



**Health
Information
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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 Houghton Hospital
Name of provider:	Health Service Executive
Address of centre:	Hospital Road, New Ross, Wexford
Type of inspection:	Unannounced
Date of inspection:	22 June 2026
Centre ID:	OSV-0000603
Fieldwork ID:	MON-0050068

About the designated centre

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

New Houghton hospital is situated in the town of New Ross. The building was erected in 1936 and became the fever hospital for the counties Waterford, Wexford, Carlow and Kilkenny. In 1984 the building became a care of the older person's facility. While there have been many changes, renovations and some improvements since then the design and layout of the premises is largely reflective of a small hospital from the period in which it was built. The registered provider of the centre is the Health Service Executive (HSE). The centre is registered for 42 residents over the age of 18 years, both male and female for long term care. Services provided include 24 hour nursing care with access to community care services via a referral process including, speech and language therapy, dietetics, physiotherapy, occupational therapy, chiropody, dental, audiography and ophthalmic services. All admissions are planned. Residents and relatives are welcome to visit the site in advance of the placement. Residents being admitted will have been assessed by the Geriatric Assessment team and placed on a waiting list for admission. Once a bed becomes available the resident and or relative is informed and is requested to arrive to the unit before 4pm Monday to Friday. The hospital accepts all levels of dependency from level 1 (full dependency) and including residents living with dementia. The services are organised over two floors with 21 residents accommodated on each floor with a passenger lift provided. Residents' accommodation on the ground floor comprises of four, four-bedded rooms, one three-bedded room, one twin-bedded room, and one single-bedroom (end of life suite) with adjacent family/community room. All bedrooms have hand washing facilities. Residents' accommodation on the first floor also consists of four, four-bedded rooms, one three-bedded room, one twin-bedded room, and one single-bedroom (end of life suite) with adjacent family/community room. There is access to an outside suitable secure garden area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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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
Monday 22 June 2026	09:35hrs to 18:40hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

Overall, residents reported being happy living in New Houghton Hospital; however, some residents told the inspector that they would like more opportunities to go outdoors, as set out in this report.

This unannounced inspection was conducted over one day by one inspector of social services. Over the inspection day, the inspector spoke with 12 residents and four visitors to gain insight into residents' lived experiences at New Houghton Hospital. The inspector also spent time observing interactions between staff and residents and reviewing a range of documentation.

Residents were complimentary of the centre and the staff members who cared for them, telling the inspector that the centre was "a top spot", "the nurses are good", and the staff "were great" and "would do anything for you". Visitors who spoke with the inspector provided positive feedback, noting the high level of care and attention their loved ones received, as well as the communication with them as family members. The inspector found that staff and management were knowledgeable about residents' needs. The inspector observed numerous friendly, compassionate, warm, dignified, and respectful interactions between residents and staff over the inspection day.

New Houghton Hospital is a three-storey building on a healthcare campus in New Ross, County Wexford, that accommodates several health and social care services. The centre provided resident accommodation over the ground and first floors, with male residents on the ground floor, and a mix of male and female residents on the first floor. The second floor contains a file storage area.

The main entrance to the designated centre was via an open porch leading to a locked front door, opening into a large internal lobby. The lobby area was seen to contain domestic-style furnishings including a couch and armchair, a coffee table, a piano, and a fish tank. From the lobby, there was direct access to Abbey Unit on the ground floor, while Brandon Unit on the first floor was accessible via a passenger lift and stairs.

Bedroom accommodation on both Abbey and Brandon units comprised four 4-bedded rooms, a three-bedded room, a twin room, and a single room reserved to offer privacy to residents in shared accommodation at the end of life, or to residents in shared accommodation requiring single accommodation while diagnosed with an infection. None of the bedrooms contained en-suite facilities, and residents shared toilet, shower, and bath facilities. These facilities consisted of two assisted showers and one assisted bath on each floor, each with a toilet. The Abbey and Brandon units also had three further stand-alone shared toilet facilities. The bedrooms and assisted bathroom on each floor had ceiling tracking hoists for resident use.

Within the bedrooms, privacy curtains on overhead tracking defined the bed spaces. Each bed space had a call bell, a bedside locker, a lockable wardrobe, seating and television facilities. Within the curtained bed spaces, efforts were made to create a homely, comfortable, and pleasant environment for the residents. The inspector noted that these areas had been personalised with photographs, pictures, art and other items of personal significance to each resident.

Since the last inspection, the provider had installed a first-floor housekeeping room. The inspector reviewed this room and found a janitorial sink and sufficient space for the storage and preparation of trolleys and other cleaning equipment.

Notwithstanding these works, which were a positive development, the inspector found that the premises' upkeep had deteriorated overall during this inspection. While parts of the premises were seen to be maintained, other aspects required robust action and urgent maintenance to provide a safe, dignified and comfortable living environment for residents, and to ensure compliance with the requirements of Schedule 6, for example, the maintenance of the ground floor toilet facilities. These findings will be discussed under Regulation 17: Premises.

The centre's design and layout supported residents' free movement inside the centre, with wide corridors, sufficient handrails, and armchair seating in communal areas. Communal space was adequate, with male residents on the ground floor having access to an open-plan sitting/dining room and the Abbey residents' lounge, which was available as a private visiting facility. This lounge area housed a computer with internet access for residents' use. Residents on the first floor had access to separate sitting and dining rooms.

Regarding outdoor space, the inspector found that access to the enclosed sensory garden outside the Abbey Unit sitting/dining room remained restricted, with a keypad, contrary to the provider's compliance plan commitments following the previous inspection in April 2025. The person in charge informed the inspector of plans to liaise with each resident's representative before disabling the keypad code during daytime hours; however, these engagements had not yet occurred. While the inspector observed staff members taking six male residents out to the garden in the afternoon, residents could not freely access the garden to enjoy fresh air, connect with nature, and spend meaningful time outdoors if they so wished. A number of residents on both the ground and first floors informed the inspector that they would like further opportunities to go outdoors, and similar feedback was noted in the residents' questionnaires.

The inspector observed the sensory garden to be a very pleasant area with seating, a gazebo, a pergola, and raised flower beds. The area had an awning to give residents protection and shade from the sun. Since the last inspection, the provider had completed multiple works to make the area more secure, including repairing damaged wooden posts, installing handrails, removing broken equipment and installing closed-circuit television cameras to monitor external doors and gates. However, as discussed later in the report, the garden paving needed some repair as it was found to be uneven underfoot in certain areas.

This garden was also designated as the smoking area for residents who chose to smoke and was equipped with necessary protective equipment, including an ashtray and a nearby fire extinguisher. The person in charge informed the inspector that the residents brought a pendant alarm call bell to the garden in case assistance was required.

On the morning of the inspection, residents were up and dressed in their preferred attire, appearing well cared for. Residents freely mobilised around the centre, watching television, reading the newspaper, knitting, drawing, and chatting with other residents and staff.

The provider was registered to have 2.51 whole-time equivalent (WTE) activity staff working in the centre; however, from a review of the staff rosters, 2 WTE staff were rostered as providing activities. Activities were scheduled to take place over seven days and throughout the centre. Residents told the inspector they liked bingo, singing, music and exercises. Some residents told the inspector they did not wish to participate in group-based activities and were observed relaxing at their bedsides, watching television, reading, or chatting with staff, as per their preferences. On the inspection day, an activities staff member was on duty. This staff member facilitated a bingo game for 12 male residents on the ground floor in the morning and for 13 residents on the first floor in the afternoon. While acknowledging the fun and laughter observed during these games, outside of these times, residents were seen sitting for lengthy periods in the sitting rooms, with staff present and the television on playing music, but without other meaningful engagement. While newspapers and some magazines were available for residents in the communal areas, the inspector observed that there were few other facilities for occupation or recreation outside organised activity sessions, particularly on the ground floor. Outside of organised activities, one male resident was observed to express their boredom and frustration by tearing magazines placed in their presence. Staff confirmed that facilities for occupation or recreation, such as arts and crafts supplies, cards and games, were placed into storage for safekeeping outside of organised activities, meaning they were unavailable to residents for the majority of the day.

Meals were served in the open-plan sitting/dining room in the Abbey Unit and a separate dining room in the Brandon Unit. The centre had two sittings: the first for residents requiring mealtime assistance at 12:20 pm, and the second for independent residents at 1:00 pm. Residents who required assistance at mealtimes were observed to receive this support in a respectful and dignified manner.

Meals were prepared off-site and brought to the centre. The inspector saw a four-week rolling menu. The menu had two main course options daily for standard and modified consistency diets. On inspection day, the main course options were displayed on a television screen in the dining room: roast chicken with cauliflower mornay or beef stroganoff. The inspector noted that there was no cauliflower mornay, and this accompaniment had been substituted with other vegetables. While residents receiving a standard diet confirmed they were offered a choice of main meal, residents receiving modified consistency diets had not been offered a choice on the inspection day. This will be discussed further in the report under Regulation 18: Food and nutrition. The inspector observed that there were ample drinks

available for residents at mealtimes, and further beverages were accompanied by snacks throughout the day, including a tea and soup round at 10:30 am, a further tea round at 3:00pm, and an evening meal at 4:30pm. While the food served appeared nutritious, residents responded neutrally when the inspector enquired about the available food, similar to feedback received in April 2025. Residents informed the inspector that the food was "ok", "alright", and "not too bad".

Similar to the April 2025 inspection, the inspector observed mixed findings regarding the dining experience at the centre. While residents of the Brandon Unit had a separate dining room, there was no separation of the dining and sitting areas on the Abbey Unit. This meant that the predominantly female residents of Brandon Unit arrived at the dining room, where their meals were promptly served once they were seated. They had a relaxed, sociable dining experience, with ample space to sit comfortably at a table and enjoy the company of staff and other residents. In contrast, the male residents on Abbey Unit remained in one large communal room throughout the day, including mealtimes. Here the residents waiting for the second lunch sitting were seated alongside residents eating at the first sitting, requiring them to wait and observe others while they ate. This arrangement was seen to cause disappointment for one newly admitted male resident, who was enquiring about his lunch while seated at a dining table with other gentlemen who were eating. The Abbey Unit dining experience will be referenced further in the report under Regulation 18: Food and nutrition.

The following two sections of the report present the findings of this inspection regarding the centre's governance and management arrangements 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

While established governance and management systems were in place to oversee the quality of care delivered to residents, further actions were required to ensure the service provided was safe, appropriate, consistent, and effectively monitored, as referenced in this report.

This was an announced inspection to assess the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and to review the registered provider's compliance plan arising from the previous inspection on 24 April 2025. This inspection was also carried out to inform a decision following the submission of an application to vary condition 1 to the Office of the Chief Inspector. The provider's intention was to install a housekeeping room on the first floor. The inspector also followed up on

three pieces of unsolicited information submitted to the Chief Inspector since the last inspection, regarding visiting, staffing, and contract termination

In relation to the provider's compliance plan submitted following the April 2025 inspection, the provider was seen to have progressed with some aspects of their compliance plan following that inspection; however, not all actions had been taken within the provider's timeframes, and there were areas of repeat non-compliance found on this inspection, across several regulations, including training and staff development and premises.

The registered provider is the Health Service Executive (HSE). There was a clearly defined management structure with identified lines of accountability and responsibility for the service. Within the centre, there had been changes to the governance and management structure in recent times, including the appointment of an assistant director of nursing, who was the deputising person on the inspection day.

The person in charge was an experienced nurse manager who had worked in the centre since 2020. They were supported by the manager of older persons' services, who represented the provider for regulatory matters. This manager was in attendance onsite on the inspection day and attended the feedback meeting at the end of the inspection. The person in charge was supported by four clinical nurse managers, who deputised for them when they were absent. Further care and support were provided to residents by a team of nurses, healthcare assistants, catering, activities, housekeeping and administrative staff.

The provider had multiple management systems to monitor the quality and safety of service provision. There was documentary evidence of communication between the manager of older persons' services and the centre's person in charge. Similarly, within the centre, there was evidence of communication between the person in charge and the staff working in the centre. During these meetings, key issues relating to the quality and safety of the service delivered to residents was discussed, including premises, facilities, incidents, safeguarding matters, complaints, regulatory compliance, staff training, health and safety, and infection control. Records reviewed found the provider had also established several staff committees examining matters including restrictive practice, fire safety, infection prevention and control (IPC), and falls prevention.

The provider collated data on care delivery through an audit schedule and nursing metrics, which examined key areas, including infection control, the use of restraints, falls prevention, and residents' nutritional needs. A risk register was used to monitor and manage known risks in the centre. The provider also had a system for recording, monitoring, and managing incidents and related risks. While acknowledging these good practices, this inspection found that some management systems required further oversight to ensure regulatory compliance. This will be discussed under Regulation 23: Governance and management.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2025. The inspectors saw evidence of consultation with

residents and families reflected in the review. In this review, the registered provider also identified areas requiring improvement, for example, strengthening auditing arrangements and installing a first-floor housekeeping room. The inspector noted that there were action plans to improve quality and that the provider had taken steps to advance their quality improvement plans.

There was evidence that newly recruited staff had received an induction covering key aspects of care and procedures in the centre. This induction was followed by a probationary period during which the employee's performance was monitored by their line manager at regular intervals. Staff were appropriately supervised by senior staff in their respective roles, and on-call management support was available at night and on weekends. The provider had a training programme to support staff to perform their respective roles. However, training records made available to the inspector indicated significant gaps in adherence to the provider's mandatory training requirements. This matter is discussed under Regulation 16: Training and staff development.

Long-stay residents were provided with a contract of care on admission to the centre. The provider confirmed that short-stay residents did not receive a contract, which is a requirement of Regulation 24. The inspector reviewed a sample of four long-stay residents' contracts. Contracts seen were signed by the resident and/or their representative, where appropriate. The contracts outlined the terms on which the resident would reside in the centre, the services to be provided under the Nursing Home Support Scheme (NHSS), and the fees to be charged for those services. However, the inspector observed that the contract did not include all regulatory requirements, including the number of occupants per bedroom and any additional individual services a resident may choose to avail of which are not included under the NHSS, for example, hairdressing services. These matters will be discussed under Regulation 24: Contract for the provision of services.

The provider displayed the complaints procedure in the entrance lobby. The centre had an up-to-date complaints management policy. Information posters on advocacy services to help residents make complaints were also displayed. Residents and families said they could raise a complaint with any staff member. Staff were knowledgeable about the centre's complaints procedure. The complaints officer had undertaken training in complaints management. While records of complaints received were maintained, the inspector found some gaps in the recording practices for complaints management, and action was required to ensure compliance with Regulation 34: Complaints procedure.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary condition 1 of the centre's certificate of registration was received by the Chief Inspector.

The provider was proposing to create a first-floor housekeeping room by changing the function of the following areas:

- The first floor IT/Training room to an ADON office and adjoining male staff changing room
- The first-floor male staff changing room to a housekeeping room.

The application was complete, contained all required information, and, at the time of the inspection, was under review.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge met the regulatory requirements. They were an experienced registered nurse with previous management experience, having been in charge of both this centre and another designated centre. The person in charge demonstrated good knowledge and understanding of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

While the provider had a training programme to support staff in performing their respective roles, training records made available to the inspector indicated significant gaps in adherence to the provider's mandatory training requirements. For example:

- Five staff had not completed the provider's safeguarding training, while four were overdue for a refresher.

- Ten staff had not completed either of the provider's two modules to support them in managing responsive behaviours (how individuals with conditions like dementia or autism communicate or express physical discomfort, or distress with their environment).

There were also gaps in relation to fire safety training, whereby:

- Nine staff had not completed the provider's online fire training, while two were overdue for refresher training.
- Eight staff had not completed fire evacuation aid training, while three were overdue for refresher training.
- Five staff had not completed fire extinguisher training, while four were overdue for refresher training.
- Twelve staff had not completed fire evacuation lift training.

Not all staff had received suitable training in infection prevention and control (IPC) as required by the regulations and aligned with the provider's guidance entitled "*Core Infection Prevention and Control Knowledge and Skills: A Framework Document*". The provider had identified 14 short IPC online modules that staff were required to complete. There were significant gaps in adherence to completing these modules across all staff grades. For example, 19 staff had not completed a module entitled "The Basics of IPC", while 20 staff had not completed a module concerning standard and transmission-based precautions.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had not ensured the appropriate resources to ensure effective delivery of care in accordance with their statement of purpose. Known gaps in the availability of services required to meet residents' assessed care needs had not been addressed to ensure residents received appropriate care. For example:

- Residents identified as being at risk of malnutrition or who experienced weight loss did not have access to dietetic services. Despite evidence that several referrals had been sent, the provider had not put in place alternative arrangements to ensure residents received a dietetic assessment.
- Residents requiring an urgent assessment by a tissue viability nurse (TVN) did not have access to this service in the centre at the time of the inspection.

At the time of the centre's registration, the registered provider had committed to providing specific staffing whole-time equivalent (WTE) resources, as outlined in the statement of purpose against which the provider was registered to operate. However, a review of the rosters provided by the registered provider indicated that staffing WTE resources were not aligned with the statement of purpose, for example:

- The registered provider had committed to providing 2.51 WTE activity staff; however, a review of rosters found there were 2 WTE staff currently providing activities in the centre.

While established governance and management systems were in place to oversee the quality of care delivered to residents, some of the providers' oversight systems required action to ensure the service provided was safe, appropriate, consistent and effectively monitored. For example:

- The provider's oversight systems had not been fully effective in identifying risks and driving quality improvement in areas such as training and staff development, premises, contract for the provision of services, complaints procedure, healthcare, infection control, food and nutrition and resident rights, as set out in this report.
- The provider's compliance plan, submitted following the previous inspection in April 2025, was not fully implemented within the provider's timelines, for example:
 - The inspector observed repeat findings relating to fire precautions, whereby electrical equipment was seen charging adjacent to large stocks of towels and sheets in the Abbey linen room.
 - Access to the enclosed sensory garden outside the Abbey Unit sitting/dining room remained restricted by a keypad, contrary to the provider's compliance plan commitment to disable the keypad lock during day time hours by 30 September 2025.
- Residents' finances were not being managed in accordance with the provider's national and local policies, for example:
 - The inspector found that the provider had quantities of cash belonging to several deceased residents who had died between 2019 and 2026 in the provider's possession. For eight of those residents who had died in the period from 2019 to 2025, there were no records available on the inspection day to demonstrate that the provider had made efforts to establish the identity of the legal personal representative to release the funds to this person.
 - The inspector found that residents had been charged for services that were available to them free of charge under their NHSS contribution, set out in their contracts. This matter is discussed further under Regulation 9: Residents' rights

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The provider had not ensured all residents were provided with a written agreement reflecting the terms by which they reside in this designated centre. For example,

residents who were admitted for short-stay residential care, such as respite care, had not been issued a contract.

The inspector reviewed a sample of four contracts of care between long-stay residents and the registered provider and found that:

- None of the four contracts reviewed set out the additional individual services that the resident may avail of for an additional charge, but which are not included in the Nursing Home Support Scheme or other health entitlement. Records reviewed found residents were being charged for hairdressing and individual newspaper services, but such additional services were not referenced in the contract.
- Two of the four contracts did not specify the number of other occupants in the bedroom, as required by the regulation.

Judgment: Not compliant

Regulation 34: Complaints procedure

While there was evidence of how complaints were managed, there were gaps in which the complainant had not received a written response from the complaints officer, as required by the provider's complaints policy.

Judgment: Substantially compliant

Quality and safety

While the inspector observed kind and compassionate staff treating residents with dignity and respect, enhanced governance and oversight were required to improve the quality and safety of service provision. Action was required to ensure regulatory compliance with premises, infection control, healthcare, residents' rights, and food and nutrition, as set out in this report.

Staff were respectful and courteous towards residents. Residents had the opportunity to be consulted with and to participate in the organisation of the designated centre by attending residents' meetings and completing residents' questionnaires. The centre had religious services on an occasional basis on-site and daily on television. Residents had access to radio, television, newspapers, telephones and internet services. Residents also had access to independent advocacy services. Notwithstanding these good practices, the inspectors found that not all aspects of residents' rights were upheld in the centre, and actions were required by the provider to ensure that residents were not charged for services that

were covered under their nursing home support scheme contribution, that residents had opportunities to participate in activities in accordance with their interests and capabilities, and that residents had access to facilities for occupation and recreation. These matters are discussed under Regulation 9: Residents' rights.

The inspector reviewed the premises and observed that residents' bedrooms were clean, tidy, and personalised with items important to them, such as family photos and sentimental items from home. Residents had space to store their clothes, toiletries, and other belongings and display significant possessions. Each resident had access to a lockable storage unit. The centre had communal spaces for residents and their visitors, as well as a ground-floor private visiting room. The provider had an enclosed sensory garden that was pleasantly landscaped. However maintenance and repair of the premises had not been carried out in order to provide a safe, dignified and comfortable living environment for residents and to comply with Schedule 6 requirements. These matters, including repeat non-compliant findings, will be discussed under Regulation 17: Premises.

Residents spoken with expressed a neutral response when asked about the food available. Food was prepared and cooked off-site and delivered to the centre. Adequate quantities of food and drinks were provided during the day of the inspection. Residents had access to fresh drinking water and other refreshments throughout the day. Residents' dietary needs, as prescribed by a dietitian or speech and language therapist, were seen to be met. There was adequate supervision and discrete, respectful assistance at mealtimes. Notwithstanding these positive findings, some aspects of the dining experience required action to comply with Regulation 18: Food and nutrition.

The provider had some processes to manage and oversee infection prevention and control practices within the centre. The centre's interior was generally clean on the inspection day. The centre had four infection control link nurses providing specialist expertise. Surveillance of healthcare-associated infections and multi-drug resistant organism colonisation was being undertaken and recorded. The volume of antibiotic use was also regularly monitored. A targeted auditing system was in place to regularly review staff practices. The person in charge had completed a review following a recent Influenza A outbreak. Within that review, relevant protocols and guidance were documented as having been adhered to, and learning was identified for a future outbreak. Since the last inspection, the provider had installed a first-floor housekeeping room with a janitorial sink. This addressed previous inspection findings that cleaning staff were accessing water from the sluice room for cleaning purposes, posing a risk of cross-contamination. Notwithstanding these good practices and actions taken by the provider, some further actions were required to protect residents from infection and to comply with the *National Standards for Infection Prevention and Control in Community Services* (2018) and other national guidance on IPC, as discussed under Regulation 27: Infection control.

Regulation 11: Visits

The provider had a written visitor policy as required by the regulation. 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 several communal spaces for residents to host visitors, as well as a ground-floor, private lounge.

Judgment: Compliant

Regulation 17: Premises

While parts of the premises were maintained to an acceptable standard, other aspects required robust action and urgent maintenance to provide a safe, dignified and comfortable living environment for residents and to comply with Schedule 6 requirements, for example:

- The inspector found two toilets to be leaking in the Abbey Unit. These leaks were leaving the floors surrounding the toilet wet and stained. The presence of liquid on the floors, visible to the inspector, also posed a risk of falls for residents. This matter was discussed with staff and brought to the attention of the person in charge. Staff confirmed that these leaks were recurring, while the person in charge confirmed that they had obtained maintenance reviews of these facilities on several occasions; the leaks persisted.
- Paving stones in the garden outside the Abbey sitting/dining room were found to be uneven with loose paving that moved underfoot, posing a risk of falls. This was brought to the attention of the person in charge, who was aware of the matter and had referred the matter to maintenance personnel for scheduled works. However on the inspection day, there was no confirmed timeframe for the completion of these works.
- The inspector observed areas of damp on walls in several locations, including the Abbey sitting/dining room, where flaking paint and plaster were observed falling from the walls to the left and right of the door into the garden.
- The inspector observed damp on multiple window reveals throughout the centre, where residents displayed their possessions in their bedrooms, including the ground-floor bedroom 1 and the first-floor bedroom 1. Mould growth, flaking paint, and loose plaster were observed, resulting in dust deposits beside residents' possessions. This is a repeat finding from the April 2025 inspection.
- The door from the Abbey sitting/dining room to the garden was damaged and did not close properly, leaving a gap adjacent to where residents were seated, exposing them to a draft.
- Some parts of the centre were showing decorative wear and tear, with severely damaged doors and door frames visible throughout the premises. The inspector also noted that some beds had damaged bed frames.

- Inappropriate storage continued to be observed in the centre, for example, laundry skips, commodes, and transport wheelchairs being stored in the assisted bathrooms. This is a repeat finding from the April 2025 inspection.

Judgment: Not compliant

Regulation 18: Food and nutrition

The inspector observed that the mealtime experience for residents did not ensure that food and nutrition were delivered in line with the regulatory requirements, for example:

- Residents who required modified textured meals were not offered a choice of main course meal on the day of the inspection. This was confirmed from a discussion with catering staff and an examination of the menu ordering sheets for the inspection day, which documented 'level 4' and 'level 5' rather than the residents' meal choice.

Judgment: Substantially compliant

Regulation 27: Infection control

While the interior of the centre was generally clean on the day of inspection, the decontamination of flooring in the toilet facilities and resident equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection and complied with the *National Standards for Infection Prevention and Control in Community Services* (2018) and other national guidance in relation to IPC, for example:

- The flooring in the toilet facilities on Abbey Unit required attention due to a strong urine odour. The presence of this odour was not acceptable and did not promote the dignity of residents using these shared facilities.
- A sample of crash mats and residents' comfort seating was observed to be visibly unclean, with dried-in liquid stains and other debris, and their covering material was torn, which would prevent effective cleaning.
- While the centre had a labelling mechanism indicating whether shared equipment used daily by residents had been cleaned, the inspector observed that some labels indicated the equipment had been cleaned 25 and 9 days prior to the inspection. Therefore, it was not possible to identify whether the equipment provided to a resident was clean on the inspection day.

The provider had not ensured all staff had received suitable training on IPC, which is discussed under Regulation 16: Training and staff development.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of nursing notes and care plans for five residents. There was evidence that residents were comprehensively assessed upon admission using a suite of evidence-based risk assessment tools to evaluate risks, including falls, pressure sore development, malnutrition, manual handling needs, and dependency levels. Care plans were developed based on these assessment tools. The care plans viewed by the inspector were person-centred and specific to that resident's needs. Care plans were reviewed at required intervals, and there was evidence of consultation with the resident and, where appropriate, their family during these reviews.

Judgment: Compliant

Regulation 6: Health care

Residents had regular access to the provider's medical officer. Residents who required specialist medical treatment or other healthcare services, such as mental health services, chiropody, speech and language therapy, and palliative care, could access these services in the centre upon referral. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Findings in relation to dietitian and TVN services are discussed under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Staff were subject to An Garda Síochána (police) vetting before commencing employment in the centre.

Safeguarding training was provided, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse.

From the records seen, it was clear that the person in charge had provided a comprehensive and person-centred response when investigating and responding to allegations of abuse concerning residents.

The provider acted as a pension agent for five residents and held small amounts of cash in safekeeping for several residents. The provider had a transparent system in which all lodgements and withdrawals of residents' personal funds were recorded in the provider's electronic record management system. The inspector found evidence that the residents' funds were made available to them as required. Notwithstanding this good practice, the provider's systems required strengthening to ensure that residents' finances were managed in accordance with the provider's policies and the terms of their contracts, as discussed under Regulation 23: Governance and management and Regulation 9: Residents' rights.

Judgment: Compliant

Regulation 9: Residents' rights

While many aspects of residents' rights were upheld at the centre, actions were required to ensure that residents were not charged for services covered by their nursing home support scheme contribution. For example, under the provider's contract for the provision of services, the cost of transport where the resident or the representative was unable to make such provision was included in the residents' contribution fees. However, the inspector found four instances in which a resident had been charged for transport to hospital appointments in addition to their contracted fees.

The activities observed were not sufficient to ensure that all residents had an opportunity to participate in line with their interests and capacities. Despite group-based activities taking place on the ground floor in the morning on the inspection day, and on the first floor in the afternoon, residents were seen sitting for lengthy periods in the sitting rooms, with music playing and any staff engagement or any other meaningful activation.

The inspector reviewed the facilities for occupation and recreation made available to residents and observed that, outside of organised group activity, where bingo equipment was seen to be used, there was minimal therapeutic or sensory equipment for residents to engage with on both floors, particularly on Abbey Unit.

Residents were not able to freely access all areas of the designated centre without requiring assistance of staff. For example, residents could not access the garden area without having to ask the staff to open the door. Additionally due to the uneven paving in this area residents were at risk of falling and therefore were unsafe without the assistance of staff.

Residents on Abbey Unit did not have the same dining experience as the residents on Brandon Unit.
Judgment: Not 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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for New Houghton Hospital OSV-0000603

Inspection ID: MON-0050068

Date of inspection: 22/06/2026

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge (PIC) will implement a robust training compliance programme to ensure all staff have access to and complete mandatory training.</p> <ol style="list-style-type: none">1. A full training needs analysis has been completed and an updated training matrix has been developed to identify all outstanding mandatory training requirements.2. All staff with outstanding safeguarding training, responsive behaviour training, fire safety training (including fire evacuation aids, fire extinguishers and evacuation lift training) and IPC modules will be scheduled to attend training.3. Protected learning time will be rostered to support staff attendance and completion of online learning modules.4. Monthly monitoring of training compliance will be undertaken by the PIC and ADON, with training compliance included as a standing agenda item at management meetings.5. A digital platform will be utilised to strengthen training compliance through the implementation of an automated monitoring and reminder system. Staff members will receive advance notifications when mandatory training is approaching its renewal date, with escalation processes in place to notify line managers of any outstanding or overdue training. This process will support timely completion and renewal of mandatory training requirements, enhance management oversight, and ensure ongoing compliance with regulatory, governance, and workforce development obligations.6. New staff will complete mandatory training as part of their induction programme. <p>Compliance Date: 31st October 2026 (due to 7 new staff onboarding in September).</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Registered Provider will strengthen governance, oversight and resource allocation to ensure the service is safe, effective and consistently monitored.</p> <ol style="list-style-type: none"> 1. The Provider has re-established access to Dietetic services through referral to Primary Care service from August 2026. 2. The Provider has established access to specialist Tissue Viability Nurse support from the neighbouring Waterford Residential Care Centre for residents on a case by case basis, where residents have difficulty accessing the TVN service at Wexford General Hospital. 3. Following a review of rosters, activity staffing resources of 2.51 WTE are in place and aligned with the Statement of Purpose. 4. A comprehensive review of all regulatory compliance systems will be completed and an enhanced audit schedule implemented focusing on training, premises, complaints management, infection prevention and control, nutrition and residents' rights. 5. DON/ADON/CNM will monitor progress against inspection findings, with evidence of actions completed maintained at fortnightly nursing management meetings and quarterly governance meetings with the RPR/PPIM. 6. An audit of all monies held on behalf of deceased residents is currently underway to ensure appropriate oversight, accountability, and compliance with financial governance requirements. A formal register will be established and maintained to record all such balances and the actions taken in respect of them. Reasonable and documented efforts will be made to identify and engage with the legal personal representatives of deceased residents to facilitate the appropriate administration of outstanding funds. Where cases remain unresolved, they will be reviewed in consultation with HSE Estates and Legal Services, as appropriate, to ensure that all actions are managed in accordance with relevant legal, regulatory, and governance requirements. In addition, the CDCU Debtor Review Group, commencing in August 2026, will provide oversight and support to New Houghton Hospital in progressing outstanding cases and ensuring a consistent and transparent approach to the management of monies held on behalf of deceased residents. 7. The Registered Provider will undertake a full review of all resident charges to ensure that no resident is charged for services that are covered under the Nursing Home Support Scheme (NHSS). Where any charges are identified as having been applied inappropriately, these will be reimbursed to the resident. In line with residents' rights to access healthcare services and to exercise choice and control over their daily lives, arrangements will be made to support residents to attend medical appointments where they do not have the capacity to travel independently and where family members or representatives are unavailable to provide transport. Any transport arrangements will be discussed with the resident and/or their representative and facilitated in a manner that promotes the resident's dignity, independence, and best interests. No charges will be levied for same. 8. Fire safety storage practices have been reviewed and all electrical charging equipment has been relocated away from linen storage areas. 9. The sensory garden access is now unrestricted with keypad removed from the Day Room to the outdoor area. 	

Compliance Date: 31 October 2026	
Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ol style="list-style-type: none"> 1. The contract of care template has been reviewed and updated to ensure all regulatory requirements are included. 2. Contracts will specify: <ul style="list-style-type: none"> o Bedroom allocation and number of occupants. o All additional services available at extra cost, including hairdressing and personal newspaper delivery and transport. 3. All current long-stay residents' contracts will be reviewed and reissued where required. All residents and/or representatives will be provided with an explanation of changes and offered the opportunity to discuss the revised agreement. 4. A contract of care has been developed and is now provided to all residents admitted for short-stay or respite care. 5. An admission checklist will be updated to ensure contracts are completed and signed on admission. 6. Quarterly audits of contracts will be undertaken by the PIC to ensure ongoing compliance. <p>Compliance Date: 30 September 2026</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ol style="list-style-type: none"> 1. The complaints recording process has been reviewed with all relevant staff. 2. The Complaints Officer will ensure all complainants receive a written acknowledgement, outcome and review information in accordance with the complaints policy. 3. Monthly audits of complaints records will be conducted by the PIC. Complaints audits will review compliance with acknowledgement, investigation, response times, satisfaction and closure. 4. Learning arising from complaints will be discussed at staff and management meetings 	

and shared within the Quality and Patient Safety Committee.
Compliance Date: 31 August 2026

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Registered Provider has developed a prioritised maintenance action plan.

1. Replacement of leaking toilets and damaged flooring on Abbey Unit has been assessed and approved. Toilets will be replaced and ancillary works completed by 31st October 2026.
2. Uneven paving in the sensory garden has been repaired and made safe for resident use.
3. Damp, mould, damaged plaster and flaking paint throughout the centre has been assessed and will be addressed through a schedule of works by 31st October 2026.
4. Ceiling tiles have been replaced.
5. The damaged garden access door will be repaired by 31st October 2026.
6. Damaged doors, door frames and bed frames will be repaired or replaced.
7. Maintenance team have progressed quotations for a shed to be installed on campus for the appropriate storage of equipment. This has been submitted to Minor Capital Estates for funding in August 2026, anticipated installation date is December 2026.
8. A weekly environmental walkabout and monthly premises audit will be undertaken by management to promptly identify maintenance issues.
9. Progress will be monitored through governance meetings until all works are completed.

Compliance Date: 31 October 2026

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

1. Residents requiring modified texture diets will be offered the same meal choices as residents receiving standard consistency diets.
2. Daily menu selection records will include the individual meal choice selected by residents on modified diets.
3. Mealtime audits will be conducted monthly to ensure choice is consistently available and documented.

4. Resident feedback regarding meals and dining experiences will be sought through resident meetings and satisfaction surveys.

Compliance Date: 31 August 2026

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

1. Deep cleaning of all affected toilet facilities has been completed and replacement/repair works will be undertaken to eliminate the plumbing issues that have led to persistent odours.
2. All damaged crash mats and resident seating with torn surfaces have been removed from use and replaced.
3. A review of cleaning schedules and equipment cleaning records has been completed to ensure shared equipment is cleaned and documented in accordance with IPC guidance.
4. IPC link nurses will undertake enhanced environmental audits each month.
5. Outstanding IPC training requirements will be completed by all staff.
6. IPC compliance results will be reviewed monthly through the governance structure.

Compliance Date: 30 September 2026

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1. A review of all resident charges has been completed to ensure residents are not charged for services included under the NHSS agreement. Any inappropriate charges identified will be refunded.
2. The keypad lock from the Day Room to the Main Garden has been removed and a man guardian is installed to support residents at higher risk, allowing free access to the sensory garden.
3. Garden repairs will be completed to ensure residents can safely access outdoor spaces independently where appropriate.
4. A review of the activities programme has been commenced to ensure meaningful engagement opportunities are available throughout the day, seven days a week. A daily activity schedule is available on each unit
5. Additional recreational resources including sensory equipment, board games, arts and crafts materials, reminiscence resources, books and activity stations will be made readily accessible to residents.

6. Activity staff will develop individual activity profiles to support engagement based on residents' interests and capacities which will inform the review of the activity programme.
 7. The dining experience on Abbey Unit has been reviewed and meals are now offered in a single sitting.
 8. Resident feedback regarding activities, outdoor access and dining arrangements will be monitored through resident meetings and satisfaction surveys, with actions incorporated into the quality improvement programme.
- Compliance Date: 31 October 2026

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/10/2026
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	31/10/2026
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	31/08/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in	Not Compliant	Orange	31/10/2026

	accordance with the statement of purpose.			
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/10/2026
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Not Compliant	Orange	30/09/2026
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but	Not Compliant	Orange	30/09/2026

	which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	30/09/2026
Regulation 27(b)	The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.	Substantially Compliant	Yellow	30/09/2026
Regulation 27(c)	The registered provider shall ensure that staff receive suitable training on infection prevention and control.	Substantially Compliant	Yellow	30/09/2026
Regulation 34(6)(a)	The registered provider shall ensure that all complaints	Substantially Compliant	Yellow	31/08/2026

	received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/10/2026
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/10/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	31/10/2026
Regulation 9(3)(d)	A registered provider shall, in so far as is	Substantially Compliant	Yellow	31/10/2026

	reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.			
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