



# 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<br>CLG Trading as New Ross<br>Community Care Home |
| Address of centre:         | Hospital Road, New Ross,<br>Wexford                                           |
| Type of inspection:        | Unannounced                                                                   |
| Date of inspection:        | 12 November 2024                                                              |
| Centre ID:                 | OSV-0000602                                                                   |
| Fieldwork ID:              | MON-0044795                                                                   |

## 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: | 33 |
|------------------------------------------------|----|

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 |
|-----------------------------|-------------------------|----------------|------|
| Tuesday 12<br>November 2024 | 09:00hrs to<br>17:30hrs | Aisling Coffey | Lead |
| Tuesday 12<br>November 2024 | 09:00hrs to<br>17:30hrs | Mary Veale     | Lead |

## What residents told us and what inspectors observed

The consistent and enthusiastic feedback from all residents who spoke with the inspectors was that they were happy and liked living in New Ross Community Hospital. Residents spoken with were highly complimentary of the centre and the care they received. Regarding the centre, one resident informed the inspector that New Ross Community Hospital "topped the bill", while other residents described the centre as "lovely here", "beautiful" and "marvellous". A resident happily told the inspectors, "I wouldn't go anywhere else". There was high praise for the care and attention, with one resident stating "I'm looked after to the last" while another informed the inspectors "everything is great here". When it came to the staff that cared for them, residents told the inspectors the staff were "lovely", "very good" and "kind". Visitors who spoke with the inspectors provided equally positive feedback, referring to the high level of care and attention received by their loved ones and the effective communication with them as family members. The inspectors observed warm, kind, dignified and respectful interactions with residents throughout the day by all staff and management. Staff and management were knowledgeable about the residents' needs, and it was clear that they promoted and respected the rights and choices of residents living in the centre.

The inspectors arrived at the centre in the morning to conduct an unannounced inspection. During the day, the inspectors chatted with many residents and spoke in more detail to 10 residents and two visitors to gain an insight into the residents' lived experience in the centre. The inspectors also spent time observing interactions between staff and residents and reviewing a range of documentation.

New Ross Community Hospital is a two-storey building on the grounds of a healthcare campus that accommodates several health and social care services in New Ross. While the premises were constructed in the 1930s, they were refurbished and extended in 2016. All resident accommodation is on the ground floor, while the first floor accommodates a staff canteen, store rooms, offices and staff changing areas. The centre was seen to have a closed-circuit television (CCTV) system installed internally with appropriate signage informing residents and visitors of its use. The centre was undergoing renovations on inspection day, including installing a janitorial sink in store room 3, which was used to store the cleaning cart. The inspectors observed that this work did not intrude on the residents' quiet and comfort.

Internally, the centre's design and layout supported residents in moving throughout the centre, with wide corridors, sufficient handrails, furniture and comfortable seating in the various communal areas. These communal spaces included a dayroom/sitting room, a dining room, an activity room, a bay window seating area and a reflection room. The sitting and dining rooms were bright and spacious with domestic features, such as colourful table cloths, delph dressers, antique radios, lamps, clocks and fireplaces, providing residents with a homely environment.

Elsewhere, the centre was suitably decorated throughout, with paintings and photographs of residents and staff enjoying group activities displayed.

There was an onsite laundry where cleaning textiles, curtains and delicate clothing were washed. The majority of laundry and resident clothing was sent to an external laundry provider. The onsite laundry was observed to be clean and tidy, and its layout supported the functional separation of the clean and dirty phases of the laundering process.

A limited number of clinical handwash sinks were available in the centre for staff use. Staff informed the inspectors that sinks within communal bathrooms were used by both residents and staff for hand hygiene. Hand sanitiser dispensers were conveniently located in corridors to further facilitate staff compliance with hand hygiene requirements.

Bedroom accommodation consisted of 11 twin rooms and 13 single rooms, eight of which had ensuite shower, toilet and wash hand basin facilities. The eight single ensuite bedrooms were located within the 2016 extension and were seen to be bright and spacious. The remaining five single bedrooms and 11 twin bedrooms, located within the older part of the building, were smaller by comparison and did not have ensuite facilities. These residents shared communal shower, bath and toilet facilities. All bedroom accommodation was homely and comfortable, personalised with photographs, pictures, art and furniture belonging to the residents. One resident explained to the inspectors the significance of personalising their room with photographs, textiles and treasured furniture from home, stating that these items made their bedroom "feel more like home". Each bedroom had call bell access, locked storage, a wardrobe, seating and television facilities. Each resident had a folder in their bedroom containing the centre's information guide, menus, activity schedule, and other literature on restraint and fall prevention topics.

Communal shower, bathing and toilet facilities comprised seven single toilets and four shower rooms. One of the shower rooms contained a further toilet, while a second shower room had a bath facility. The provider's floor plans listed a fifth shower room; however, this was seen to be a toilet facility only. The provider was in the process of refurbishing the communal shower, bath and toilet facilities on the north wing. Inspectors saw that two toilet facilities and a shower room had been upgraded on the north wing with new sanitary wear, flooring, fixtures and fittings. By comparison, the shower and toilet facilities on the south wing were in poor condition, with damaged and discoloured flooring. One of the shower rooms on the south wing was seen to operate as a mixed-purpose room that was also storing multiple pieces of large clinical equipment. This room was 4.75 metres wide, with the shower on the right-hand wall as one enters the room. The shower area was not enclosed with doors or curtains to separate it from the rest of the large room. The impact of this aspect of the premises on the residents' comfort and dignity meant that while a resident was using the shower, they were facing out into a large room containing hoists and wheelchairs. These matters will be discussed under Regulation 17: Premises.

Residents had unrestricted access to two outdoor areas: a small courtyard directly opposite the main entrance and a pleasant covered seating area overlooking a spacious, well-maintained new residents garden. Both areas had sheltered accommodation for residents who chose to smoke. These smoking areas contained protective equipment, such as fire retardant ashtrays, fire blankets and nearby fire extinguishers. The provider had a portable pendant call bell system for residents using the smoking areas; however, residents were observed not to take the portable pendant call bell to the smoking area and, therefore, had no mechanism to summon assistance in the event of an emergency. This will be discussed under Regulation 28: Fire precautions.

On the morning of the inspection, residents were up and dressed in their preferred attire and appeared well cared for. The centre had a varied activities programme which took place over seven days. On inspection day, the inspectors observed group-based activities in the day room/sitting room room throughout the day. The morning started with a discussion group and preparation for a forthcoming remembrance mass attended by 16 residents. This was followed by mini golf before lunch. In the afternoon, there was great laughter among 15 residents as bingo took place. The centre had recently acquired a budgie. The residents spoke affectionately about "Rodger", who provided entertainment during group activities and was also seen to spend time with residents individually, to their delight.

Several residents relaxed in their bedrooms in accordance with their preferences. These residents were seen watching television, listening to the radio, reading newspapers and books and completing puzzles. All residents who spoke to the inspectors expressed their satisfaction with the activities programme and entertainment available.

Residents had access to radios, televisions, newspapers and internet services. There were arrangements in place for residents to access independent advocacy services. Roman Catholic Mass was celebrated in the centre weekly. Outside of mass, the centre's reflection room provided a space for prayer and quiet reflection.

Visitors were observed coming and going throughout the day, spending time with their loved ones in the multiple comfortable communal areas. Residents confirmed there were no restrictions on visiting.

Lunchtime at 12:45pm was a sociable experience, with most residents eating in the dining room. Residents eating in their bedrooms were served first, and inspectors observed that these residents were provided with the assistance they required to enjoy their meals. Meals were freshly prepared in the centre's onsite kitchen. The menu, with three main courses and dessert options, was displayed in the dining room and in every bedroom. Residents confirmed they were offered a choice of main meal and dessert. The food served appeared nutritious and appetising. There were ample drinks available for residents at mealtimes and further drinks accompanied by snacks throughout the day. All residents expressed their satisfaction with the food quality, quantity and variety.

While the centre was generally clean, staff practices in relation to managing storage and decontaminating resident equipment required review, as outlined under Regulation 27: Infection control.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

This was a well-run centre with strong management systems to monitor the quality of care and support provided to residents. It was evident that the centre's management and staff focused on providing quality service to residents and promoting their well-being.

This was an unannounced inspection to monitor the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to review the registered provider's compliance plans arising from the previous two inspections, the first occurring on 18 January 2024 and followed by an infection control focused inspection on 05 June 2024. The inspectors also followed up on information submitted to the Chief Inspector of Social Services since the previous inspection. The registered provider had progressed the compliance plans from the last two inspections and substantial improvements in regulatory compliance were observed concerning governance and management, staffing, records, staff training and development, written policies and procedures, statement of purpose, complaints procedure, premises, food and nutrition, information for residents, temporary absence or discharge of residents, medication management, infection control and fire precautions. Following this inspection, some further actions were required concerning a number of regulations as set out in this report.

The registered provider is New Ross Community Hospital CLG Trading as New Ross Community Care Home. The company is comprised of five directors who work in a voluntary capacity. The company chairperson represents the provider in regulatory matters. The chairperson and another company director attended onsite for feedback at the end of the inspection. There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge is responsible for the centre's day-to-day operations and reports to the board. The person in charge worked full-time in the centre and was supported by an assistant director of nursing and a team of registered nurses, healthcare assistants, an activity coordinator, chefs, catering, housekeeping, laundry, maintenance and administration staff.



The inspectors found sufficient staff members with an appropriate skill mix on duty to meet the care needs of residents living in the centre on inspection day. Inspectors followed up on an earlier finding from the January 2024 inspection, where registered nurses were experiencing interruptions to the night time medication round. The nursing staff spoken with on this inspection confirmed there were no interruptions to the night time medication round. The person in charge confirmed night time staffing levels had been risk assessed and were deemed sufficient for the current number and care needs of residents in the centre.

Communication systems were in place to ensure clear and effective communication between the person in charge and the company directors. The person in charge submitted a comprehensive report to each board meeting outlining key quality and safety issues within the centre, such as occupancy, incidents, accidents, audit and risk assessment, compliments, complaints, staffing, training, regulatory matters, resident feedback, infection control and premises issues. Within the centre, communication occurred at staff meetings, staff huddles and specialist committees focusing on key areas such as fire safety and infection control.

The provider had management systems to monitor the quality and safety of service provision. These systems included an audit schedule examining key areas, including falls, care planning, medication management, restrictive practice, infection prevention and control and the environment. These audits identified deficits and risks in the service and had time-bound quality improvement plans associated with them. The provider had a risk register for monitoring and managing known risks in the centre. The provider had a system for recording, monitoring, and managing incidents and related risks. Records reviewed found that incidents, such as falls, were being analysed to identify trends and causal factors to reduce risk. Notwithstanding this good practice, this inspection found that some areas of oversight needed to be further improved to ensure regulatory compliance. This will be discussed under Regulation 23: Governance and management and Regulation 31: Notification of incidents.

### Regulation 15: Staffing

Based on a review of the worked and planned rosters and from speaking with residents, sufficient staff of an appropriate skill mix were on duty each day to meet the assessed needs of the residents. At night, there was a registered nurse in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

There was evidence that newly recruited staff had received a comprehensive induction covering key aspects of care and procedures in the centre. The provider had a training programme supporting staff in their roles. This programme included training concerning safeguarding vulnerable adults at risk of abuse, fire safety, management of responsive behaviours, manual handling and infection control. The inspectors reviewed the provider's arrangements to ensure new staff received training in a timely manner and existing staff remained up-to-date with these training programmes.

Staff were appropriately supervised and clear about their roles and responsibilities.

Judgment: Compliant

### Regulation 21: Records

A sample of four staff files reviewed by the inspectors were found to be very well maintained. These files contained all the necessary information as required by Schedule 2 of the regulations, including An Garda Síochána (police) vetting disclosures, references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records.

Judgment: Compliant

### Regulation 23: Governance and management

While the registered provider had several assurance systems in place to monitor the quality and safety of the service provided, these systems required strengthening, as evidenced by the inspection findings below.

- The registered provider's oversight systems were not fully effective in identifying risks and driving quality improvement in areas such as the decontamination of resident care equipment, storage practices, and fire safety concerns found on inspection.
- The systems for recognising statutory notifications that need to be notified to the Chief Inspector had not ensured that one required notification had been made within the required timeframes.
- Action was required to ensure that medication-checking practices for controlled drugs at night were undertaken in line with the provider's medication management policy. Records reviewed evidenced that a registered nurse and a healthcare assistant witnessed the administration of controlled drugs during the night; however, the provider's medication management policy referenced two registered nurses undertaking these checks.

- Inspectors observed some discrepancies between the floor plans and what they observed on the day of inspection. For example, store room 2 on the south wing was a resident toilet, while WC3 on the south wing was a staff toilet. The "shower and WC2" room on the north wing did not contain a shower facility.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was an up-to-date statement of purpose, which included the information set out in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of the records in relation to incidents in the centre showed that there was one incident relating to a peer-to-peer abuse allegation that was not notified to the Chief Inspector within the required time frames. The person in charge submitted this notification following the inspection.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The centre displayed its complaints procedure in a number of locations throughout the centre and in an information folder in every bedroom. Information posters on advocacy services to support residents in making complaints were displayed. Residents said they could raise a complaint with any staff member and were confident in doing so if necessary. Staff were also knowledgeable about the centre's complaints procedure. The person in charge maintained a record of complaints received, how they were managed, and the outcome for the complainant. The complaints officer and review officer had undertaken training in complaints management.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, updated in line with regulatory requirements and made available to staff in the centre.

Judgment: Compliant

## Quality and safety

Overall, residents' rights were supported and protected by kind and caring staff who ensured residents had a good quality of life in the centre. Residents' needs were being met through comprehensive access to healthcare services, good nutritional support, strong medication management policies and safe transfers of care to the hospital. However, some actions were required to ensure safe and effective care delivery concerning individual assessment and care planning, protection, premises, infection control and fire precautions.

The provider had processes to manage and oversee infection prevention and control practices within the centre. The centre had an infection control link nurse providing specialist expertise and in-house training. Surveillance of healthcare-associated infections, multi-drug resistant organism colonisation and the volume of antibiotic use were undertaken and recorded. The person in charge had completed a review following a recent COVID-19 outbreak. Colour-coded mop and cloth systems were operating to clean various areas within the centre. While the centre's interior was generally clean on the inspection day, some areas for improvement were identified to ensure compliance with the *National Standards for Infection Prevention and Control in Community Services* (2018), as discussed under Regulation 27.

The provider had robust fire safety processes in place. Preventive maintenance for fire detection, emergency lighting and fire fighting equipment was conducted at recommended intervals. Staff had undertaken fire safety training and regular fire evacuation drills in the centre. Each resident had a personal emergency evacuation plan to guide staff in an emergency requiring evacuation. Where a resident required an evacuation aid, this was seen to be in place in their bedroom. The procedures to follow in the event of a fire were clearly displayed on corridors, and staff spoken with were knowledgeable about these procedures. The centre's fire compartments had clear signage on entry and exit. Floor plans displayed on the walls also indicated the compartment boundaries. These measures supported and enabled residents and staff to identify the various fire compartments within the centre. There was a system for daily and weekly checking of the fire alarm, means of escape, fire safety equipment, and fire doors. Laundry records of lint removal were available for review. Several fire doors were checked on the inspection day and found to be in good working order. The inspectors checked the fire escapes and found them to be unobstructed. The centre had a small number of residents who chose to smoke.

Two designated smoking areas had protective equipment, including a fire blanket, a fire retardant ashtray and nearby fire extinguishers. Notwithstanding these good practices, some further actions were required to ensure that residents and staff were adequately protected in a fire emergency. These findings are set out under Regulation 28: Fire precautions.

The person in charge had arrangements for assessing residents before admission into the centre. Comprehensive person-centred care plans were based on validated risk assessment tools. These care plans were reviewed at regular intervals, not exceeding four months. Notwithstanding these areas of good practice in care planning, action was required to ensure resident and family involvement in care plan reviews, which will be outlined under Regulation 5: Individual assessment and care plan.

Systems were in place to safeguard residents and protect them from abuse. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported that they felt safe living in the centre. Records were reviewed which evidenced the person in charge investigating incidents and allegations of abuse. From the records seen, it was clear the person in charge had provided a robust and person-centred response when investigating and responding to these allegations. While the provider did not act as a pension agent for any residents, the provider held small quantities of "pocket money" belonging to current residents. The provider had a transparent system in place where all lodgements and withdrawals were signed by two staff in addition to periodic auditing of the balances. Notwithstanding these good practices, some improvement was required in supporting staff and management in detecting and identifying potential safeguarding issues in the centre. This will be discussed under Regulation 8: Protection.

### Regulation 11: Visits

The inspector observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had suitable private visiting areas for residents to receive a visitor if required.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents were supported in accessing and retaining control over their personal property, possessions, and finances. Residents' clothing was laundered offsite, and

each resident had adequate space to store and maintain their clothes and personal possessions. Residents had access to lockable storage facilities in their bedrooms for valuables.

Judgment: Compliant

### Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements, for example:

- The flooring in the shower rooms on the south wing was in severe disrepair. It was seen to be rusted, cracked and lifting in some areas.
- The flooring in WC 4 and the door frames of the south wing shower rooms were also damaged.
- One of the shower rooms on the south wing was seen to operate as a mixed-purpose room that was also used for storing multiple pieces of large clinical equipment. The shower area was not enclosed with doors or curtains to separate it from the rest of the large room, meaning a resident using this facility was facing out into a large room containing hoists and wheelchairs.
- Storage arrangements throughout the centre required review as there were examples of inappropriate storage of equipment, such as a hoist, sling and wheelchair stored in the accessible toilet on the south wing.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents were complimentary about the quality and quantity of food in the centre. Food was freshly prepared and cooked on site. The food menu was displayed on a whiteboard in the dining area, and copies of the menu were available in every bedroom. Residents were offered three main courses and dessert options. Food was attractively presented. There was adequate supervision and assistance at mealtimes. Fresh drinking water was available to residents throughout the day. Records reviewed found residents had access to dietetic and speech and language therapy, and any changes to a resident's diet were reflected in their nutritional care plan. There were written communication systems between nursing and catering staff to ensure that dietary needs prescribed by healthcare professionals were followed.

Judgment: Compliant

## Regulation 20: Information for residents

A comprehensive information folder was seen in each resident's bedroom. This guide contained information about the services and facilities provided, including the complaints procedures, visiting arrangements, social activities, and many other aspects of life in the centre.

Judgment: Compliant

## Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed records of residents transferred to and from the acute hospital. Where the resident was temporarily absent from the designated centre, relevant information about the resident was provided to the receiving hospital to enable the safe transfer of care. This information was seen to include vaccine history and multi-drug resistant organism (MDRO) colonisation status. Upon residents' return to the centre, the staff ensured that all relevant information was obtained from the hospital and placed on the resident's record. Transfers to the hospital were discussed, planned and agreed upon with the resident and, where appropriate, their representative.

Judgment: Compliant

## Regulation 27: Infection control

While the provider had processes in place to manage and oversee infection prevention and control practices within the centre, and the environment was generally clean and tidy, some areas required attention to ensure residents were protected from infection and to comply with the *National Standards for Infection Prevention and Control in Community Services* (2018), for example:

- There were continued barriers to effective staff hand hygiene due to a limited number of dedicated hand wash sinks in the centre. Staff used resident wash hand basins and sinks within bathroom facilities to wash their hands.

The decontamination of resident care equipment required review, for example:

- The contents of commodes, bedpans, and urinals were manually decanted into the sluice hopper before being placed in the bedpan washer for decontamination. Toilet brushes and an inverted tap were also used. Decanting risks environmental contamination with multi-drug resistant organisms (MDROs) and poses a splash/exposure risk to staff. Bedpan

washers should be capable of disposing of waste and decontaminating receptacles.

- Due to insufficient racking, particularly in the south wing sluice room, not all bedpans and urinals were inverted after decontamination. Some were observed stacked on one another.
- A sample of commodes, pressure cushions, power wheelchairs and a crash mat were observed to be visibly unclean.

Storage practices posing a risk of cross-contamination required review, for example:

- Residents' clinical equipment presumed to be clean, such as a power wheelchair, was stored alongside visibly unclean equipment, such as the floor buffer. Six pressure cushions were observed to be stacked directly on the floor in the dayroom / sitting room on the morning of the inspection.
- The provider had introduced a labelling mechanism to distinguish between clean and unclean stored equipment. However, these labels were not being used on the inspection day. Therefore, it was not possible to determine whether the equipment was clean before use.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Precautions against the risk of fire required review, for example:

- Inspectors observed hoist batteries and a chair scale being charged beside oxygen cylinders in two areas, the treatment room and store room 1 on the south wing. Equipment should not be charged near an oxygen cylinder.
- Inspectors observed the storage of three bags and one box of combustible items, including clothing, in the meter room under large electrical panels. The inspector confirmed this storage was not risk-assessed by a competent person and deemed safe.
- While the centre had two designated smoking areas for residents containing certain protective equipment, the inspectors observed these areas did not have a call bell. Residents had the option of taking a portable pendant call bell with them to the smoking area, but inspectors observed that some residents chose not to take the portable pendant call bell and, therefore, had no mechanism to summon assistance in an emergency.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services



The provider had ensured that a pharmacist of the residents' choice was available to each resident. Medication administration was observed, and the inspectors found that the nursing staff had adopted a person-centred approach. The records reviewed found that medicines were administered in accordance with the directions of the prescriber. Medicines administered were suitably recorded in the medication administration records following administration to residents. The inspectors noted that the medication trolley and all medicinal products, such as nutritional supplements, were secured at all times. Robust measures were in place for the handling and storage of controlled drugs in accordance with current guidelines and legislation. The records reviewed showed medication reconciliation being conducted upon the resident's return from the hospital. There were appropriate procedures for handling and disposing of unused and out-of-date medicines. All nursing staff had completed training in medication management.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

While comprehensive person-centred care plans were developed, based on validated risk assessment tools, and reviewed at required intervals, action was required to ensure consultation with the resident and, where appropriate, their family when care plans were reviewed.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had access to a doctor of their choice. Residents who required specialist medical treatment or other healthcare services, such as mental health services, dietetics, and physiotherapy, were supported to access these services. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

### Regulation 8: Protection

While the registered provider had taken measures to protect residents from abuse, the systems for recognising and responding to abuse incidents and allegations required some improvement. Incident management documentation reviewed by the

inspectors identified one incident of suspected peer-to-peer abuse, which had not been recognised as an abusive interaction. As a result, the incident had not been investigated and managed in line with the centre's safeguarding policy.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title                                           | Judgment                |
|------------------------------------------------------------|-------------------------|
| <b>Capacity and capability</b>                             |                         |
| Regulation 15: Staffing                                    | Compliant               |
| Regulation 16: Training and staff development              | Compliant               |
| Regulation 21: Records                                     | Compliant               |
| Regulation 23: Governance and management                   | Substantially compliant |
| Regulation 3: Statement of purpose                         | Compliant               |
| Regulation 31: Notification of incidents                   | Not compliant           |
| Regulation 34: Complaints procedure                        | Compliant               |
| Regulation 4: Written policies and procedures              | Compliant               |
| <b>Quality and safety</b>                                  |                         |
| Regulation 11: Visits                                      | Compliant               |
| Regulation 12: Personal possessions                        | Compliant               |
| Regulation 17: Premises                                    | Substantially compliant |
| Regulation 18: Food and nutrition                          | Compliant               |
| Regulation 20: Information for residents                   | Compliant               |
| Regulation 25: Temporary absence or discharge of residents | Compliant               |
| Regulation 27: Infection control                           | Substantially compliant |
| Regulation 28: Fire precautions                            | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services       | Compliant               |
| Regulation 5: Individual assessment and care plan          | Substantially compliant |
| Regulation 6: Health care                                  | Compliant               |
| Regulation 8: Protection                                   | Substantially compliant |

# Compliance Plan for New Ross Community Hospital OSV-0000602

Inspection ID: MON-0044795

Date of inspection: 12/11/2024

## 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 23: Governance and management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The Director of Nursing and Assistant Director of Nursing will increase supervision across floors, storage areas, and fire safety measures to identify potential risks and drive quality improvements.</li> <li>• Statutory notifications will be submitted within the required timeframes.</li> <li>• The Medication Management Policy has been updated to include the requirement for both a registered nurse and a healthcare assistant to witness the administration of controlled medications during nighttime hours.</li> <li>• Discrepancies between the floor plans and observations made during the inspection are being addressed in consultation with the Office of the Chief Inspector.</li> </ul> |                         |
| Regulation 31: Notification of incidents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Not Compliant           |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> <li>• A peer-to-peer allegation notification has been submitted following the inspection. All notifiable events will be submitted to the Chief Inspector within the required timeframe</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |
| Regulation 17: Premises                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Substantially Compliant |

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| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Funding from the HSE is pending to refurbish the shower rooms in the South Wing. Replacement of flooring booked and works commencing on the 13/01/2024.</li> <li>• Flooring in WC4 replacement booked and works commencing on the 13/01/2024.</li> <li>• The shower room will be temporarily enclosed with curtains to separate it from the rest of the room until funding is secured from the HSE for a permanent partition between the shower and storage area. The curtain has been purchased and is awaiting delivery.</li> <li>• A review of the storage arrangements is currently underway.</li> </ul>                                                                                                                                    |                         |
| Regulation 27: Infection control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• The installation of hand wash sinks will be reviewed again, subject to the availability of funding.</li> <li>• The bedpan washer has been reviewed and is deemed suitable for the disposal of waste.</li> <li>• Additional racking has been purchased and is awaiting delivery.</li> <li>• Commodes, pressure cushions, power wheelchairs, and roll-out mats have been cleaned, and a regular cleaning schedule has been established.</li> <li>• Pressure cushions have been removed from the floor, and staff have been instructed to ensure they remain on the chairs after cleaning.</li> <li>• The daily use of the provided labelling system to distinguish between clean and unclean equipment has been reintroduced.</li> </ul> |                         |
| Regulation 28: Fire precautions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Oxygen cylinder storage has been reviewed, and only one cylinder is now stored at the nurses' station. The remaining cylinder has been moved to the outside storage area. Hoist batteries and the weight chair charger are now stored in the storage room.</li> <li>• The meter room has been cleared, cleaned, and is no longer used for storage.</li> <li>• A resident who had previously chosen not to use a portable pendant has agreed to trial its use when going to the smoking area. Staff on duty will monitor its use. Should the resident continue to choose not to use the pendant, a call bell system will be installed in the smoking area.</li> </ul>                                                                    |                         |

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| 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> <ul style="list-style-type: none"> <li>• Resident and family input in care planning will be documented where possible. The Assistant Director of Nursing has initiated one-on-one training with nursing staff on care planning and the documentation of resident and family input.</li> </ul> |                         |
| Regulation 8: Protection                                                                                                                                                                                                                                                                                                                                                                                       | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>• Suspected peer-to-peer abuse was investigated and managed in accordance with the Safeguarding Policy following the inspection. The Chief Inspector has been notified.</li> </ul>                                                                                              |                         |

## 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 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      | 27/01/2025               |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.          | Substantially Compliant | Yellow      | 03/01/2025               |
| Regulation 27    | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare                                                   | Substantially Compliant | Yellow      | 03/01/2025               |



|                     |                                                                                                                                                                                                                                                           |                         |        |            |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|------------|
|                     | associated infections published by the Authority are implemented by staff.                                                                                                                                                                                |                         |        |            |
| Regulation 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.                                                   | Substantially Compliant | Yellow | 03/01/2025 |
| Regulation 31(1)    | Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.                                             | Not Compliant           | Orange | 03/01/2025 |
| Regulation 5(4)     | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family. | Substantially Compliant | Yellow | 03/01/2025 |

|                 |                                                                             |                         |        |            |
|-----------------|-----------------------------------------------------------------------------|-------------------------|--------|------------|
| Regulation 8(3) | The person in charge shall investigate any incident or allegation of abuse. | Substantially Compliant | Yellow | 03/01/2025 |
|-----------------|-----------------------------------------------------------------------------|-------------------------|--------|------------|