Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	16 June 2026
Centre ID:	OSV-0000602
Fieldwork ID:	MON-0050696

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

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
Tuesday 16 June 2026	08:40hrs to 16:10hrs	Mary Veale	Lead

What residents told us and what inspectors observed

The overall feedback from residents who spoke with the inspector was that they were very happy living in New Ross Community Hospital. Residents were complementary of the centre, the staff, and the quality of the care provided. During the day, the inspector met with most of the 34 residents living in the centre and spoke to six residents and two visitors in more detail. The inspector spent time observing daily life in the centre to gain an insight into the lived experience of the residents in New Ross Community Hospital. Residents complemented the staff working in the centre. One resident stated that "you won't get the like of these staff anywhere", another resident said that the staff were "too good" while another said that "the staff were terrific".

This was a one-day inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up the compliance plan following an inspection of the centre in August 2025.

The premises was constructed in the 1930s, and was refurbished and extended in 2016. All resident accommodation is on the ground floor, while the first floor accommodates storerooms, offices and staff changing areas. The premises is laid out to meet the needs of residents. The centre was observed to be clean, bright, warm, and well-ventilated throughout on the day of inspection. The provider had refurbished the toilets, shower room, bathroom, sluice room, store room and household room in the North wing.

Residents had access to communal spaces which included a sitting room, dining room, an activity room, a bay window seating area and a reflection room. The sitting and dining rooms were bright and spacious with homely features, such as colourful table cloths, delph dressers, antique radios, lamps, clocks and fireplaces. The centre was suitably decorated throughout, with paintings and photographs of residents and staff enjoying group activities displayed. Armchairs and tables were available in the sitting rooms and the bay window area. Corridor areas were sufficiently wide with an assistive handrail on both sides. Alcohol hand gels were available in all corridor areas throughout the centre to promote good hand hygiene practices.

Bedroom accommodation consisted of 11 twin rooms and 13 single rooms, eight of which had ensuite shower, toilet and washhand 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, and

personalised with photographs, pictures, art and furniture belonging to the residents. The bedrooms had a television, locked storage, and call-bell facilities.

Residents in the main building, north wing and south wing had access to communal shower, bathing and toilet facilities. These comprised of seven single toilets and four shower rooms. One of the shower rooms contained a toilet, while a second shower room had a bath facility. Parts of the premises were showing significant wear and tear, and this is discussed further in this report under Regulation 17: Premises.

Residents had access to an enclosed courtyard, an outdoor area to the rear and a large enclosed garden on the south side of the building. The courtyards, terraces and garden had level paving and comfortable seating. The centres had two designated smoking areas which were observed in use on the day of inspection.

The inspector observed a relaxed atmosphere in the centre and residents were not rushed to get up following breakfast in their bedrooms. Residents who spoke with the inspector, were complimentary of the home-cooked food and the dining experience in the centre. A daily menu was displayed on the tables in the dining room. The inspector observed the main lunchtime meal. The lunchtime was a relaxed and sociable experience, with residents appearing to enjoy each other's company as they ate while engaging in conversation. Meals were prepared in the centre's on-site kitchen and the main lunch was served in the dining room by the staff. Residents confirmed that they were offered a choice of main meal. The food served appeared nutritious and appetising. The inspector observed drinks and snacks being offered to residents in the morning and afternoon.

Residents were observed interacting with staff, attending activities, and spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day and it was evident that residents had good relationships with staff. Many residents had built up friendships with each other and were observed sitting together and engaging in conversations with each other. The inspector observed staff treating residents with dignity during interactions throughout the day.

The centre provided a laundry service for residents. All residents' whom the inspector spoke with on the day of inspection were happy with the laundry service.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. Visitors who spoke with the inspector were happy with the care and support their relatives received.

Residents' spoken with said that they were very happy with the activities programme in the centre and some preferred their own company, but stated that they were not bored as they had access to newspapers, books, radios, the internet and televisions. An activities programme was displayed on a notice board at the entrance of the day room. The inspector observed residents attending a chair exercise session in the morning as well as a quiz and a exercise session in the

afternoon. The centre was also home to Roger, the budgie. Roger was observed in his cage in the day room and featured in the pet therapy programme.

Residents' views and opinions were sought through resident meetings and satisfaction surveys, and they informed the inspector that they felt they could approach any member of staff if they had any issue or problem to be solved. Residents had access to advocacy services.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that, overall, the provider had effective governance and management arrangements in place, which ensured residents received a good quality of care and support from a staff team who knew them well. The provider had completed most of a compliance plan submitted following an inspection in August 2025. On this inspection, the inspector found that areas of the premises did not fully align to the requirements of the regulations.

The inspector reviewed the detail of unsolicited information received by the Office of the Chief Inspector. The information received pertained to concerns regarding care planning, the governance and management of the centre, safeguarding, residents' rights, staffing, training, incidents and complaints. This information was not substantiated on this inspection.

The registered provider is New Ross Community Hospital CLG Trading as New Ross Community Care Home. The company is comprised of seven directors who work in a voluntary capacity. The company chairperson represents the provider in regulatory matters. Two of the company directors 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 was 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 staffing and skill mix on the day of inspection was appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at mealtimes and responding to requests for support.

There was an ongoing schedule of training in the centre and the person in charge had good oversight of training. An extensive suite of mandatory training was

available to all staff in the centre and training was up-to-date. There was a high level of staff attendance at training in areas such as safeguarding, fire safety, manual handling, and infection prevention and control. Staff with whom the inspector spoke, were knowledgeable regarding safeguarding and infection prevention and control procedures.

The inspector viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Governance meetings took place monthly and staff meetings took place quarterly in the centre. Key performance indicators (KPI's) such as weights, wounds and infections were monitored on a monthly basis and discussed with the board. An annual review for 2025 was available during the inspection. It set out the improvements completed in 2025 and improvement plans for 2026. Since the previous inspection, falls, safeguarding, care planning, call-bell response, restrictive practice, and infection prevention control audits had been completed.

Incidents, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within, the required timeframes. The inspector followed up on incidents that were notified since August 2025 and found that these were managed in accordance with the centre's policies.

The management team had a good understanding of their responsibility in respect of managing complaints. The inspector reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents spoken with were aware of how to make a complaint and whom to make a complaint to.

Regulation 15: Staffing

On the inspection day, staffing levels were found to be sufficient to meet the needs of the residents. There was a minimum of one registered nurse and two health care assistants on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging, and infection prevention and control. 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. Staff were appropriately supervised and supported by a nurse management team.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents, as set out in Schedule 4 of the regulations, were notified to the office of the Chief Inspector, within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required timelines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received good quality care. Staff and resident interactions were kind and respectful, and staff had a clear understanding

of residents' needs. Residents and visitors were complimentary about the centre and the care from the staff. While acknowledging the improvements in infection prevention and control since the last inspection, not all areas of non-compliance that the provider had committed to completing in previous compliance plans had been addressed, specifically in the area of the premises.

The inspector reviewed a sample of residents' care plans and good practices were noted in relation to individual assessment and care planning. Care plans were developed following an assessment of the residents' needs using a wide range of validated assessment tools to identify risks such as falls, pressure ulceration, and malnutrition. Care plans were person-centred and were reviewed at minimum intervals of four months. It was clear from the documentation that residents and families were consulted.

Residents had timely access to a general practitioner (GP) of their choice. Residents identified as requiring additional health and social care professional expertise were referred to these service, as required.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria as set out in Regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. Arrangements were in place for the identification, recording, investigation, and learning from serious incidents which included falls, injuries to residents, medication management, and wounds/pressure ulcers. The risk register contained site-specific risks such as the risk of residents absconding.

While the premises were designed and laid out to meet the number and needs of residents in the centre, parts of the centre were observed to be in a poor state of repair and were not in full compliance with Schedule 6 requirements. This is detailed under Regulation 17: Premises.

The inspector identified 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 and safe handling and disposal of laundry and waste. Hand sanitiser dispensers were available at the point of care, thus facilitating hand hygiene at the point of care to reduce the risk of cross contamination. Bedrooms and communal rooms were observed to be clean. Household staff were knowledgeable about their role in following infection control procedures. A cleaning schedule for daily and deep cleaning was in place, with all rooms cleaned daily and deep cleaned frequently.

All staff had An Garda Síochána (police) vetting disclosures on file. Staff had completed safeguarding training. Staff spoken with were clear about their role in protecting residents from abuse, demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. All interactions between staff and residents were observed to be respectful throughout the

inspection. Residents reported that they felt safe living in the centre. The provider was not a pension agent for any of the residents living in the centre. The provider held quantities of monies in safe keeping for several residents. The provider had a transparent system in place where all lodgements and withdrawals of residents' personal monies were signed by two staff and logged. The provider audited the balances on a regular basis in line with the centre's policies.

Residents were provided with recreational opportunities, including games, music, pet therapy, exercise, bingo, and art. Arrangements were in place for consulting with residents in relation to the day-to-day operation of the centre. Resident feedback was sought in areas such as activities, meals, and mealtimes. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre. Residents had access to local and national newspapers, the internet, televisions, and radios.

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in Schedule 6 of the regulations, for example;

- Aspects of the premises were not sufficiently maintained internally and some areas of the centre were found to be in a poor state of repair. For example, some doors were observed to be scuffed, paint on walls was chipped, and wooden skirting and handrails were damaged.
- The shower room in the south wing was observed to operate as a mixed purpose room. The left side of the shower room was observed in use as a storage area containing a number of wheelchairs, a shower chairs and commodes.
- There was inappropriate storage arrangements in the centre. For example; hoists and wheelchair were observed stored in the accessible toilets in the south wing and in the bathroom in the north wing.

These were repeated findings from the previous inspection.

Judgment: Not compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

The centre was very clean and there was adequate cleaning staff employed. Staff were observed to be adhering to good hand hygiene techniques. Sluice rooms were clean and well maintained. There were cleaning staff on duty daily. Cleaning staff were knowledgeable about cleaning practices, processes and chemical use.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed, appropriate interventions were in place to meet residents' assessed needs. Care plan reviews were comprehensively completed as required, and on a four-monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 6: Health care

GP's routinely attended the centre and were available to residents'. Allied health professionals also supported the residents on site where possible and remotely when appropriate, for example; a dietitian, and physiotherapist. There was evidence of ongoing referral and review by allied health professionals, as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up-to-date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected in this centre. There was a focus on social interaction led by staff, and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for New Ross Community Hospital OSV-0000602

Inspection ID: MON-0050696

Date of inspection: 16/06/2026

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 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1.-scuffed doors, chipped paint on walls and wooden skirting and handrails damaged- audit conducted and pictures taken of the affected areas, maintenance personnel assigned to the tasks. Completion time: 22/09/2026

2.Shower room in the south wing operating as a mixed purpose room, left side of the shower room used as a storage area- this is the part of the upcoming HSE renovations and this area will be divided into 2 rooms with partition wall, one side to remain shower facilities and the other side to be a storage area, funding approved by HSE and the tender process is currently on the way as per the HSE requirements. All the work will be done in one go and we are expecting the work to commence by the end of the year.

3. Due to lack of storage this will be a part of HSE refurbishments where staff room will be relocated to the first floor, and current staff room will be a dedicated storage area. All the work will be done in one go and we are expecting the work to commence by the end of the year

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.	Not Compliant	Orange	31/03/2027