



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	New Ross Community Hospital
Name of provider:	New Ross Community Hospital CLG Trading as New Ross Community Care Home
Address of centre:	Hospital Road, New Ross, Wexford
Type of inspection:	Unannounced
Date of inspection:	05 June 2024
Centre ID:	OSV-0000602
Fieldwork ID:	MON-0043873

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The centre occupies the ground floor of a two-storey facility built in the 1930s with residential capacity of 35 persons (both male and female) on the ground floor. It is located on the same grounds as the Health Centre, Day Care Centre and New Houghton Hospital. It provides 24 hour 7 day qualified nursing care for persons with the following care needs: long term/ residential care, short term, non-acute medical, respite, convalescence, palliative care, family emergencies and young chronically ill over eighteen years of age. There are 13 single rooms, eight of which are en suite and 11 twin rooms. Other rooms available included a day room, an activity room, quiet room, prayer room, kitchen, dining room, sluice rooms, a laundry, treatment room and offices. There was a secure garden area for residents use in addition to a secure courtyard. Some parking was available at the front of the building. There is also access to a shared car park on the grounds. According to their statement of purpose, the centre aims to provide an environment that residents can regard as a home from home. Committed and professional staff are focused on ensuring all residents are cared for in a safe, warm, secure and caring environment, based on the principles of home. Their objective is to provide a high quality of resident-centred care to all in accordance with evidence based best practice; to ensure residents live in a comfortable, clean and safe environment that promotes the health, rights and independence of the residents of the hospital.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 5 June 2024	08:30hrs to 15:00hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences.

The inspector observed that residents rights and dignity was supported and promoted with examples of kind, discreet, and person-centred interventions between staff and residents throughout the day. Personal care was being delivered in many of the residents' bedrooms on the morning of the inspection and observation showed that this was provided in a kind and respectful manner.

There was a high level of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. However, those residents who could not communicate their needs appeared comfortable and content.

The inspector spoke with three visitors and five residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. One resident said they had "landed on their feet" when they came to live in the centre.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe, secure with appropriate lighting, heating and ventilation. The outdoor space was readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required.

The original building was constructed in the 1930's. Resident accommodation in this part of the building included 11 twin bedrooms and five single rooms, a large day-room and spacious dining room. Communal shower, bathing and toilet facilities comprised six shared single toilets and five shared shower rooms, one of which contained a jacuzzi bath.

A newly built extension (South wing) was opened in 2016. This extension included eight single spacious en-suite bedrooms, a multipurpose room for activities, a nurses station, a hairdressing room, offices and access to an internal courtyard. The corridors were wide, well ventilated and well lit with surfaces, finishes and furnishings in the extension readily facilitated cleaning. However, flooring was lifting in some areas and was awaiting repair.

To enhance the feeling of homeliness and assist residents with settling into the centre the provider encouraged and supported residents to bring with them items that are meaningful to them. Through walking around the centre, the inspector observed that the majority of residents had personalised their bedrooms and had

their photographs and personal items displayed. Several residents had brought in their own furniture and personal belongings. Overall, the general environment including residents' bedrooms, communal areas and toilets were clean.

While the centre generally provided a homely environment for residents, improvements were required in respect of premises and infection prevention and control, which are interdependent. For example, the décor in the centre was showing signs of minor wear and tear. Flooring in some corridors and bathrooms was discolored and poorly maintained and as such did not facilitate effective cleaning.

The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing renovations. Works to the sluice room and the housekeeping room on the north wing had commenced and were at an advanced stage however delays ,due to securing of funding, had meant that housekeeping staff had been using the remaining sluice room on the south wing since January 2023. This sluice room was small in size and did not have sufficient storage for commode basins. This posed a risk of cross contamination.

There was a treatment room for the storage and preparation of medications, clean and sterile supplies. However, this room was also used as a nurses station and the storage of open boxes of sterile dressings under a work station posed a risk of cross contamination.

The main kitchen was clean and of adequate in size to cater for resident's needs. Residents were complimentary of the food choices and homemade meals made on site by the kitchen staff. Toilets for catering staff were in addition to and separate from toilets for other staff.

The majority of laundry and resident clothing was sent to an external laundry for washing. A small amount of laundry including cleaning textiles, curtains and delicate clothing were washed in the on-site laundry. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. Dirty laundry was securely stored in an enclosed container while awaiting transportation to the external laundry.

Conveniently located alcohol-based product dispensers along corridors and within resident bedrooms facilitated staff compliance with hand hygiene requirements. However, staff access to clinical hand wash sinks did not promote effective hand hygiene. Clinical hand wash sinks in the treatment room and the south wing sluice room did not comply with HBN-10 specifications. Access to both of these sinks was restricted by equipment on the day of the inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). This inspection focused on the infection prevention and control related aspects of Regulation 5: individualised assessment and care planning, Regulation 6: healthcare, Regulation 9: residents rights, Regulation 11: visits, Regulation 16: training and staff development, Regulation 17: premises, Regulation 23: governance and management, Regulation 25: temporary absence and discharge, Regulation 27: infection control and Regulation 31: notification of incidents.

Overall, this was a well-managed centre with a clear commitment to providing good standards of care and support for the residents. The inspector found that the provider generally met the requirements of Regulation 5: individual assessment and care planning, Regulation 6; healthcare, Regulation 15: staffing, Regulation 17: premises, Regulation 25: temporary absence and discharge and Regulation 27: infection control, however however further action is required to be fully compliant. The provider was not compliant with Regulation 23: governance and management. Findings will be discussed in more detail under the respective regulations.

The inspector followed up on the provider's progress with completion of the actions detailed in the compliance plan from the last inspection. The majority of infection prevention and control issued had been addressed. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through planned renovations and maintenance. The bath had been repaired and the shower room had been reinstated for its intended purpose. Damaged bed tables had also been replaced following the last inspection. However refurbishment works had been slow to progress. Findings in this regard are presented under Regulation 17; premises, Regulation 23; governance and management and Regulation; 27 infection control.

The registered provider is New Ross Community Hospital Limited by Guarantee. A board of directors provided oversight of the centre. The board of directors consisted of five directors, including the chairperson who represented the provider for regulatory matters. Communication systems were in place between the board of directors and the person in charge. The person in charge reported to the chairperson and provided a report at monthly board meetings. Within the centre, the person in charge held staff meetings where aspects of quality service delivery, such as health and safety and infection prevention and control were discussed.

The inspector found that that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the Director of Nursing. The provider had nominated a senior staff member to the role of infection prevention and control link practitioner to support staff to

implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

The staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support. There were also sufficient numbers of housekeeping staff assigned to meet the needs of the centre on the day of the inspection.

Staffing ratio at night time had been reviewed following the last inspection to trial the inclusion of an additional healthcare assistant (HCA) to remain on duty until 9pm to answer call bell and provide night time refreshments to residents as required. The aim was to facilitate the staff nurse to perform the night time medication round without interruption and the two HCAs to attend the care needs of the residents. However following a review this had not been sustained.

The provider had a number of effective assurance processes in place in relation to the standard of environmental hygiene in the centre. These included cleaning specifications and checklists, and colour coded cloths to reduce the chance of cross infection.

Staff working in the centre had managed a small number of outbreaks and isolated cases of COVID-19 over the course of the pandemic. A review of notifications submitted found that outbreaks were generally managed, controlled and reported in a timely and effective manner. The centre had not experienced an outbreak since January 2024. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident.

A schedule of infection prevention and control audits were in place. Infection prevention and control audits covered a range of topics including hand hygiene, equipment and environment hygiene, laundry and waste management. Audits were scored, tracked and trended to monitor progress. High levels of compliance had been achieved in recent audits.

Surveillance of multi-drug resistant organism (MDRO) colonisation including Carbapenemase-Producing Enterobacteriales (CPE), Vancomycin-resistant Enterococci (VRE) and Extended Spectrum Beta-Lactamase (ESBL) was undertaken. However, there was some ambiguity among staff and management regarding which residents were colonised with MDROs. As a result accurate information was not recorded in two resident care plans and appropriate infection control and antimicrobial stewardship measures may not have been in place when caring for these residents.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services. However a review of files found that CPE status of one resident was not communicated on transfer to hospital.

As a result appropriate infection prevention and control measures may not have been put in place in a timely manner when this resident was admitted to hospital.

The inspector also reviewed records of residents transferred to and from acute hospital. Where the resident was temporarily absent from a designated centre, in an acute hospital, relevant information about the resident was provided to the designated centre by the acute hospital to enable the safe transfer of care back to the designated centre. However, on two occasions resident care plans were not updated to reflect the current MDRO status of the residents.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that all staff were up to date with mandatory infection prevention and control training.

A review of training records indicated that staff were up to date with mandatory infection prevention and control training. However additional infection prevention and control standard precautions training delivered in February 2024 had not been added to the training matrix.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector on the day, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

However, a review of night time staffing was required to minimise interruptions during the night time medication round and tea round. This was a repeat finding.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles.

Discussions with staff on the day revealed they were familiar with the precautions that were in place to reduce and mitigate against the risk of infection and outbreaks in the centre.

Copies of infection prevention and control national clinical guidelines were available and accessible to staff working in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- The provider had committed to rostering an additional HCA to work until 9pm daily to facilitate the staff nurse to perform the night time medication round without interruption and the two HCAs to attend the care needs of the residents. However this additional staffing had not being sustained. A further review of the night time staffing hours was required, which is discussed in more detail under Regulation 15: Staffing.
- Renovation and upgrade works had commenced in January 2024 and were due to be complete by 30 April 2024 (as per compliance plan submitted following the last inspection). However works had been delayed and the person in charge had no time-bound plans indicating when works would be complete. This impacted the delivery of effective infection prevention and control within the centre.
- Water samples were not routinely taken to assess the effectiveness of local control measures such as outlet flushing. As a result the provider could not be assured that effective legionella controls were in place.
- While equipment appeared visibly clean, oversight of equipment hygiene required improvement as inconsistencies in the tagging system meant that the inspector was not assured that all equipment had been cleaned after use.
- Training records were not accurate. for example, training undertaken in February 2024 was not recorded on the training matrix.
- Surveillance of MDRO colonisation was undertaken, however records viewed were not accurate. Staff were unaware of the MDRO status of a small number of residents.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak

of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to enjoy a good quality of life in which their wishes and choices were respected and their rights upheld. All interactions observed on the day of inspection were person-centred and courteous. Residents spoke of exercising choice and control over their day and being satisfied with activities available.

Residents were consulted through residents meetings on issues such as the environment and outbreak management measures. For example, a review of resident meeting minutes found that residents were informed of infection prevention and control measures that were required during outbreaks. Minutes also showed that residents were given the opportunity to ask questions and that questions were answered and reassurances were given.

Visitors told the inspector that visits and social outings were encouraged with practical precautions were in place to manage any associated risks. Arrangements were in place to ensure there were minimal restrictions to residents' families and friends visit during outbreaks and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection.

Residents' nursing care and healthcare needs were met to a good standard. Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services including psychiatry of older age and community palliative care specialists as necessary.

A sample of care plans and assessments for residents were reviewed. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. However, the review found that accurate information was not recorded in two care plans to effectively guide and direct the care of residents that were colonised with MDROs. Findings in this regard are presented under regulation 5.

Some examples of good antimicrobial stewardship were identified during the inspection. Prophylactic antibiotic used was routinely monitored and there was evidence that prophylactic prescriptions were reviewed after 3-6 months with a view to stopping them. As a result, there was a low level of prophylactic antibiotic use within the centre, which is good practice. Staff also were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit

the resident and may cause harm including antibiotic resistance. However, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. Findings in this regard are presented under regulation 6; healthcare.

Staff and prescribers had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. A dedicated specimen fridge for the storage of samples awaiting collection was available. However this fridge was situated directly beside stocks of sterile dressings which posed a risk of cross contamination should sample leak.

The premises of the designated centre were generally appropriate to the number of the residents. Residents had access to call bells. There were sufficient communal spaces for residents and their visitors to use. However, delays in renovations to a sluice room and housekeeping room in the north wing meant that the remaining sluice on the south wing was being used by housekeeping staff for preparation of cleaning trolleys. Findings in this regard are presented under Regulation 17.

The inspector identified some examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment, cleaning and safe handling and disposal of sharps, waste and used linen. Staff also had access to safety engineered sharps devices which minimised the risk of needle-stick injury.

Cleaning carts were equipped with a locked compartment for storage of chemicals and had a physical partition between clean mop heads and soiled cloths. Cleaning equipment was stored appropriately.

Resident equipment was generally clean with some exceptions. For example, there was a hydrotherapy (jacuzzi) bath available within the centre. While the external surfaces of the bath was cleaned after use, the pipes/ air jets did not receive routine disinfection via an integrated cleaning and disinfection system. Findings in this regard are reported under regulation 27.

The provider had introduced a tagging system to identify equipment that had been cleaned. However this system had not been consistently implemented at the time of inspection. Several items of shared equipment had not been tagged after use. As a result it was unclear whether these commodes had been cleaned.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were

encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider generally provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations 2013, however further action is required to be fully compliant. For example;

- A lack of appropriate storage space resulted in the inappropriate storage of equipment including a hoist and laundry trolleys within a communal bathroom. Clean linen was also stored inappropriately within a room used as a cleaners store room and the hairdressers room.
- Storage in the sluice room did not support effective infection prevention and control as there was insufficient racking for bedpans and urinals.
- The flooring in the shower rooms and toilets in the south wing were observed to be discolored, cracked. Some of the flooring on the corridors was also cracked and lifting. This was a repeat finding.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. A review of resident files found that details of vaccine history and MDRO colonisation status was not consistently recorded in a small number of transfer forms. As a result, appropriate infection prevention and control measures may not have been in place when these residents were admitted to hospital.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example;

- Barriers to effective staff hand hygiene were identified during the course of this inspection. There was a limited number of dedicated hand wash sinks in the centre and the sinks in the resident's en-suite bathrooms were dual purpose used by residents and staff. There was no risk assessment in place to support this practice.
- The hydrotherapy bath jets were not effectively cleaned after and between uses. These baths are potentially a high-risk source of fungi and bacteria, including legionella if not effectively decontaminated after use.
- The sluice room on the south wing was being used by housekeeping staff to fill buckets. This may lead to environmental contamination and the spread of MDRO colonisation.
- The provider had introduced a tagging system to identify equipment that had been cleaned. However this system had not been consistently implemented at the time of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of care plans found that accurate infection prevention and control information was not consistently recorded in resident care plans to effectively guide and direct the care of a small number of residents that had a history of ESBL colonisation. As a result appropriate antibiotics may not be prescribed to treat urinary tract infections.

Judgment: Substantially compliant

Regulation 6: Health care

Antibiotic consumption data was analysed each month. However, an analysis of antibiotic consumption and infections had not been undertaken to inform practice since June 2023. As a result the provider did not have oversight of infections and antibiotic prescribing patterns within the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Discussions with residents and a review of minutes found that residents were consulted on and kept informed of the infection prevention and control measures

being taken and the reason for these measures during outbreaks. Residents were reminded about cough etiquette and encouraged and facilitated to clean their hands and were actively assisted with this practice where necessary.

Restrictions during outbreaks were proportionate to the risks. Individual residents were cared for in isolation when they were infectious, while social activity between residents continued for the majority of residents during outbreaks with practical precautions including physical distancing in place. This also applied for involvement of family or visitors whom the residents wishes to visit.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for New Ross Community Hospital OSV-0000602

Inspection ID: MON-0043873

Date of inspection: 05/06/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A risk assessment of the staffing levels was undertaken since the HIQA inspection on the 5th June 2024. The risk assessment was focused on the number of staff working from 20:00 hours to 21:00 hrs and a review of staff on this shift continues to be undertaken by nurse management. At present, there is no requirement for this based on residents needs based on dependency. This remains in constant review.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A risk assessment of the staffing levels was undertaken since the HIQA inspection on the 5th June 2024. The risk assessment was focused on the number of staff working from 20:00 hours to 21:00 hrs and a review of staff on this shift continues to be undertaken by nurse management. At present there is no requirement for this based on residents needs based on dependency. This remains in constant review.</p> <p>Following the inspection dated 5th June 2024, we have initiated commencement of floor renovations and upgradation works, works commencing in the month of August 2024. All works will be prioritised based on the risk of floor upgrading.</p> <p>The current cleaning of shared equipment procedures are under review and the tagging system is undergoing comprehensive audit and the procedures will be reviewed based on these findings.</p>	

Post inspection on 5th of June 2024, we have engaged with the relevant company to ensure our water is sampled biannually and to ensure that we are compliant with all procedures relating to the elimination of legionella within our premises.

Training records have been updated to reflect the recent training records for all staff.

MDRO records updated to reflect the current MDRO status. MDRO status relayed to all staff through regular staff huddles and staff communications.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The reviews of storage requirements were conducted and as a result, additional storage ordered.

Clean linen moved to assigned storage in laundry and linen room.

Additional racking has been ordered for bed pans and urinals in the sluice room.

Following the inspection dated 5th June 2024, we have initiated commencement of floor renovations and upgradation works, works commencing in the month of August 2024. All works will be prioritized based on the risk of floor upgrading.

Regulation 25: Temporary absence or discharge of residents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

A review of all residents' epiccare profile has been undertaken and infection records documented to capture the resident's current status. This information will then be automatically transferred to the resident's transfer records. A weekly audit will be undertaken on all new admission and transfers back from hospital to ensure details of vaccine history and MDRO colonization status are captured.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Post inspection a risk assessment has been completed for dual purpose hand washing sinks in resident bed rooms.</p> <p>We are in the process of purchasing an assisted bathing system with self-cleaning unit. A procedure will be put in place to ensure IPC compliance.</p> <p>A janitorial sink has been ordered as a matter of urgency for cleaner's room in the left wing.</p> <p>The current cleaning of shared equipment procedures are under review and the tagging system is undergoing comprehensive audit and the procedures will be reviewed based on these findings.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A review has been undertaken of residents with ESBL colonization and when first signs of UTI, presence of ESBL will be flagged with resident's medical practitioner.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>NRCH has a plan in place regarding implementing rapid cycle of short term antibiotic audit tool. Results of which will be presented to resident's GP's on quarterly basis.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	10/07/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	31/03/2025

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	30/09/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/03/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for	Substantially Compliant	Yellow	30/09/2024

	a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	30/09/2024