

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Hollymount Private Nursing and Retirement Home
<b>Centre ID:</b>	OSV-0000348
<b>Centre address:</b>	Kilrush, Hollymount, Mayo.
<b>Telephone number:</b>	094 954 0232
<b>Email address:</b>	hollymountnursinghome@hotmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Doonaroom Limited
<b>Provider Nominee:</b>	Margaret Hayes
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	32
<b>Number of vacancies on the date of inspection:</b>	4

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
06 January 2015 09:30	06 January 2015 16:00
07 January 2015 10:00	07 January 2015 16:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This inspection was announced and took place over two days. As part of the inspection the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, accident logs, risk management, staff duty rosters and staff files.

There were issues identified during the inspection relating to nutrition, safekeeping of residents' property, governance, medication management, privacy, incident recording and documentation of health care requirements.

Evidence of good practice was found in other areas of the service. The building was warm, clean, comfortable and well maintained and there was a variety of communal spaces available to residents. Residents had good access to general practitioners (GP) and health care professionals. There were measures in place to manage risk. The staffing levels and skill mix were adequate to deliver care.

The person in charge and provider stated at the feedback meeting that the issues outlined would be addressed.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was an up to date statement of purpose, which reflected the service being provided in the centre and included the requirements of Schedule 1 of the Regulations.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.*

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Governance and management systems in place were not fully effective in ensuring that the service provided was consistent and adequately monitored. This resulted in potential risks to residents in health care including medication management and nutritional care. The non-compliances are further discussed in outcomes 8 and 11.

There were limited systems in place to review and monitor the quality and safety of care and the quality of life of residents for the purpose of learning and improving the service. For example, falls were not being suitably audited to identify trends and introduce appropriate interventions to control this risk. The person in charge did a six-monthly

review of falls and recorded the numbers of falls in this period. There was no recorded overview and conclusion generated from these reviews. The person retained a record of all residents' monthly weights and stated that significant weight loss was highlighted.

However, this system was not fully effective as it had failed to identify that one resident had lost a significant amount of weight in 2014, and this had gone unnoticed by staff and the person in charge. In addition there was no audit of medication administration being undertaken and, as a result, medication errors were not being detected or addressed.

**Judgment:**

***Outcome 03: Information for residents***

*A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The provider and person in charge stated that each resident had a contract of care. The contracts were in line with the requirements of the Regulations and outlined the services which residents would expect to receive and identified what was not included in the fee and incurred an additional charge.

There was a informative residents' guide available, which included the required information.

In addition information boards throughout the building displayed a range of topics, such as local information, health related matters, daily events in the centre and the daily menu plan.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

*The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The post of person in charge was full-time. It was filled, in a job-sharing capacity, by two registered nurses with the required experience in the area of nursing of older people. Both nurses filling the role of person in charge had maintained their continuous professional development by attending a range of training courses both in the centre and externally.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***

*The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed a range of documents, including operational policies, insurance policy, directory of residents and medical and nursing records. The documents viewed were informative and generally in line with legal requirements. There was a range of operational policies available to guide staff, including the policies required by the Regulations.

Suitable records of residents' plans of care were not being maintained as required by schedule 3 of the Regulations. Although staff had been working to improve care planning documentation, there was some further improvement required in the documentation of health care interventions records. Some of the care interventions recorded in residents' files did not provide sufficient information to guide staff in the delivery of care. For example, the wound care guidance in a care plan was not consistent with the care being delivered by staff and guidance on positioning a resident at risk of pressure ulcers was unclear.

Details of accidents and incidents were not recorded in sufficient detail. Information such as treatment after the accident/fall was not suitably documented.

The inspector viewed the fire safety register and found that records of fire alarm drills, fire training and servicing of fire safety equipment were being suitably maintained.

A record of visitors entering and leaving the building was maintained by means of a sign-in sheet in the reception area.

**Judgment:**

Non Compliant - Moderate

***Outcome 06: Absence of the Person in charge***

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The provider was aware of her responsibility to notify the Authority if the person in charge was to be absent for an extended period.

The two nurses filling the role of person in charge deputised for each other's absence. Suitable deputising arrangements were also in place in the event of the unanticipated absence of both persons in charge.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.



**Findings:**

There were measures were in place to protect residents from being harmed or abused, although improvement was required to the storage of residents' valuables.

There was a policy on the protection of vulnerable adults which contained information to guide staff including how to recognise and report of abuse. Records viewed by the inspector indicated that staff had received annual training on identifying and responding to allegations or suspected incidents of abuse. One staff member was trained to deliver this training to staff. The provider had a clear understanding of the action to take if an allegation or suspicion of abuse was reported.

The arrangements for the safekeeping of residents' valuables required improvement. The person in charge held the valuables of several residents for safekeeping. All transactions were witnessed, signed and suitably recorded. However, the storage of residents' valuables and safekeeping of property required improvement as some of the practices used were not sufficiently secure.

The person in charge informed the inspector that no form of restraint, such as bed rails, lap belts or restraining chairs, were used in the centre and the inspector did not observe restraint being used during the inspection. The person in charge said that alternatives such as low beds and crash mats were used as necessary to promote the safety of residents.

The person in charge and staff stated that there were no residents with significant behaviours that were challenging. The inspector read the file of a resident who exhibited some behaviour that was challenging and found that a suitable care plan had been developed to guide staff.

Residents told the inspector that they felt safe in the centre and stated that staff looked after them very well.

**Judgment:**

Non Compliant - Major

***Outcome 08: Health and Safety and Risk Management***

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The provider had put measures in place to protect the safety of residents, staff and visitors to the centre.

During a previous inspection in February 2014, some fire safety risks had been identified and these had been suitably addressed.

Staff had received annual training in fire safety and evacuation and this was confirmed by staff and in the training records. Staff who spoke with the inspector were clear on fire safety practices and knew what to do in the event of a fire. Fire evacuation notices, which were displayed throughout the building, provided clear instructions on evacuating the building in the event of an emergency. At the time of inspection all fire exit doors were free from obstruction.

The inspector viewed up to date fire records which showed that equipment, including fire extinguishers, fire alarms and emergency lighting had been regularly serviced. Fire extinguishers were serviced annually and all fire alarms were serviced quarterly. There were records to indicate that monthly fire alarm drills were being undertaken. There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. This document had been examined at an inspection in February 2014 and found to be satisfactory. The provider and person in charge confirmed that the guidance in this policy was unchanged.

There was a health and safety statement, risk management policy and a risk management policy in place. The risk management policy provided guidance on a range of risks including the risks specified in the Regulations.

The person in charge had arranged for all staff to receive annual training in moving and handling and this was confirmed by training records and staff. Manual handling assessments had been carried out for all residents.

The environment was clean, there was a colour coded cleaning system in place and staff who spoke with the inspector were well informed of infection control measures.

**Judgment:**  
Compliant

### ***Outcome 09: Medication Management***

*Each resident is protected by the designated centre's policies and procedures for medication management.*

**Theme:**  
Safe care and support

### **Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

### **Findings:**

The processes in place for the management of medication, including those requiring strict controls, were generally safe, although improvement was required in the administration of medication. There were written operational policies relating to the

ordering, prescribing, storing and administration of medicines to residents.

Each resident's medications were individually stored in pre-packed blister-packs which were prepared and delivered by the pharmacist. The inspector reviewed the administration of medication and found that some of the information relating to residents' prescribed. Prescription and administration charts were generally clear and legible and prescriptions, including prescriptions for crushed medications, were individually signed by the GP. There were colour photographs of residents on the medication charts, which the nurses could check to verify identification if required. There was a nurses' signature sheet available.

However, on some charts the guidance used by nurses for the administration of medication was unclear. The required doses of medication, administration times, including guidance on administration of PRN (as required) medication and discontinued medications were not clearly recorded which increased the risk of a medication error.

There was insufficient evidence to confirm that residents' medications were being administered as required. On some of the charts viewed, there were gaps in the administration records. Nurses had not always signed to confirm that the prescribed medication had been administered as required and there was no information to indicate that the medication had been withheld for a reason. Therefore it was not possible to establish whether or not residents were consistently receiving their medication as required, which presented a risk to residents' safety.

Medication was suitably and safely stored. Medications requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medication that required specific temperature control. The temperature was monitored daily and was maintained at an acceptable level.

The pharmacist came to the centre regularly to review medication and was available to meet with residents as required. The GP also reviewed residents' medications every three months.

**Judgment:**

Non Compliant - Moderate

***Outcome 10: Notification of Incidents***

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant events recorded in the incident ledger had been notified to the Chief Inspector by the person in charge. All quarterly notifications had been suitably submitted to the Chief Inspector.

The recording of accidents, incidents and falls required improvement and this is discussed in outcome 5.

**Judgment:**

Compliant

**Outcome 11: Health and Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector found that while residents' healthcare needs were generally well met, although improvement was required in the management of nutritional risk.

All residents had access to GP services and could choose to retain their own GP if they so wished. Many of the residents were from the local area and had retained their own GP. The inspector reviewed the medical files and found that GPs reviewed all residents regularly.

Residents had access to a range of health care services, including speech and language therapy and occupational therapy. Chiropody, optical, dietetic, dental and psychiatry services were also available. Recommendations from health care professionals were recorded in residents' files and their recommendations were incorporated into residents' care plans.

Since the last inspection staff had been working to improve the information in residents' files and this had been partially addressed. The inspector viewed a sample of files of residents with a range of needs such as nutritional issues, falls risk, wound care, risk of developing pressure ulcers, behaviour that is challenging and mobility issues. Staff had carried out assessments on residents' mobility, manual handling, skin integrity, risk of falls and nutritional risks and had developed care plans to guide the delivery of care

based on these assessments.

The care plan interventions were being reviewed every three months or as required by the changing needs of the residents. However, some of the care interventions recorded in residents' files did not provide sufficient information to guide staff in the delivery of care and this is discussed in outcome 5.

The person in charge informed the inspector that no resident had lost a significant amount of weight. While reviewing the care plans the inspector found that a resident with low weight had lost weight consistently throughout 2014. This weight loss had not been identified by the person in charge or staff and no plan of care had been introduced or advice an appropriate health care professional sought.

The inspector reviewed the care of a chronic wound and found that wound care was well managed and wound progress was being assessed and recorded at each dressing change.

**Judgment:**  
Non Compliant - Major

***Outcome 12: Safe and Suitable Premises***

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**  
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Overall, the building met the needs of residents and the design and layout promoted residents' dignity, independence and wellbeing. The centre was warm, clean, bright, well furnished and comfortable with suitable heating, lighting and ventilation, and was well maintained both internally and externally. There were a variety of seating areas where residents could spend time on their own or with visitors, including a conservatory, smoking room and the oratory. The two day rooms were large and comfortably furnished in domestic style. There were 14 single and 11 two-bedded rooms, most of which had en suite toilet and showers. Adequate additional toilet, shower and bath facilities were provided for residents. There was a separate, well equipped kitchen adjoining the dining room.

**Judgment:**  
Compliant

**Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was evidence of good complaints management. There was a complaints policy / procedure displayed in the reception area, which clearly explained how to make a complaint, how complaints were managed and details of the appeals process.

The inspector viewed the complaints register and found that complaints which had been made were suitably recorded, investigated and resolved to the satisfaction of the complainants. The numbers of complaints made were very low.

**Judgment:**

Compliant

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

End of life care was not fully reviewed at this inspection as it had recently been examined at a thematic inspection in the centre in August 2014. Issues arising at that inspection were reviewed at this inspection.

Since the last inspection staff had been working at establishing residents' views and wishes for end of life care and this information was recorded in residents' files. The person in charge explained that this information was not always available to them as some residents and their families did not wish to discuss the subject.

**Judgment:**

Compliant

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Food and nutrition was not fully reviewed at this inspection as it had recently been examined at a thematic inspection in the centre in August 2014. Issues arising at that inspection were reviewed at this inspection and were found to have been satisfactorily completed.

During the last inspection the inspector found that there was some improvement required to the choice of desserts for residents on diabetic diets and this had been addressed. When making desserts, such as puddings and fruit tarts, the chef also made sugar free versions for residents with diabetes. There was also a selection of homemade sugar free cakes and a supply of sugar free ice cream available in addition to commercially manufactured sugar free biscuits.

Improvement to the dining experience and in communicating choices to residents had also been required and this had been addressed. On this inspection staff were present while residents were dining and assisted and encouraged them in an unhurried manner. Staff told residents what food was available and offered drinks and dessert choices.

There had been an improvement in the guidance to staff on the preparation of modified consistency foods. The guidance supplied by the speech and language therapists was also used by catering staff to describe various food consistencies. There was clear guidance in the kitchen on how these should be prepared and served and catering staff said that they found the guidance useful.

**Judgment:**

Compliant

**Outcome 16: Residents' Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that while residents were treated respectfully by staff and the management team, there were some environmental issues which could impact on the privacy of some residents. Some residents occupied twin rooms which accommodated two residents. The privacy screening in these rooms could not be fully extended around beds to provide maximum privacy to residents as required. There was a telephone provided for residents' use which was located in the main reception area. The location of the telephone was in a very public area, through which staff, residents and visitors were passing. This area did not give residents the opportunity to make and receive telephone calls in private.

Residents' civil and religious rights were respected. Roman Catholicism was the only religion being practised in the centre at the time of inspection, but the person in charge explained how residents of all religious denominations would be supported to practice their religious beliefs as required. There was an oratory in the centre which residents could use for private or group prayers. Mass took place in the centre once each month and Eucharistic ministers called and administered Holy Communion to residents on Sundays. A group of residents said the Rosary every day in the oratory after their lunch. The Sacrament of the Sick was administered each month or as required. The provider had made arrangements for in-house voting and staff stated that all residents were offered the opportunity to vote.

The provider and person in charge promoted some links with the local community. In 2014, the provider organised outings to Knock, a country life museum and for afternoon tea in a local hotel. Some local schoolchildren came to the centre at Christmas time to perform Christmas carols for the residents and there was a weekly music session with a local musician. In addition, there was a variety of activities available to residents each day, including light exercises, crafts, hand massage, singing and bingo. Residents had access to radio, television, newspapers and magazines.

Residents' independence was promoted by staff. Residents were encouraged to eat their meals independently, to get up and go to bed at their preferred times and whether or not to participate in activities available to them.

Contact with family members was encouraged and there were several areas where residents could meet their visitors. There were no restrictions on visits except when requested by the resident or if the visit was assessed to constitute a risk. Residents had access to the postal service.

**Judgment:**

Non Compliant - Moderate



**Outcome 17: Residents' clothing and personal property and possessions**  
*Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

All residents had storage space for clothes and personal possessions and lockable storage space for valuables was also provided in their rooms.

There was a laundry room for washing, drying and sorting of residents' clothing. The inspector found that good care was taken of residents' clothes which were labelled to ensure that they were not mislaid in the laundry process. Feedback from residents indicated that there was a good system in place for managing residents' laundry. There were no records that complaints about the laundry service had been made by residents or their relatives.

**Judgment:**

Compliant

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that there were sufficient suitably trained staff on duty to provide care to residents and that staff had been well recruited. On the day of inspection, there was an adequate number of staff on duty throughout the day and a review of staffing rosters indicated that this was the normal staffing level. Residents told the inspector that there was always enough staff on duty and that they were satisfied with the level of

care provided by staff.

However, there was no planned approach for staff supervising and integrating with residents in the communal areas. On the day of inspection, the inspector observed care staff to be task oriented and there was very little social or recreational opportunities provided to residents other than that provided by the activity co-ordinator. The inspector noted several times throughout the inspection that residents were left unattended for periods in some of the sitting rooms, without supervision or social interaction.

The inspector read a sample of staff files and found that staff had been recruited in line with the requirements of the Regulations. There was a staff recruitment policy in place.

Training records indicated that staff had attended a variety of training in addition to mandatory training and staff confirmed this to be the case. The inspector read the training plan for 2014 and found that a range of training had been provided to staff including end of life care, dementia care, nutrition and food safety management. The activity co-ordinator had also attended training in delivering light exercises to residents and she hoped to attend training in therapeutic techniques for people with dementia.

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Jackie Warren  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

Centre name:	Hollymount Private Nursing and Retirement Home
Centre ID:	OSV-0000348
Date of inspection:	06/01/2015
Date of response:	17/02/2015

#### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Outcome 02: Governance and Management

**Theme:**  
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There were limited systems in place to review and monitor the quality and safety of care and the quality of life of residents for the purpose of learning and improving the service.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Action Required:**

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**

All the audits carried out in 2014 have been reviewed and all the results of these audits have been communicated to all staff. The system of auditing for 2015 has been reviewed and will be carried out in the following way. A list of audits to be carried out have been identified. Audits will be carried out over a six monthly timescale (February-July and August - Jan). After the initial 6 months the audits will be reviewed by the PIC and Provider. The outcome from the audits including any actions that need to be taken will then be communicated to all staff. The audits will then be repeated in the second 6 month period (August 2015- Jan 2016) and compared with previous six month period. The results of the audits will be compared to identify changes and lead to improvement in the quality of services. The information on any changes will be communicated to all staff via staff notices and meetings. This system has been put in place Feb 10th 2015

**Proposed Timescale:** 10/02/2015

**Outcome 05: Documentation to be kept at a designated centre****Theme:**

Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Suitable records of residents' plans of care were not being maintained as required by schedule 3 of the Regulations.

Details of accidents and incidents were not recorded in sufficient detail. Information such as treatment after the accident/fall was not suitably documented.

**Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**

Residents Care Plans are all currently under audit and will be completed by Feb 28th 2015 with reference to all requirements outlined in Schedule 3 of Regulations including food and nutrition, wound and pressure care management. They are all subject to the review of the PIC by March 6th 2015. All Care Plans are evaluated 3 monthly or more often if residents conditions changes and they are constantly being expanded with more information. A new accident form has been compiled to record all accidents and the new format includes details of observations that must be recorded after the occurrence of all accidents including the recording of neurological observation for a period of 2 hours after all accidents. This is in place Feb 10th 2015

**Proposed Timescale: 10/02/2015**

### **Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Suitable storage was not provided for residents' valuables held for safekeeping in the centre and some property was not securely managed.

**Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

**Please state the actions you have taken or are planning to take:**

Residents valuables have been stored in a locked room up to now and access was via the Nurse on Duty. From Feb 1st all residents valuables are stored in a locked cupboard inside the medical room. Access to residents property for safekeeping is limited to ensure the safety of their property. Access is available to valuables at the times when the PIC is on duty. All transactions are checked by the PIC and another staff member in addition to the resident . An audit of valuables will be conducted at regular intervals to ensure that they are properly protected. This is in place 1/2/2015

**Proposed Timescale: 01/02/2015**

### **Outcome 09: Medication Management**

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There was insufficient evidence to confirm that residents' medications were being administered as prescribed.

**Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**

An audit of medication management with particular reference to the administration of medication to residents by Nurses has been carried out. This has identified any errors that have occurred and they have been documented by the Nurse responsible . This has been communicated to all the Nurses involved in the administration of medications to

prevent any reoccurrence. An Bord Altranais Guidelines is available in the Nurses office at all times. Nurses Training in medication management will be organised for Nurses in 2015.

**Proposed Timescale:** 28/02/2015

### **Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Suitable care had not been delivered in response to a nutritional risk.

**Action Required:**

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

**Please state the actions you have taken or are planning to take:**

The management of the recording of residents nutritional needs as indicated by weight has been reviewed and improvements in recording have been put in place. A yearly audit has been carried out for 2014 and all the % weight loss for the year for each resident calculated (Weight loss of > 5% per year is gives a resident a score of 1 which is considered a risk). Residents are weighed monthly. Any resident who is identified as at risk due to unexplained weight loss as identified by the MUST tool is treated according to the Must schedule with a food chart maintained for 3 days, weekly weight recorded for one month, consultation with the dietician and supplements as prescribed by doctor the GP. The Weight register that records all monthly weights has been expanded to include information on all weights including gains and losses over 3 and 6 month periods. This information will form the basis of audits for 2015 for a yearly audit of weight loss which will highlight anyone at risk due to unexplained weight loss.

**Proposed Timescale:** 28/02/2015

### **Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some environmental issues could impact on the privacy of some residents. The privacy screening in twin rooms could not be fully extended around beds to provide maximum privacy to residents as required.

The location of the telephone did not give residents the opportunity to make and receive telephone calls in privacy.

**Action Required:**

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**

All screening in double rooms will be improved by March 30th 2015.

A phone booth will be erected to ensure privacy of residents when on the phone Feb 20th 2015

**Proposed Timescale:** 30/03/2015

**Theme:**

Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no planned approach for other staff, other than the activity co-ordinator, to assist residents to partake in activities suited to their assessed needs, interest and capabilities.

**Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

**Please state the actions you have taken or are planning to take:**

All residents are invited to take part in the formal activities if they wish. The majority of residents choose to participate. The activities are usually held in the dining room. Each day during activities a staff member is identified to help residents to take part in the activities and to help the Activities Person to assist the residents to participate when activities according to their own wishes and capabilities. Feb 10th 2015

**Proposed Timescale:** 10/02/2015

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no planned approach for staff supervising and integrating with residents in the communal areas. At times residents were left unattended for periods in some of the sitting rooms, without supervision or social interaction.

**Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**

One person supervises the sitting rooms in the mornings. Even though there are formal activities for residents in the afternoon one-to-one activities with residents are also catered for during the day. The work system of the afternoons has been revised in order to give more time and attention to residents who may not wish to attend the formal organised activity. This has been clearly outlined to all staff. All staff are always encouraged to engage with residents on a continuous basis throughout each day and to be flexible when dealing their duties. This system has been reviewed Feb 24th 2015

**Proposed Timescale:** 24/02/2015