



**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:	Holy Ghost Residential Home
Name of provider:	Holy Ghost Hospital Board of Trustees
Address of centre:	Cork Road, Waterford
Type of inspection:	Unannounced
Date of inspection:	25 September 2025
Centre ID:	OSV-0000591
Fieldwork ID:	MON-0048373

About the designated centre

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

The Holy Ghost Residential Home is a single-storey purpose built centre that includes various renovations and extensions which have taken place over the years to enhance the living spaces for residents. It contains 60 single bedrooms with full en-suite bathrooms. Communal accommodation consists of a large communal sitting room called the concourse. A large dining room is located beside a well-equipped kitchen and a second sitting room is across the corridor. Other communal areas includes a fully furnished oratory, a library, a comfortable furnished foyer, a smoking room and a hairdressing room. There are also additional seating areas along some corridors. There is an enclosed garden in the centre of the building and other outdoor spaces are available including walkways at the front of the building. The Holy Ghost is a residential setting catering for residents to live independently with supportive care. The emphasis is on home-style living where each resident has their own room/living space. The Holy Ghost residential home does not provide 24- hour nursing care but a registered general nurse is responsible and accountable for the daily running of the home. This supportive independent care model is reflected in the staffing structure which is household, catering and caring staff as in the community setting. The centre is located in Waterford city in close proximity to the city centre and to public transport networks.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60
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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
Thursday 25 September 2025	08:15hrs to 15:50hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

There was a calm and welcoming atmosphere in the centre over the course of the inspection. It was evident, from talking with management and staff, that they knew the residents very well and were familiar with each residents' daily routine and preferences.

The inspector met with the majority of residents living in the centre and spoke with 10 residents in more detail to gain a view of their experiences in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided.

Residents described a lively social environment with regular outings, including an upcoming tea party they were eagerly anticipating. The centre's bus driver supported daily independence by taking residents downtown for errands such as GP visits, banking, shopping or the post office. Resident's autonomy was further promoted with some residents continuing to drive themselves.

All residents attended the main dining room for breakfast on the morning of the inspection. The atmosphere was relaxed and cheerful, with residents and staff engaging in lively conversation. Residents were complimentary of the home cooked food and the dining experience in the centre.

The inspector also spoke with two relatives who were visiting on the day of the inspection. Both were very complimentary in their feedback and expressed satisfaction about the standard of care and support provided. Visitors said that management were proactive in responding to issues as they arose to improve services and outcomes for residents.

The centre was observed to be safe, secure with appropriate lighting, heating and ventilation. Finishes, materials, and fittings struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration. Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean and well maintained. Equipment viewed was also clean.

There was a choice of nicely decorated and inviting communal spaces including the open plan concourse, a conservatory, an oratory, library and a large dining room. Corridors were brightly lit and maintained clear of items.

The outdoor courtyard and garden area was well maintained and readily accessible, making it easy and safe for residents to go outdoors independently. On the day of the inspection, one resident was observed actively engaged in the garden, enjoying gardening and tending to the plants.

Bedroom accommodation in the centre comprised 60 single en-suite bedrooms. Call bells were accessible to residents within all bedrooms. Residents were supported to personalise their bedrooms, with items such as photographs and artwork to help them feel comfortable and at ease in the home.

Ancillary facilities also supported effective infection prevention and control. There was a dedicated room for the storage and preparation of medications, clean and sterile supplies. Staff also had access to dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and a sluice rooms with bedpan washer for the reprocessing of bedpans, urinals and commodes. These areas were well-ventilated, clean and tidy.

The main kitchen was clean and of adequate in size to cater for resident's needs. Staff served meals to the residents from a serving pass in the main dining room. This created a smooth and efficient serving, allowing home cooked meals to be served quickly and in portions that suited resident's individual preferences and dietary requirements.

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

Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). This inspection had a specific focus on the provider's compliance with infection prevention and control oversight, practices and processes.

Information received prior to the inspection regarding outbreak management was also reviewed, however findings on the day of the inspection did not substantiate the concerns raised.

Overall, the inspector found that the registered provider was committed to the provision of safe and high-quality service for the residents. The centre has a good history of compliance with the regulations. However, further action is required to be fully compliant with Regulation 5; Individual assessment and care plan. Findings will be discussed in more detail under the Regulation 5.

There a was well-defined management structure in place with identified lines of accountability and authority. The provider had nominated a nurse to the role of infection prevention and control link practitioner to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

Staff were knowledgeable about their individual roles and responsibilities and the roles and responsibilities of other staff members.

The registered provider ensured that sufficient resources were available to allow a high standard of supportive care to be provided to the residents. There were sufficient numbers of housekeeping staff on duty and all areas of the centre were observed to be clean and tidy. Cleaning records viewed confirmed that all areas were cleaned each day and deep cleaned on a regular basis.

Key performance indicators were collected as part of the 'Monthly Quality of Care Analysis', which included information to monitor and track incidence of pressure ulcers, weight loss, wounds, antibiotic use and infections on a weekly basis.

A review of notifications submitted to the Chief Inspector found that outbreaks were generally managed, controlled and documented in a timely and effective manner. The person in charge had prepared detailed outbreak report following the recent COVID outbreak in line with national guidelines. The report included a timeline of events, the number of residents and staff affected and infection control measures implemented. The report also identified learning points and included actions to support future responses.

Infection prevention and control audits were undertaken by management and covered a range of topics including hand hygiene, equipment and environment hygiene, use of personal protective equipment (PPE) waste and sharps management. Audits were scored, tracked and trended to monitor progress. The high levels of compliance achieved in recent audits were reflected on the day of the inspection.

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

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Discussions with staff on the day revealed they were familiar with the precautions required to reduce and mitigate against the risk of infection spreading within the centre. The majority of housekeeping staff had also attended a nationally recognised specialised hygiene training program for support staff working in healthcare.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the inspector found that the registered provider was committed to the provision of safe and high-quality service for the residents. The provider had clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. The PIC ensured that service delivery was safe and effective through ongoing infection prevention and control audit and monitoring of KPI's.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre had notified the Chief Inspector of all outbreaks of notifiable or confirmed infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within two working days of their occurrence.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. Residents' health, social care, and spiritual needs were well catered to. Regular social outings were encouraged and facilitated.

The centre adopted an open visiting policy for residents during the day except during protected meal times where visiting was restricted in order to allow residents time and enjoyment of meals without distraction. Visitors confirmed that visits were encouraged and facilitated in the centre.

Residents were provided with good standards of healthcare and timely access to health care to meet their needs. Residents' records and their feedback to the inspector confirmed that they had timely access to their general practitioners (GPs) when required. Multidisciplinary support and care was also provided by the Waterford Integrated Care for Older People (WICOP) Community Specialist Team as required.

Resident care plans had recently transferred to a new computer based system. The inspector reviewed a sample of care plans and found gaps in assessments and care planning arrangements as discussed under Regulation 5: Individual assessment and care plan.

When residents returned from the hospital, the inspector saw evidence that relevant information was obtained upon the residents' readmission to the centre. The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document was incorporated into the electronic care record and contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

The provider had access to diagnostic microbiology laboratory services and management confirmed that clinical samples for culture and sensitivity were sent for laboratory analysis as required. Laboratory results were reported directly to local GPs to support timely decision-making for optimal use of antibiotics.

Antimicrobial stewardship initiatives reviewed provided ongoing assurance regarding the quality of antibiotic use within the centre. For example, the volume and indication of antibiotic use was monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice.

The premises were designed and laid out to meet the needs of the residents. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained.

The provider was found to be compliant with Regulation 27; infection control, demonstrating the application of robust infection prevention and control measures on the day of the inspection. For example, staff were observed to follow standard infection control precautions such as hand hygiene and appropriate handling and segregation of laundry and waste. Appropriate use of PPE was also observed.

The provider had effectively managed a recent outbreak of COVID-19. While it may be impossible to prevent all outbreaks, the early detection of the symptomatic residents had ensured prompt action had been taken to isolate 12 symptomatic residents and limit the transmission of infection to other residents. The PIC had engaged with Public Health regarding the management of this outbreak and had implemented all recommended controls to ensure the safety and well-being of residents, staff and visitors. Staff spoken with were knowledgeable of COVID-19 infection prevention and control measures

Regulation 11: Visits
<p>There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.</p> <p>Staff outlined arrangements in place for residents to receive visitors, including the process for normal visitor access, access during a recent outbreak and arrangements for residents to receive visits nominated support persons during outbreaks.</p>
Judgment: Compliant
Regulation 17: Premises
<p>The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations 2013.</p>
Judgment: Compliant
Regulation 25: Temporary absence or discharge of residents
<p>A review of documentation found that when residents were transferred to hospital from the designated centre, relevant information was provided to the receiving hospital. Upon residents' return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging service or hospital.</p>
Judgment: Compliant
Regulation 27: Infection control
<p>The registered provider had ensured that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the HIQA were in place and were implemented by staff. Staff were observed to consistently apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers,</p>

such as hand hygiene, appropriate use of personal protective equipment, cleaning and safe handling and disposal of sharps, waste and used linen.

Up-to-date guidance published by the Health Protection Surveillance Centre (HPSC) in relation to infection prevention and control and outbreak management were available and were implemented in the designated centre. Staff were supported in their roles with access to appropriate training and infection prevention and control specialist advice where required.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed residents' care documentation and found that care planning required improvement to ensure each resident's health and social care needs were identified and were accurately detailed to guide safe care. This was evidenced by:

- A resident that had been diagnosed with a chronic skin condition had no skin care plan.
- Regular wound assessments, including photographs and measurements, were not undertaken to monitor progress with wound healing. This may impact staff's ability to accurately track healing progress, guide treatment decisions and identify complications early.
- A resident's history of antibiotic associated *Clostridioides difficile* infection was not recorded in their care plan.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to medical assessments and treatment by GPs of their choice. Inspector saw evidence that residents were referred to medical specialists, for example vascular surgeons, as required. Residents also had access to a range of health and social care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapist, tissue viability and palliative care.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example, antibiotic use was tracked and trended. Regular antimicrobial stewardship audits were also undertaken.

Judgment: Compliant

Regulation 9: Residents' rights

There was a rights based approach to care in this centre. Residents told the inspector that their rights and choices were respected, that they were involved in their care and had choice in the time they wish to go to bed and when they could get up.

Measures taken to protect residents from infection during the recent COVID outbreak did not exceed what was considered necessary to address the actual level of risk. For example, the inspector was informed that visiting continued to be facilitated with appropriate infection control precautions in place.

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
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Holy Ghost Residential Home OSV-0000591

Inspection ID: MON-0048373

Date of inspection: 25/09/2025

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 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>To comply with Regulation 5: Individual Assessment and Care Plan :</p> <p>As we are currently transitioning from hard copy formats of documentation to an electronic system, we have focused specifically on uploading information and the development of assessments thus leading to the advancing stages of care planning – Training is planned for the 14th October 25 with the Care Monitoring System we have adopted. The initial training was planned for August however it was cancelled due to a Covid Outbreak in the home.</p> <ul style="list-style-type: none">· A resident that had been diagnosed with a chronic skin condition had no skin care plan. To ensure person centred focus, a new keywork system will be introduced with immediate effect. This will allow for each individual to be monitored for clinical and social issues which may occur. An increased level of communication with the wider multidisciplinary team will allow for instant care actions.· Regular wound assessments, including photographs and measurements, were not undertaken to monitor progress with wound healing. This may impact staff's ability to accurately track healing progress, guide treatment decisions and identify complications early. <p>Nursing staff will attend the training with Care Monitor which will allow them to familiarise themselves with the knowledge and awareness surrounding this new option to include photographs. When using the old system, this was not an action staff would have taken. If photographic evidence is obtained, it will firstly be in agreement with the resident.</p> <p>A resident's history of antibiotic associated <i>Clostridioides difficile</i> infection was not recorded in their care plan.</p> <p>Going forward – once we have been notified by the HSE / GP , all updated information</p>	

will be recorded and documented with appropriate care plans in place. GPs will be contacted for confirmation of the same by the end of the week. Upon confirmation of the same – personalised care plans will be developed with immediate effect. All staff will be notified – including Household and Multitask.

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 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	14/10/2025