<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Hollymount Private Nursing and Retirement Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000348</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Kilrush, Hollymount, Mayo.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>094 954 0337</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:hollymountnursinghome@hotmail.com">hollymountnursinghome@hotmail.com</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>Doonaroom Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Margaret Hayes</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jackie Warren</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>32</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</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 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 28 August 2014 12:00
To: 28 August 2014 17:00

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

<table>
<thead>
<tr>
<th>Outcome 11: Health and Social Care Needs</th>
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<tbody>
<tr>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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Summary of findings from this inspection
This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, end of life care and food and nutrition and reference is also made to one aspect of health care under Outcome 11.

In preparation for this thematic inspection providers were invited to attend an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector met residents and staff, observed practice in the centre and reviewed documents such as menus, care plans and medical records. The inspector also read survey questionnaires completed by relatives and received by the Authority following the inspection.

The person in charge, who completed the provider self-assessment tools, had judged the centre to be in compliance under both outcomes.

The inspector found that residents’ end-of-life care was well managed and there was good access to medical and specialist palliative care. Relatives indicated in feedback questionnaires that they were very generally satisfied with the end of life care that their loved ones had received.

Residents’ nutritional needs were well met. Residents were complimentary of the food provided. The menu was varied and suited to residents’ specific needs and appeared wholesome and nutritious. Residents had regular nutritional assessment and monitoring and were reviewed by dieticians and speech and language therapists as required.
Improvements, however, were required in care planning for nutritional care, the dining experience, assessment of end of life wishes and the end of life policy.
**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:**
Person-centred care and support

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

**Findings:**
During this inspection, the inspector viewed the processes in place for the assessment and management of nutritional care. Other aspects of health care were not reviewed at this inspection.

While nutritional assessments and reviews were being undertaken as discussed in outcome 15 of this report, the inspector found that some of the nutritional care plans viewed had not been suitably updated to provide guidance to staff. For example recommendations of the speech and language therapist had not been incorporated into a resident’s care plan, a fluid intake plan had not been developed in an instance where good hydration was required for an identified health care need and some care plans did not include sufficient detail to guide staff on the appropriate care to be provided.

**Judgment:**
Non Compliant - Moderate

**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:
The inspector was satisfied that caring for a resident at end-of-life was regarded as an important part of the care service provided, however, improvement was required in assessment and recording of end of life wishes and the process for ensuring privacy at end of life.

The person in charge had sent questionnaires to some relatives asking their opinions regarding the end of life care that their relatives had received. The inspector reviewed the completed questionnaires and the relatives' responses generally indicated a high level of satisfaction with the care that had been provided before, during and after the death of their loved ones. Some families were ‘very satisfied with the care’ and stated that ‘excellent care’ was provided. They stated they were made feel welcome and were facilitated to stay overnight and be with the resident during his/her last days. Relatives reported that residents’ wishes, with regard to their place of death were respected. However, the writer of one questionnaire was not satisfied with staffing and privacy arrangements. These issues were discussed with the person in charge following the inspection.

There was an up to date end of life policy, which provided guidance to staff on various aspects of end of life care. The policy, however, did not provide sufficient guidance on how privacy and dignity of both the resident at end of life and his/her neighbour would be promoted when a shared room was in use.

There was an open visiting policy and family and friends were facilitated to be with the resident approaching end of life. There were ample communal and private areas and although overnight facilities were not available for families within the centre, staff stated that family members who chose to remain overnight were made comfortable. Refreshments were available for relatives. There were eleven single rooms in the centre and the person in charge explained that whenever possible a resident at end of life would be transferred to a single room if there was one available. Otherwise, temporary transfer was discussed with other residents so that the person at end of life could have sole occupancy of the room.

The person in charge stated that the centre maintained strong links with the local palliative care team, which provided support to families and guidance to staff. The inspector saw that there was good access to this service when required and that recommendations from the palliative team had been recorded in residents’ files. The palliative care team had recently provided training to staff, including use of syringe drivers and end of life care to nursing staff. They had also delivered training in end of life care and symptom management to catering and care staff.

Residents' spiritual needs were well met at all times, including at end of life. Mass was celebrated in the centre once each month, the sacrament of the sick was administered monthly and as required and Holy Communion was administered on Sundays. Local priests visited the centre regularly and were available more frequently to support residents at end of life and their families. There were no arrangements for residents to repose in the centre or for other residents to come to pay their respects before the removal.
The inspector viewed a sample of records, including one for a deceased resident. Records indicated that residents were comprehensively assessed on admission and at regular intervals thereafter. There was evidence that residents were regularly reviewed by their GPs and with increased frequency as they approached end of life. However, the inspector found that suitable assessment of residents' end of life wishes had not been undertaken and that specific care plans had not been developed to guide end of life care. In the sample of files viewed, end of life care assessments had been undertaken by staff for all residents but the information gathered in the assessments was generic and not specific to each resident. The person in charge explained that the end of life assessments were at an early stage of formulation and required further development.

**Judgment:**
Non Compliant - Moderate

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**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):**

**Findings:**
The inspector was satisfied that residents were provided with food and drinks adequate for their needs, although some improvement to the documentation of nutritional records was required and this is discussed in outcome 11 of this report. Food was suitably prepared, cooked and served. Residents were offered a varied diet that included choice at mealtimes and in a way that met their needs. Residents who spoke with the inspector were very satisfied with the standard of catering and confirmed that they were offered choices at mealtimes.

The chef had devised a three-week menu plan in consultation with the provider and person in charge. The menu was interesting and varied and offered three main meal choices each day as well as hot and cold evening tea options. Alternatives could be arranged for residents who wanted something else to eat and the inspector witnessed this happening. Residents were not formally involved in the menu planning process, although the person in charge stated that she would introduce this consultation through residents' meetings. The meal choices were not on display at the time of inspection, but staff members talked with all residents each day to establish their meal preferences for the following day.

The chef knew the residents well and told the inspector of residents' likes, dislikes and dietary needs. Some residents required special diets or a modified consistency diet and this was provided for them. The chef adjusted meals with regard to health issues such
as diabetes, gluten intolerance and weight control. The inspector noted that in most
instances they had the same choices as other residents and the food was suitably
presented. For example, a staff member made a selection of confectionery with sugar
and wheat substitutes for residents on diabetic or coeliac diets. In addition,
commercially produced biscuits were also available to these residents. However, there
was some improvement required to the choices of desserts for residents on diabetic
diets. Desserts for these residents were usually unsweetened stewed apple and
unsweetened custard, which was not as interesting and varied a choice as that
presented to other residents. The inspector noted that residents were offered a variety
of snacks throughout the day, including drinks, soup, fruit and baked products. In
addition, snacks were available to residents if they wanted something to eat in the
evenings or during the night. Residents confirmed they were very satisfied with the
standard of catering and that food, drinks and snacks were available to them at all
times.

The inspector joined residents in the dining room for lunch and evening tea. Meals were
served at two sittings with residents who required assistance dining first while those
who could dine independently ate at the second sitting. Most residents opted to take
their meals in the dining room. While there were sufficient staff present to support
residents who required assistance in dining, improvement to this practice was required.
Improvement was also required in the dining experience and in communicating choices
to residents. The inspector noticed that some residents were not being assisted
appropriately. Some staff stood over residents while assisting them with their meals
rather than sitting down beside them. Throughout the mealtimes the inspector noted
that there was minimal communication between the staff who were present and
residents. Most staff did not chat to residents or offer encouragement during mealtimes.
Some staff put plates down in front of residents and removed them later with no words
exchanged. After the main course staff brought dessert to residents. Although there
were several dessert options available in the kitchen, residents were generally not asked
which dessert they would like and were not reminded of the choices available to them.

There was a further communication deficit in that the language used to describe levels
of modified consistency foods was inconsistent and unclear. The terminology used in the
documentation supplied by the speech and language therapists differed from the
terminology used by catering staff to describe various food consistencies. Although the
chef was clear about the preparation of required consistencies, there was the risk of
food being inappropriately prepared in the event of a staffing change.

The inspector reviewed a sample of records and found that each resident had nutritional
assessment, using a recognised assessment tool, carried out on admission and at three-
monthly intervals thereafter or more frequently if required. Residents' weights were
routinely monitored and recorded monthly. Improvement to care planning for nutritional
issues was required and this is further discussed in outcome 11 of this report. The
person in charge had commenced a system of auditing all residents weights to identify
trends and to introduce control measures as required.

There was a food and nutrition policy in place which provided detailed guidance to staff.
In addition staff had received training in the essential elements of nutrition and in food
safety management.
Judgment:
Non Compliant - Minor

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
Provider’s response to inspection report

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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000348</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>28/08/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>08/09/2014</td>
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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.

Outcome 11: Health and Social Care Needs

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some nutritional care plans had not been suitably updated and did not include sufficient detail to guide staff.

Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
All residents care plans will be expanded, reviewed and updated with regard to nutritional requirements and preferences.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Outcome 14: End of Life Care

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The end of policy did not provide sufficient guidance on how privacy and dignity of both the resident at end of life and his/her neighbour if a shared room was in use.

Suitable assessment of residents' end of life wishes had not been undertaken and specific care plans had not been developed to guide end of life care.

Action Required:
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:
End of Life policy is a work in progress and will be expanded re privacy of residents at end of life. The care plan is under review with reference to "Think Ahead" and information gathering on end of life wishes.

Proposed Timescale: 30/10/2014

Outcome 15: Food and Nutrition

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was some improvement required to the choices of desserts for residents on diabetic diets. Residents were generally not asked which dessert they would like and were not reminded of the choices available to them.

Action Required:
Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

Please state the actions you have taken or are planning to take:
Residents will be told what desserts are available to them given a choice of dessert on a daily basis.

Proposed Timescale: 30/11/2014
Proposed Timescale: 30/09/2014

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The language used to describe levels of modified consistency foods was inconsistent and unclear. The terminology used in the documentation supplied by the speech and language therapists differed from the terminology used by catering staff to describe various food consistencies.

Action Required:
Under Regulation 18(1)(c)(ii) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

Please state the actions you have taken or are planning to take:
A food consistency chart with information and examples has been requested from the dietician and will be prominently displayed in the kitchen.

Proposed Timescale: 30/09/2014

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvement to the support of residents who required assistance in dining was required. Some staff stood over residents while assisting them with their meals rather than sitting down beside them.

Improvement to the dining experience was required. Throughout the mealtimes the inspector noted that there was minimal communication between the staff who were present and residents.

Action Required:
Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

Please state the actions you have taken or are planning to take:
Staff are always required to sit with residents when they are assisting them with meals. Staff will be encouraged to chat more with residents at mealtimes.

Proposed Timescale: 15/09/2014