority. The person in charge works full-time in the centre and is supported in their role by a clinical nurse manager who deputises when the person in charge is not available. The remainder of the staff team consists of staff nurses, an activity coordinator, health care assistants, household, catering, maintenance and administration staff. There was an established governance and management structure in place. The systems in place to monitor the quality and safety of the service and residents' quality of life were effective.

Due to the findings of this inspection, the management systems and oversight of fire safety in the centre were not robust. Some actions were required to improve means of escape, fire precautions, building fabric maintenance and fire containment. The registered provider was proactive in response to the issues arising during the inspection and gave firm assurance to the inspector at the feedback meeting that issues raised would be addressed promptly.

The oversight of fire safety management systems and the processes to identify, and manage fire safety risks were not robust to ensure the safety of residents living in the centre. This was evidenced by the fire risks identified which one resulted in an immediate action being issued to the provider.

Weekly audits and fire safety checks on the means of escape, appropriate storage, containment and fire prevention were being completed. However, these checks did not identify areas of poor fire safety management such as the inappropriate storage of fuel and practices that interfered with fire door closing mechanism systems in the centre.

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

In consideration of fire safety matters identified during the inspection, appropriate management systems required improvement to ensure that the service provided was safe, appropriate, consistent and effectively monitored by the provider.

The oversight of fire safety in the centre was not robust, it did not adequately support effective fire safety arrangements and keep residents safe. For example:

- The providers' in-house fire management systems such as audits, the fire register and fire safety checks had not recognised fire risks. This was evidenced by poor oversight of inappropriate storage arrangements, fire

precautions, the means of escape and fire containment, all of which were impacting on fire safety.

- An immediate action was required to ensure the safety of residents in relation a fire risk identified during the inspection, details of which are set out in Regulation 28.

Judgment: Not compliant

Quality and safety

This inspection found that the management of fire safety, as described in the capacity and capability section of this report, was not robust to ensure the safety of residents, staff and visitors. The provider had carried out fire safety upgrades by replacing fire doors and carried out fire stopping works.

Notwithstanding this, improvements were required in respect of the day-to-day arrangements of fire safety, storage arrangements that required an immediate action on the day, containment, maintenance to the building fabric and to some of the fire doors. Action was required by the provider in relation to Regulation 17: Premises and Regulation 28; Fire Precautions. These and other concerns are detailed further under these regulations.

Staff were knowledgeable on the evacuation strategy in the centre. Personal emergency evacuation plans (PEEP) were in place for residents. The individual PEEPs contained pertinent information to inform the evacuation of the resident. However, some records required a review as they were not an accurate reflection of the residents who resided in some of the bedrooms.

Fire evacuation plans were displayed throughout the centre. However, they did not indicate the location of the fire compartment boundaries for staff and residents' to refer to in the event of a fire evacuation.

When checked, the fire alarm panel was functional and free of fault. Escape corridors were kept clear and ready for evacuation. The majority of fire exits were also clear and available. However, a fire exit was obstructed with a table and chairs in a dining room. This was addressed during the inspection and the layout of the room was reviewed.

Service records for equipment and emergency lighting system were readily available for review and were up to date. However, official maintenance certificates for the servicing of the fire detection alarm system were not available for review on the day of the inspection. Quarterly and annual official maintenance certificates were requested to be submitted at the feedback meeting, however these were not submitted for review.

The inspector reviewed the fire safety register which detailed daily, weekly and monthly checks of fire safety systems and fire equipment, which 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 to a number of bedrooms since the last inspection. The provider had carried out works to increase the size of these bedrooms to improve the privacy and dignity of the residents by reducing the size of the en-suites and removing en-suites in some of the bedrooms. Notwithstanding this, there were some areas observed that required improvement and are detailed under Regulation 17: Premises.

Regulation 17: Premises

While the inspector found the centre to be clean, odour free and tastefully decorated, there were some areas of the premises that did not conform to matters set out under Schedule 6 of the Regulations.

- Only one handrail was noted in the en-suites of bedrooms instead of two for each side to support residents.
- The assessment of resident dependencies accommodation to be provided needed to be kept under review. This was observed as some of the en-suits would not be suitable for residents requiring a hoist or wheelchair. Management team will need to assess residents dependencies needs and their suitability to these rooms.
- An area above a tall wardrobe in one bedroom was not boxed out compared to the other wardrobes.
- The layout of a number of twin rooms lead to the only window in the room being located within a resident's bed space. As a result, when this resident had their privacy curtain pulled, the other resident in the bedroom did not have direct access to natural light. Therefore, access to natural light was only afforded to one resident.
- There were some areas where ceiling surfaces were visibly damaged or had signs of water staining that required sealing and redecoration.
- Some doors sampled required repair due to damage, wear and tear.
- The Statement of Purpose was reviewed. The document had included the changes to the layout of the bedrooms outlined in the providers' application to vary and aligned with the registration floor plans. However, the Statement of Purpose did not include all rooms within the designated centre such as; a kitchen, store rooms, a boiler room, a laundry room and a sluice room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. The registered provider was found to be non-compliant in some areas of fire safety and improvements were required to comply with the requirements of some regulations. The provider was non-compliant with the regulations in the following areas:

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

- A verbal immediate action was issued to the provider on the day of the inspection in regards to the removal of fuel cans located beside a generator that created a fire risk. This was immediately addressed on the day of the inspection by the provider.
- Two fire doors were found to be propped open, which interfered with the closing mechanism in the event of a fire.
- A fire exit from a kitchen was fitted with a large slide bar drop down bolt that would impede immediate egress in the event of a fire.

The provider needed to improve the means of escape for residents and emergency lighting in the event of an emergency in the centre. For example:

- A fire exit was obstructed with a table and chairs in a dining room. This was addressed during the inspection and the layout of the room was reviewed.
- Two emergency lights located at external fire exits were not functioning.

The provider did not fully implement arrangements for the maintenance of the means of escape, the building fabric and the building services. For example:

- From a sample of fire doors reviewed, Some fire doors were fitted with non-fire rated ironmongery, had signs of damaged, had gaps or were missing fire seals which compromised the integrity of the fire doors to perform in the event of a fire. For example, a kitchen door was missing fire seals at the top of the frame, a laundry door and frame were damaged and fitted with non-fire rated ironmongery and a cross corridor door was observed to have a gap to the underside of the door and was missing hinge screws. Furthermore, fire rating tags were missing from newly fitted doors to indicate the fire resistance.
- 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 these required appropriate fire sealing measures. For example, penetrations were noted through a ceiling in a nurse's station.
- The inspector observed domestic washing machines in use in a laundry room. Maintenance certificates were not available for these machines to provide assurances they were being regularly serviced and maintained.
- While manual log entries for the servicing of the fire detection alarm system were present, official maintenance certificates for the servicing of the fire detection alarm system were not available for review on the day of the

inspection. Quarterly and annual official maintenance certificates were requested to be submitted at the feedback meeting, however these were not submitted for review.

The registered provider needed to improve arrangements for containing fires. For example:

- A sluice room and a cleaners store were not fitted with a fire door which compromised the containment measures. Furthermore, a fan light was fitted above a door into a bed pan washer room that appeared to not be fire rated.
- Non fire rated glass (Georgian glass) appeared to be present along some protected means of escape corridors. For example, this type of glass was observed fitted in cross-corridor doors, a nurse's station and an office. This potentially created a deficiency in the containment of fire and smoke in these areas as the glass noted would not match the fire rating performance of its surrounding elements.

The provider needed to improve evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.

- Personal emergency evacuation plans (PEEPS) were in place. However, some records required a review as they were not an accurate reflection of the residents who resided in some of the bedrooms. For example, four residents were indicated on the PEEPs to be located in a bedroom that is a twin room. In another example, three residents were indicated on the PEEPs to be located in a twin room.

The displayed procedures to be followed in the event of a fire required a review by the provider.

- Fire evacuation floor plans were on display throughout the centre. However, these required improvement as they did not indicate the location of the fire compartment boundaries for staff and residents' to refer to in the event of a fire evacuation.

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 Hollymount Private Nursing and Retirement Home OSV-0000348

Inspection ID: MON-0049328

Date of inspection: 17/10/2025

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>Audits will be reviewed and updated to include further safety checks both indoor and outdoors. The fuel cans were removed on the day and are stored in an outdoor shed.</p> <p>]</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All ensembles are now fitted with two handrails. The statement of purpose has been updated to include all rooms. The area above a tall wardrobe has since been boxed out. Ceiling surfaces will be sealed and redecorated. The doors are being replaced on a scheduled basis and any visual wear and tear will be address until that time. All twin rooms have mesh screens to maximise daylight. Resident dependencies in twin rooms will be kept under review to ensure their suitability for the accommodation.</p> <p>]</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

Fuel cans were removed on the day and are stored in an outdoor shed. Fire doors which were propped open have been fitted with magnetic locks. The drop bolt in the kitchen has been removed. The dining room layout is kept under review to ensure fire door access is clear. Two emergency lights were replaced. Pipes/ducting that were penetrating the ceiling have been fire sealed. The fire seal has been replaced on the kitchen door. The PEEPs have been reviewed and all room numbers updated. All fire alarm certs were obtained and submitted. A maintenance cert was got for the domestic washing machine. Compartment boundaries have been identified on the fire evacuation floor plan. A new fire door and frame has been ordered for the laundry. The cross corridor door has been assessed regarding the gap, replacement screws ordered and awaiting repairs. Fire rating tags have been ordered for all new fire doors to indicate fire rating resistance. New fire doors for the sluice room and the cleaners store have been ordered. Fan light will be replaced. All Georgian glass will be replaced. All non fire rated ironmongery will be replaced.

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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	03/04/2026
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.	Not Compliant	Orange	27/03/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	24/04/2026

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	21/10/2025
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	24/04/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	03/04/2026
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	24/10/2025
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	20/02/2026

