



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:	11 November 2020
Centre ID:	OSV-0000329
Fieldwork ID:	MON-0031086

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 60 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 40 spacious single and 10 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 accessible 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:	49
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 11 November 2020	10:00hrs to 18:30hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

The inspector spoke with five individual residents and also spent time observing resident and staff engagement. The general feedback from residents was one of satisfaction with the care and service provided.

The entrance foyer is a large open space that is filled with natural light. The area was observed to be an inviting space where multiple residents were observed sitting and enjoying people watching. Staff walking past greeted residents by name. The inspector observed that the large communal sitting room and a smaller cosier communal sitting room were occupied by residents throughout the day with a member of staff in attendance at all times.

Residents spoken with were very satisfied with the care received. No resident spoken with had ever felt the need to make a complaint. The interactions observed by the inspector between residents and staff was positive.

When asked about the COVID-19 restrictions residents reported mixed feedback. They stated that they enjoyed having the company of staff and other residents in the centre and that staff had been very supportive throughout the pandemic. Resident meetings had occurred during the summer period when restrictions had eased. The meetings were attended by upto 20 residents. The records evidenced that open discussions had occurred with residents in relation to the COVID-19 pandemic, visiting arrangements in the centre and resident feedback on the activities in the centre.

Residents had access to a well maintained enclosed garden area which was easily accessible.

Residents were happy with the food served and reported that there was a good choice available. In addition, residents told the inspector that they could request food that was not on the menu for the day and that kitchen staff would accommodate same.

Capacity and capability

Claremount Nursing Home Limited is the registered provider of the nursing home. This was an unannounced inspection to monitor compliance with the regulations and to review contingency arrangements including infection prevention and control measures in light of the COVID-19 pandemic. The management team operating the

day to day running of the centre consists of a Director of Nursing (DON) who is supported by an assistant director of nursing (ADON), registered nurses, care staff, a physiotherapist, kitchen, household, cleaning, laundry, administration staff and maintenance.

The roles and responsibilities and lines of authority were clear and transparent. Management meetings were held to discuss operational matters and clinical issues. The general manager role in the centre was vacant. The centre was actively recruiting a replacement. As an interim measure the Registered Provider Representative (RPR) had increased their presence in the centre as a support to the clinical nursing management team. The person in charge was not present on the day of inspection. The newly appointed ADON was available and was supported by a senior nurse. The inspector found that the management team on duty on the day of inspection had good knowledge of the systems in place that monitor the service. Records requested were made available in a timely manner.

There was a comprehensive audit schedule in place. Audits had been completed in a number of key areas including, care plan audits, falls audit, weight management, hand hygiene audits, use of restraint audits and environmental audits. Audits completed were analysed and were utilised to drive and sustain quality improvements. Records evidenced that gaps were identified and that areas for improvement were also identified. For example; the hand hygiene audit completed in April 2020 had scored 77% compliance. The November hand hygiene audit had 100% compliance. On the day of inspection the inspector observed good hand hygiene practice by staff.

The inspector found that staff displayed good knowledge of the national infection prevention and HPSC guidance. The person in charge had developed a COVID-19 contingency outbreak plan that was detailed and guided staff. At the time of inspection the centre had submitted a notification to the Chief Inspector of a confirmed case of COVID-19 in the staffing compliment and a suspected case of COVID-19 in the resident population. The outbreak plan outlined the designated isolation area. There was a small number of residents accommodated in this area with dedicated staff members. On the day of inspection the inspector found that the COVID-19 plan was not fully adhered too - a resident that was suspicious of having COVID-19 was not being cared for in the isolation area. Failure to adequately implement and monitor adherence to the COVID-19 outbreak plan posed a potential risk to residents. The inspector acknowledges that residents are accommodated in single occupancy bedrooms and that all staff observed entering the room did apply full PPE. This was discussed with the clinical management team who took immediate action on the day.

Residents were satisfied with the level of communication between management and residents. Residents told inspectors that they would not hesitate to make a complaint and were happy that they would be listened too.

Regulation 15: Staffing

On the day of inspection, staffing in the centre was adequate for the needs of the residents and the size and layout of the centre. The centre had a COVID-19 outbreak staffing contingency plan in place to increase the staff on duty providing direct care if required. The contingency plan allows for

- the addition of a registered nurse on duty to care for the needs of residents if required. The Statement of Purpose dated June 2020 has a WTE of 9.79 registered nurses. The centre has 13 WTE RGN available
- an additional three healthcare assistant staff have been recruited.
- Staff are in agreement to work extra duties if required
- staff are in agreement to relocate to a new role if required.

The management team confirmed that the overall staffing of the centre is stable and that staff who phone is as unavailable at short notice are replaced.

Judgment: Compliant

Regulation 16: Training and staff development

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis. The training records reviewed identified that staff, including recently recruited staff, had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling, infection prevention and control and hand hygiene. As a result of the COVID-19 pandemic the centre had also provided training to registered nurses on the pronouncement of death.

Inspectors observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management of the centre had a clearly defined structure in place. While there were vacancies the centre was actively recruiting for a replacement. The RPR had increased their presence in the centre as a support measure. The management team that were available on the day of inspection demonstrated a clear commitment to the delivery of person-centered safe and effective care with a focus on improved outcomes for residents.

The COVID-19 outbreak contingency plan was detailed and comprehensive. The inspector found that the plan had not been implemented in a timely manner which

was a potential risk. The inspector acknowledges immediate action was taken on the day of inspection. This non compliance is actioned under regulation 27 Infection control.

Judgment: Compliant

Regulation 31: Notification of incidents

The management team were aware of the requirement to notify the Chief Inspector of all incidents as required by the regulations. All notifications as required throughout the recent outbreak of COVID-19 had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints process in place that had been updated in April 2020. The procedure included the name of the person nominated to deal with complaints, an appeals procedure and details of the the Office of the Ombudsman. Residents were also provided with the detail of the independent advocacy services and the contact detail of the local safeguarding officer.

The complaints procedure was displayed in the porch at the the front entrance and was at a high level. The inspector found that the procedure was not easily accessible to all residents. This was discussed with the RPR who undertook to review.

There was a system in place to facilitate the recording of complaints. The template used was reviewed by the inspector. The level of satisfaction of the complainant was not recorded. The management team informed the inspector that there were no open complaints and that no complaints had been received to date in 2020.

Judgment: Substantially compliant

Quality and safety

Residents' lives had been significantly impacted by the COVID-19 restrictions. Overall, the inspector found that the care and support residents received was of a good quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met. Staff spoken with

were knowledgeable of the signs and symptoms of COVID-19 and knew to report any concerns regarding a resident. Staff had all received training in standard precautions, including hand hygiene and respiratory and cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment (PPE). The person in charge had communicated with acute services regarding appropriate admission and discharge arrangements since the onset of COVID-19. All new admissions had a comprehensive pre assessment completed and when admitted into the centre were cared for in single rooms with limited staff for 14 days.

The inspector reviewed eleven resident files. Care plans were individualised and person-centered. The system in place was clearly laid out and the information was easily retrieved. The centre had developed a COVID-19 specific care plan to guide staff. Residents had a daily COVID-19 wellbeing symptom check completed that allows the clinical team to identify any early signs of the virus and take any required action. For example, resident temperatures are checked twice a day. The care plans of current residents were up to date and contained all of the information required to guide care.

Resident's weights were monitored on a regular basis and appropriate monitoring and interventions were in place to ensure residents' nutrition and hydration needs were met. Residents had been reviewed by phone consultation by the dietetic services and recommendations made were implemented by staff. The inspector also reviewed wound management documentation and found evidence of good practice that ensured healing of wounds had occurred. The inspector reviewed end of life care plans. Resident and family wishes were documented in the residents care plans.

The design and layout of the building meets the needs of current residents. Residents had free movement along corridors and there are multiple locations where residents could sit. The premises was clean and kept in good repair. All bedrooms had ensuite facilities. The COVID-19 outbreak isolation zone was clearly identified. The purpose of zones is to minimise the risk of the spread of an outbreak. The zone had a separate entrance.

A review of the provision of individual activities and engagement for resident that are in isolation is required to ensure that meaningful activities are provided. This is discussed under regulation 9 Residents rights.

Regulation 11: Visits

Visiting to residents had been strictly controlled since March 2020. During the lockdown, staff had supported residents to maintain telephone and visual contact with their families via electronic devices. Window visits were also facilitated.

Visitors to the centre were facilitated to meet with residents in the entrance foyer. Residents spoke to visitors via a telephone and so there was no physical contact.

Residents voiced satisfaction with the visiting arrangements. This meant the visitors are not moving through the centre or coming in contact with staff and other residents.

The management team confirmed that if required visitors into a resident's room can be accommodated on compassionate grounds.

Judgment: Compliant

Regulation 27: Infection control

Infection control practice within the centre was informed by the Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units. The updated version was kept in the COVID-19 folder.

The centre is purpose built and the inspector observed that the centre was clean. The cleaning tasks had been reviewed and staff spoken to were knowledgeable on the system in place. For example; the need for increased cleaning on frequently touched surfaces like door handles. There was two cleaners rostered daily. Records reviewed showed that there was deep cleaning taking place with an average of two bedrooms a day receiving a deep clean. Infection prevention and control measures in place included

- Alcohol hand sanitizers were available throughout the building.
- Staff temperatures were monitored twice a day.
- Staff changed into and out of their uniforms on site
- Residents had been communicated with on the pandemic.
- Appropriate signage was in place reminding staff of the need to complete hand hygiene and observe social distancing when appropriate.
- There was sufficient supplies of cleaning products.
- Wash hand basins were sufficiently stocked with hygiene product and paper towels - cloth towels were no longer in use.
- there was sufficient supplies of PPE
- Equipment for use by residents was serviced and was observed to be clean.
- Laundry practices had been recently reviewed and new equipment and products had been purchased. The resident laundry was well presented

Training records reviewed indicated that all staff had completed infection prevention and control training. The inspector spent time observing staff practices regarding the use of Personal Protective Equipment (PPE) and found good practice.

The management team had identified the zone that was used for all new admissions to isolate and for any residents that were suspicious of having COVID-19. As previously stated the inspector found that the transfer of residents into the zoned area was not always completed in a timely manner. In addition the inspector

found that the following issues required attention:

- Residents shared slings for the purpose of mobilising
- On the day of inspection the inspector observed a number of sinks that the water temperature was not sufficiently hot to perform hand hygiene.
- cleaning cloths were not routinely changed between rooms.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents were comprehensively assessed on admission and care plans were developed to reflect the assessed needs. New residents admitted throughout the pandemic had a COVID-19 test completed prior to admission. Staff used a variety of accredited assessment tools to complete an assessment of each resident's needs, including risk of falling, malnutrition, pressure related skin damage and mobility assessments. The interventions needed to meet each resident's needs were described in person-centred terms to reflect their individual care preferences. The inspector reviewed a sample of residents files and found that detailed care plans were completed on admission. There was good evidence that quarterly reviews occurred in consultation with the resident.

Judgment: Compliant

Regulation 6: Health care

Residents in the centre had a choice of General Practitioner. During the lock down period, resident 's general practitioners (GP) were providing a service remotely and advised staff over the phone. In some instances, when required, GP's had visited the centre and completed one to one consultations.

The inspector found that the system in place that records the medical resuscitation status of residents was accurate. This information was retrievable in a timely manner to ensure the best outcome for residents as per their medical status.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors reviewed the files and care plans of residents with responsive behaviours and found that the care plans in place were detailed, described the behaviours that

presented from time to time and were person centered. The staff were familiar with the residents and were knowledgeable of the triggers that may cause distress or anxiety.

The nursing management had systems in place to monitor restrictive practices to ensure that they were appropriate. There was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. There was a small number of residents with bed rails in place. Resident files evidenced that where bedrails were in use a clinical assessment of need had been completed by a multidisciplinary team. Inspectors found that staff spoken with were clear on the definition of restraint and were knowledgeable that restraint should only be used at a resident's request or a clinical assessment of need.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to information and news from weekly local newspapers, radio, television and Wi-Fi availability. There were daily newspapers available to residents. Residents were supported to use telephones and video calls to keep in contact with friends and family while the visiting restrictions were in place.

Residents' religious rights continued to be facilitated during the pandemic. Residents were facilitated to view religious ceremonies on the televisions.

Residents were observed to be moving about as they wished within the centre. There was a variety of communal day spaces as well as a number of couches on the corridors where residents could sit and relax.

The inspector noted that the privacy and dignity of residents was well respected by staff. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

The centre had two activities staff working over seven days. The inspector was told about Halloween activities that had occurred and that staff had dressed up in costumes. In the summer musicians had come to the centre and performed live music for resident entertainment outside. However, the inspector found that activities for individual residents that were in isolation were not sufficient. The resident records did not evidence any one to one meaningful engagement outside of the provision of direct care for residents that were completing a 14 day isolation period.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Claremount Nursing Home OSV-0000329

Inspection ID: MON-0031086

Date of inspection: 11/11/2020

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaints procedure is being reprinted in a larger print format, it will be placed in the reception area and also in the larger dayroom with easy access for all residents. The template for recording complaints has been updated to include a section for the level of satisfaction of the complainant to be included in the form.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Individual slings have been purchased for each resident's personal use. Plumber has rectified the hot water delivery in the affected sinks. Housekeeping staff are discarding cloths after each room is cleaned. Staff education provided about the importance of changing cloths and the rationale for this.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>We are introducing activity packs for each resident in isolation: the packs will reflect the individuality of each resident.</p>	

Activity coordinators will visit daily in accordance with IPC guidelines re levels of contact.

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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2020
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	31/12/2020
Regulation	The registered	Substantially	Yellow	31/12/2020

34(1)(f)	provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Compliant		
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/12/2020