<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Claremount Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000329</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Claremount, Claremorris, Mayo.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>094 937 3111</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:amhegarty@yahoo.co.uk">amhegarty@yahoo.co.uk</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Claremount Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Ann Marie Hegarty</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Lorraine Egan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>55</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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: 11 February 2015 10:15  
To: 11 February 2015 18:45  
From: 12 February 2015 07:50  
To: 12 February 2015 17:15

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

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

As part of the inspection, the inspector met with residents, staff, the assistant director of nursing, the person in charge and the provider nominee (hereafter called the provider). The inspector observed practices and reviewed documentation such as policies, care plans, medical records, audits, training records and staff files.

Prior to and following this inspection the inspector reviewed a number of questionnaires submitted by residents and their family members. The questionnaires outlined residents and their family members’ satisfaction with the service provided.

Throughout the inspection, the person in charge demonstrated competency in
relation to her role and a commitment to providing a good quality service to residents. In addition, both the person in charge and the provider demonstrated knowledge of their requirements under the Regulations.

The feedback from families was one of satisfaction with and praise for the care provided and residents echoed these sentiments. Residents spoken with said they felt safe, were listened to and enjoyed the activities provided in the centre. In addition, residents were complimentary of the food and of the staff working in the centre.

There was evidence of good practice in all areas and a high level of overall compliance in the centre. Required actions arising from a monitoring inspection in February 2014, a single issue inspection which focused on the management of medication in September 2014 and an inspection which focused on two outcomes, end of life care and food and nutrition, in November 2014 were followed up on this inspection.

The inspector found that improvements were required in relation to the frequency of training for staff in the prevention, detection and response to abuse, the assessment of risks in regard to residents who smoked, the use of a wedge to keep the laundry room door open and the systems in place to ensure staff files met the requirement of Schedule 2 of the Regulations.

The findings are discussed in the report and the actions required are included in the action plan at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 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 is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the centre’s Statement of Purpose, and the manner in which care is provided, reflect the different needs of
residents.

**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):

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

**Findings:**

The inspector found the governance structures in place provided clear lines of authority and accountability in the centre. Staff spoken with were clear in relation to who they would speak with and report to in relation to the day to day management of the centre, allegations of abuse, complaints received and resident requirements. The required actions in regard to auditing which were identified on the previous monitoring inspection in February 2014 had been addressed.

The inspector met with the provider, the person in charge and the assistant director of nursing. The provider worked in the centre as the manager and was involved in the day to day running of the centre. She was knowledgeable of her requirements under the Regulations. She was observed interacting with residents and was respectful of residents and knowledgeable of their needs, interests and families.

There was a system in place to review and monitor the quality and safety of care and quality of life of residents in the centre. Audits were carried out on a regular basis and there was evidence that improvements had been carried out as a result of the learning from the audits. For example, audits had taken place in relation to end of life care, resident falls, care plans, the use of restraint and resident mobility.

An annual review of the safety and quality of care in the centre had taken place and the findings had been discussed with residents at a resident meeting in January 2015. The annual review encompassed a number of areas including admissions, discharges and transfers, interior and exterior improvements to the centre, changes such as the change of the pharmacy provider and incident forms, staff changes and staff training. The review included an outline of audits which were planned for 2015 and the person responsible for carrying out the audits. Responsibility for auditing was shared between the manager, the person in charge and the assistant director of nursing.
### 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:**
There was a guide in respect of the centre available to residents. The guide clearly identified a summary of the services and facilities in the centre, the terms and conditions relating to residency, the procedure respecting complaints and the arrangements for visits.

The inspector viewed a sample of residents’ contracts for the provision of services and found that the contracts clearly outlined the support, care and welfare to be provided to residents along with the services provided and the fees to be charged. The contracts identified the items included in the weekly fee.

**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 inspector observed the person in charge throughout the inspection and conducted a fit person interview on the second day of the inspection.

The person in charge was a registered nurse and had experience in care of the older
person as required in the Regulations. She was supported in her role by the provider and the assistant director of nursing.

She had maintained her continuous professional development and had undertaken courses in a number of areas including nutrition, pressure ulcer risk assessment and prevention, challenging behaviour, current challenges in elderly care, infection control and a leadership programme for directors and assistant directors of nursing. She demonstrated clinical knowledge and knowledge of her requirements under the Regulations.

She was observed interacting with residents who knew her by name and she demonstrated knowledge of residents’ needs and wishes.

The person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

**Judgment:**
Compliant

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

**Findings:**
The inspector found that the centre was maintaining records so as to ensure completeness, accuracy and ease of retrieval.

All records required were made available to the inspector and all records viewed were kept up to date and were amended and reviewed as necessary.

The centre was adequately insured against accidents or injury to residents, staff and visitors.

The centre had all of the written operational policies as required by Schedule 5 of the Regulations. Staff demonstrated knowledge of the centre’s policies and procedures.
The inspector reviewed a sample of staff files and found that not all files viewed contained evidence of An Garda Síochána vetting and a full employment history.

| 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 person in charge had not been absent from the centre for a period which would require notifying the Authority. The provider was aware of her responsibility to notify the Authority in the event the person in charge would be absent for a period of 28 days or more.

The assistant director of nursing was identified as the person who would undertake the person in charge role in the absence of the person in charge. The inspector met with the assistant director of nursing and interviewed her on the second day of the inspection. The assistant director of nursing was knowledgeable of her requirements under the Regulations should she be fulfilling the person in charge role.

**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:
The centre had implemented measures to protect residents from being harmed or suffering abuse. The inspector was told there had been no allegations of abuse in the centre and this was verified in that no notifications had been received. Improvement was required to the provision of training for staff on the prevention, detection and response to abuse.

There was a policy and procedures in place for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse.

The person in charge and the provider were knowledgeable of the steps to be taken to ensure residents were protected. Residents spoken with said they felt safe and that they would speak with the person in charge, the provider or a staff member if they had any concerns.

Staff had received training in the prevention, detection and response to abuse. However, training had not been provided in line with the frequency outlined in the centre’s policy on the prevention, detection and response to abuse which stated that training would be provided every two years. Some staff had not received training since 2010. This had been identified by the provider and person in charge and the inspector was told this was in the process of being addressed. Part of addressing the provision of this training included planned training for the assistant director of nursing in delivering training on the prevention, detection and response to abuse.

There were systems in place to safeguard residents’ money and valuables.

There was a policy in place for responding to behaviour that is challenging and a procedure for the use of restraint. Risk assessments on the use of restraints such as bedrails and lap belts had been carried out and the use of these restraints had been audited.

Judgment:
Substantially Compliant

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:
There were policies and procedures in place in relation to health and safety including a comprehensive risk management policy which included all items required in the Regulations. Actions required from the monitoring inspection in February 2014 had been addressed. Improvement was required to the assessment of risks for residents who smoked and the use of a wedge to keep the door to the laundry room open.

A health and safety officer had been appointed and comprehensive risk assessments had taken place. These included environmental risks and risks relating to fire safety. Clinical risk assessments had been carried out by nursing staff and informed the plan of care for residents.

Measures had been put in place to control the risks of assault and self-harm and the resident absent without leave policy had been amended. The emergency plan was adequately detailed. All staff had received training in moving and handling and the inspector observed good moving and handling practices in the centre.

The centre had a comprehensive emergency plan in place which clearly outlined the measures to be taken in the event of an emergency which included where residents were to be evacuated to and transport details in the event the centre had to be evacuated.

The procedure for the evacuation of residents was displayed in a prominent position and residents' support requirements had been assessed and was maintained in their bedrooms and in the reception area. The information was easily accessible in the event an evacuation of the centre was necessary.

Suitable fire equipment was provided and there was evidence it was serviced on an annual basis. Documentation viewed showed the fire alarm was serviced on a quarterly basis. Staff had received training in using the fire prevention equipment and in evacuating the building in the event of a fire.

Staff had taken part in fire drills in the centre and records were maintained. The inspector found the records clearly outlined the staff members who had taken part, who had taken charge, each staff member’s findings or comments and these were followed up by and signed by the person in charge or provider. There was evidence of learning from the fire drills.

A keypad exit system had been placed on the gate to exit the internal garden. All staff had signed to state they were aware of the code.

Staff spoken with were knowledgeable of infection control procedures. The centre had measures in place to support residents who had infectious diseases.

Improvement was required to the individual risk assessments in place for residents who smoked. The risk in these assessments had not been assessed accurately in that the risk recorded did not match the guidance in the matrix. The inspector met with the health and safety officer who said these would be amended and extra control measures such as smoking aprons would be introduced to reduce the level of risk for those residents.
The laundry door was being held open with a wedge and staff spoken with confirmed this was common practice. This was brought to the immediate attention of the person in charge who told the inspector this would be addressed. For the reminder of the inspection the inspector saw that the laundry door remained closed.

**Judgment:**
Non Compliant - Moderate

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**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:**
A single issue inspection focusing on the management of medication had taken place in September 2014. As part of this inspection the inspector followed up on the required actions relating to the single issue inspection.

The inspector viewed a sample of medication with reduced expiry. The centre had introduced labelling for these medications. The date of opening was recorded on both the medication and on the packaging.

The medication compliance aids had been labelled to ensure medications were easily identifiable. The inspector viewed a sample of these and found photographs of medications were evident and medications were easily identifiable. The staff nurse spoken with outlined the benefit of this as she said if medications need to be withheld they are easily identifiable.

Residents who were self administering medication had assessments and care plans in place.

The medication policy had been finalised and was in use.

**Judgment:**
Compliant
### 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 inspector viewed the records of accidents and incidents in the centre and found that the centre was maintaining a record of all incidents in the centre which included the staff response to the incident and any further information where necessary. Incidents which required notification to the Authority had been notified as required.

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

**Findings:**
There was evidence that residents had access to allied health care as required and allied health care such as chiropody, occupational therapy, speech and language therapy, dental care and ophthalmology. The centre employed a physiotherapist who worked in the centre Monday to Friday 9am to 2pm and provided individual and group physiotherapy free of charge. Residents were supported to remain with their general practitioner (GP) on admission to the centre or were supported to access a local GP if required.

The inspector viewed a sample of residents’ care plans and saw that care plans were in place to ensure residents were supported in line with their assessed needs. Care plans
included a daily report and a range of assessments relevant to the resident, for example risk of falls assessment, skin integrity assessments detailing the resident’s risk of developing pressure ulcers, nutritional risk assessments, mobility and safety assessments and continence assessments. The assessments informed the development of care plans where required. There was evidence these assessments and care plans had been completed and reviewed by nursing staff. Residents’ or their representatives participated in the review of the care plans.

As part of the required actions arising from the inspection in November 2014 the centre had arranged for a dental surgeon to attend the centre and provide dental reviews for residents. Some residents required further dental reviews and attention and this had been facilitated. One resident had been absent from the centre when the reviews took place and the inspector was told the resident would be facilitated to attend the dental surgeon. The inspector was told that all residents would receive an annual dental review going forward.

Oral hygiene care plans had been implemented in response to a required action arising from the inspection in November 2014. The inspector viewed a sample of these and found they detailed the resident’s needs in regard to their oral hygiene and were signed by the resident.

Residents had access to a wide range of activities such as bingo, crafts, bocce, sing-a-longs, card games and exercise classes. Some residents were involved in planting and growing vegetables for use in the kitchen. Trained activities coordinators worked in the centre and were trained in SONAS. Outings took place and residents were vocal regarding the extent to which they enjoyed these outings. Students attending a local secondary school attended the centre on a regular basis to provide support, entertainment and company for residents. The inspector observed the students interacting with residents during the inspection. It was evident the residents enjoyed the company of the students and there was mutual respectful interaction.

Entertainment such as a company and individual singers provided regular entertainment for residents. There was evidence the times of these shows had been changed to accommodate the residents who said they enjoyed this entertainment in the evenings rather than in the afternoon. Residents spoken with said there was a party atmosphere with some residents, family members and staff dancing to the music.

Birthdays and special occasions were celebrated in the centre. A list of resident birthdays was maintained in the person in charge’s office and a list of birthdays which occurred during the current month was maintained on the notice board in the foyer. A resident was celebrating a significant birthday on the first day of inspection and there was a party planned for the resident for the following Saturday. The resident expressed satisfaction with the celebrations on the day and said she was ‘overwhelmed’ as she knew she was having a party on Saturday and was not expecting a ‘fuss’ on the day.

Residents spoken with expressed satisfaction with the care and support provided in the centre. Questionnaires completed by residents and their relatives reviewed prior to and following the inspection echoed these sentiments. The inspector observed the activities taking place during the inspection and it was evident residents enjoyed the activities and
were supported to take part in line with their wishes. Residents were familiar with the activities on the days of inspection, for example songs and the exercise class.

Required actions arising from the monitoring inspection in February 2014 had been addressed. Residents' care plans were adequately detailed and were legible, there was evidence alternatives were being trialled in regard to the use of restraints, missing persons profiles had been updated to include a physical description of the resident and care plan reviews were signed by the resident.

Judgment:
Compliant

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

Findings:
The centre is a purpose built two storey building. Residents are accommodated on the ground floor of the centre and the first floor is used as offices and for staff facilities including changing rooms and a staff kitchen.

The ground floor comprises of two sitting/day rooms, dining room, visitors’ room, oratory, treatment room, smoking room, kitchen, rooms for storing and preparing medication, two nurses stations, an office for the person in charge, laundry room, storage, reception area and 50 bedrooms. There are 40 single bedrooms and 10 twin bedrooms. All bedrooms have en suite toilet and showering facilities.

The centre had been maintained and it was clean, bright, warm and well ventilated. All rooms were painted bright colours and residents had personalised their rooms with photographs and personal belongings. Photographs of residents and special occasions and celebrations in the centre adorned the walls in the foyer. The flooring in one of the day rooms and in the front hallway had been replaced in recent months.

There were handrails on both sides of the corridor and the inspector observed residents utilising these and being encouraged by staff to move around the centre independently with staff support where necessary. Bathrooms contained grab rails beside toilets and in showers and there was a functioning call bell system in use in the centre.
There was a large internal garden for residents which were wheelchair accessible and residents told the inspector they enjoyed sitting outdoors when the weather was warm. The garden was well maintained and included raised flowerbeds for residents to use. The external grounds at the front of the building were well maintained.

Records viewed showed that assistive equipment was serviced on a regular basis and was replaced where necessary.

Required actions arising from the monitoring inspection in February 2014 had been addressed. The seating in the oratory had been replaced with seating which was more accessible to residents. Residents expressed satisfaction with the new seating as it accommodated them to sit in the oratory. The screening around resident beds in shared rooms had been replaced and the inspector found it provided privacy for residents. The radiators were found to be at a safe temperature during the inspection. Assistive equipment was no longer stored in the treatment 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 were procedures in place for the management of complaints. Amendment was required to the procedure as it stated that allegations of abuse would be referred to an external agency. The provider amended this on the day of inspection and the inspector reviewed the amended policy and found it met the requirements of the Regulations.

The inspector viewed the log of complaints received in the centre and noted that complaints received were responded to promptly. The complaints received and the results of investigations and actions taken in response to complaints received were recorded. Responses to complaints received in the centre were appropriate.

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):**
No actions were required from the previous inspection.

**Findings:**
This outcome was inspected as part of a thematic inspection which took place in November 2014. As this outcome was compliant on that inspection the inspector did not inspect against this outcome as part of this inspection.

**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):**
No actions were required from the previous inspection.

**Findings:**
This outcome was inspected as part of a thematic inspection which took place in November 2014. As this outcome was compliant on that inspection the inspector did not inspect against this outcome as part of this inspection.

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

Findings:
There was evidence that residents were consulted in relation to how the centre was run and that residents’ feedback was sought which informed practice in the centre.

The inspector viewed minutes of resident meetings and noted that these meetings took place on a monthly basis. Items discussed included residents’ birthdays, plans for celebrating significant events in the centre, introduction to new staff and changes to the centre. There was evidence that residents’ opinions and suggestions had been implemented. For example, the inspector saw that residents asked for staff to wear Christmas jumpers rather than their uniform during the week of Christmas. Residents’ feedback in regard to activities was also sought and informed the provision of activities in the centre.

A resident satisfaction survey had taken place in January 2015. The provider was planning to use the information from this survey to make any necessary changes.

There was a phone available for residents to make or receive phone calls in private and a room was available for residents to meet with visitors in private. The centre provided local and national newspapers for residents on a daily basis and staff were observed discussing news items with residents. Televisions and radios were available in sitting rooms and bedrooms.

Advocacy was provided and the centre was exploring the use of a new external independent service to increase the options available to residents.

The inspector observed staff providing assistance and support to residents in a way which respected their dignity. Residents spoken with said staff were supportive of their wishes in regard to their dignity when being assisted with all aspects of their care.

Judgment:
Compliant


**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:**
There was a policy on residents’ personal property and possessions and residents had adequate storage for their belongings and access to lockable storage in their bedrooms. A record of residents' belongings was maintained in their individual care plans.

The inspector viewed the laundry facilities and the systems in place to ensure residents clothes were returned to them. The laundry facilities were adequate and laundry staff spoken with were knowledgeable of systems to ensure clothing was laundered and measures to be taken in the event a resident had an infectious disease.

Questionnaires viewed by the inspector outlined residents and relatives satisfaction with the laundry facilities and care taken with residents clothing.

The inspector observed staff supporting residents to have their belongings with them in line with their wishes. For example, residents were supported to have handbags and/or rosary beads with them.

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

Findings:
The inspector viewed the staff rota and observed staffing levels over the two days of the inspection. The provider and person in charge stated that staffing levels and skill mix were reviewed regularly and adjusted in response to residents’ needs.

There was evidence that staffing levels had increased in recent months. The inspector spoke with staff who worked at night and staff stated that the extra staffing at night had a positive impact on resident care.

Training records showed that staff had undertaken training in a variety of areas relevant to their roles including infection control, wound care, end of life care, nutrition, restraint, cardiac first response (CFR) and behaviours that challenge.

Staff spoken with were knowledgeable of residents needs, the centre’s policies and procedures and the measures to be taken if they received an allegation of a abuse or a complaint.

The inspector found that recruitment procedures had not ensured that the requirements of Schedule 2 of the regulations were met for all staff prior to employment. For example, Garda vetting and a full employment history were not evident in all staff files. The action pertaining to this is included under outcome 5.

Judgment:
Compliant

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:

Lorraine Egan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Claremount Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000329</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>11/02/2015 and 12/02/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13/03/2015</td>
</tr>
</tbody>
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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 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:
Not all staff files contained evidence of An Garda Síochána vetting and a full employment history.

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

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

Please state the actions you have taken or are planning to take:
Garda vetting had been applied for, for the two staff, on the days of inspection but it takes a minimum of eight weeks for it to be processed.

Moving forward a full employment history will be obtained on all new staff.

**Proposed Timescale:** 13/03/2015

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**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:
Staff training in the prevention, detection and response to abuse had not been provided in line with the frequency outlined in the centre’s policy.

**Action Required:**
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:
Elder abuse training will be provided as per Claremount Nursing Home’s policy.

**Proposed Timescale:** 13/03/2015

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

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The smoking risk assessments had not been assessed accurately and when the inspector assessed the risks in accordance with the matrix it was assessed as a high risk. Adequate measures had not been implemented to control these risks.

**Action Required:**
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
The smoking risk assessment was updated and smoking aprons were purchased
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<tr>
<th>Proposed Timescale: 16/02/2015</th>
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**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The laundry door was being held open with a wedge.

**Action Required:**
Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

**Please state the actions you have taken or are planning to take:**
A fire door hold magnet is now in place on the laundry room door.

| Proposed Timescale: 25/02/2015 |