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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:	Carnew Nursing Home
Name of provider:	Genesis Healthcare Ltd
Address of centre:	Gorey Road, Carnew, Wicklow
Type of inspection:	Unannounced
Date of inspection:	08 May 2025
Centre ID:	OSV-0008471
Fieldwork ID:	MON-0045528

## About the designated centre

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

Carnew Nursing Home is a new 90 bed creatively designed, split-level building, built to a high specification. The centre has three units - Oak, Birch and Rowan. The centre had three twin en-suite rooms in Birch unit and the remaining 84 rooms are single en-suite. Each level has its own access to internal courtyards. The centre is located in the countryside, on the outskirts of Carnew village, situated approximately 16 kms from the town of Gorey Co. Wexford and 15 km from the town of Bunclody, Co. Wexford. Carnew Nursing Home delivers care to residents over the age of eighteen with varying and complex needs ranging from lower dependency individuals to maximum dependency requirements. The centre also cater for residents who require general care, including residents with dementia, physical disabilities, chronic physical illness, psychiatric illness, frail elderly, and those requiring palliative care.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	65
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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 8 May 2025	09:00hrs to 17:20hrs	Mary Veale	Lead
Thursday 8 May 2025	09:00hrs to 17:20hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day by two inspectors. Over the course of the inspection, the inspectors spoke with residents, staff, and visitors to gain insight into the residents' lived experience in the centre. All residents spoken with were mostly overwhelmingly complimentary in their feedback and expressed satisfaction about the standard of care provided. The inspectors spent time in the centre observing the environment, interactions between residents and staff, and reviewed various documentation. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays with attending to residents' requests and needs. Residents spoke of exercising choice and control over their day and being satisfied with activities available. Residents' told inspectors that they said that they could approach any member of staff if they had any issue or problem to be solved.

Carnew Nursing Home is situated in a peaceful and picturesque rural area. Carnew Nursing Home is a split level two storey purpose built designated centre registered to provide care for 90 residents in the village of Carnew, in County Wicklow. The centre was registered as a designated centre in June 2023 and opened to admissions following registration. There were 65 residents living in the centre on the day of inspection. The centre had three units. Oak unit and Birch unit were on the ground floor. Rowan unit was on the lower level.

The location, design and layout of the centre was suitable for its stated purpose and met the residents' individual and collective needs. The centre was observed to be safe, secure with appropriate lighting, heating and ventilation. Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared appeared visibly clean and very well maintained.

There was a choice of nicely decorated and inviting communal spaces which were seen to be used thought out the day by residents. Finishes, materials, and fittings in the communal areas and resident bedrooms generally struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration.

The majority of residents had personalised their bedrooms with photographs, ornaments and other personal memorabilia. Lockable storage space was available and personal storage space comprised of a bedside locker and wardrobes. The privacy and dignity of the resident's accommodation in the twin rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings.

The outdoor courtyards and garden areas were well maintained and readily accessible from each level and safe, making it easy for residents to go outdoors

independently or with support, if required. The centre had two designated outdoor smoking areas located in the courtyards.

Ancillary facilities supported effective infection prevention and control. Staff in each unit had access to a dedicated housekeeping room for the storage and preparation of cleaning trolleys and equipment. There was also a sluice room in each unit for the reprocessing of bedpans, urinals and commodes. The infrastructure of the on-site laundry, which processed cleaning and kitchen textiles, supported the functional separation of the clean and dirty phases of the laundering process. These areas were well-ventilated, clean and tidy.

The main kitchen was adequate in size to cater for resident's needs. Toilets for catering staff were in addition to and separate from toilets for other staff. Residents were complimentary of the food choices and homemade meals made on site by the kitchen staff. The residents had access to adequate quantities of food and drink. Residents were offered a choice of wholesome and nutritious food at each meal, and snacks and refreshments were available throughout the day. Residents were supported during mealtimes, those residents who required help were provided with assistance in a respectful and dignified manner.

Conveniently located alcohol-based product dispensers within resident bedrooms facilitated staff compliance with hand hygiene requirements. Clinical hand hygiene sinks were also available within easy walking distance of resident's bedrooms. These complied with the recommended specifications or clinical hand hygiene sinks.

As the inspectors walked through the centre, residents were observed to be content as they went about their daily lives. The inspectors spent time observing staff and residents' interaction. Residents sat together in the communal rooms chatting, participating in arranged activities, or simply relaxing. Other residents were observed sitting quietly, observing their surroundings. Residents were relaxed and familiar with one another and their environment, and were observed to be socially engaged with each other and staff. A small number of residents were observed enjoying quiet time in their bedrooms. It was evident that residents' choices and preferences in their daily routines were respected.

Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff throughout the day. Staff who spoke with the inspectors were knowledgeable about the residents and their needs. While staff were seen to be busy attending to residents throughout the day, the inspectors observed that staff were kind, patient, respectful, and attentive to their needs. There was a very pleasant atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff.

The inspectors chatted with a number of residents about life in the centre. Residents spoke positively about their experience of living in the centre. Residents commented that they were very well cared for, comfortable and happy living in the centre. Residents stated that staff were kind and always provided them with assistance when it was needed. Residents said that they felt safe, and that they could speak

with staff if they had any concerns or worries. There were a number of residents who were not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

A range of recreational activities were available to residents, which included exercise, movies, music and bingo. The centre employed activities staff who facilitated group and one-to-one activities throughout the day. Residents told the inspectors that they were free to choose whether or not they participated. On the day of the inspection, the inspectors observed residents enjoying a relaxation exercise and a karaoke session with music provided by one of the residents. Some residents told the inspectors that they were looking forward to a shopping trip to a local town which was planned for the week after the inspection. The inspectors observed that staff supported residents to be actively involved in activities, if they wished. Residents also had access to television, radio, newspapers and books.

The residents had access to adequate quantities of food and drink. Residents were offered a choice of wholesome and nutritious food at each meal, and snacks and refreshments were available throughout the day. Residents were supported during mealtimes, those residents who required help were provided with assistance in a respectful and dignified manner. Residents were complimentary about the catering staff and the quality of the food provided in the centre.

A laundry service was provided for the residents. All residents' whom the inspectors spoke with on the day of inspection were happy with the laundry service.

Residents' views and opinions were sought through regular resident committee meetings and satisfaction surveys. Residents said that they felt they could approach any member of staff if they had any issue or problem to be solved.

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

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

## **Capacity and capability**

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection also had a specific focus on the provider's compliance with infection prevention and control oversight, practices and processes. Overall, this was found to be a well-managed centre with a clear commitment to providing good standards of care and support for the residents.

The provider had progressed the compliance plan following the previous inspection in September 2024. Improvements were found in care planning, healthcare, resident's rights, staff supervision, governance and management, temporary absence or discharge of residents and reporting of notifications. On this inspection, areas of improvement were required to the statement of purpose, healthcare, records and infection prevention and control. The inspectors followed up statutory notifications received by the Chief Inspector of Social Services since the previous inspection.

The registered provider for Carnew Nursing home is Gensis Healthcare Limited. The company had three directors, one of whom is involved in the day to day operations of the centre. The person in charge worked full-time in the centre and was supported by an assistant director of nursing, clinical nurse managers, a team of staff nurses, healthcare assistants, housekeeping, an activities co-ordinator, catering, a rehabilitation assistant, a physiotherapist, administration, and maintenance staff. At the time of inspection there was a vacant clinical nurse manager post which was in the process of been recruited. The person in charge was supported by a regional operations manager.

On the day of inspection, there were sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents. The provider had also ensured that there were sufficient staff available to support residents to engage in meaningful activities in line with their interests and capacities.

There were sufficient numbers of housekeeping staff on duty and all areas of the centre were observed to be clean and tidy. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and color coded cloths and mop heads to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day.

Improvements were found in training and staff development. Staff were appropriately supervised. There was an ongoing schedule of training in the centre. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. There was a high level of staff attendance at training in areas such as manual handling and safeguarding. Staff with whom the inspectors spoke with, were knowledgeable regarding safe guarding procedures. Up-to-date local and national guidance in relation to infection prevention and control and outbreak management were available and were implemented in the designated centre. 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 the majority of staff were up to date with infection prevention and control training. Inspectors were informed that additional training had been scheduled. This is discussed further in this report under Regulation 16: Training and staff development.

Improvements were found in governance and management systems since the previous inspection. Improvements were noted in communication between staff with



residents and families, access to medical care, information provided to receiving hospitals and medication safety. There was good oversight of audits and the monitoring of clinical incidents. There had been a significant decrease in medication errors.

The inspectors viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Governance meetings took place each weekly, staff meetings took place fortnightly and health and safety meetings took place quarterly in the centre. Since the previous inspection, falls audits, care planning audits, medication audits, wound care audits, safeguarding audits, nutritional audits, and restrictive practice audits had been completed. A detailed annual review for 2024 was available, it outlined the improvements completed in 2024 and improvement plans for 2025.

Key performance indicators (KPIs) which included information to track improvements in care planning, medication management behaviour management and infection rates, were maintained on a weekly basis and these were reviewed at the governance and management meetings which were held with the registered provider, operations manager and the person in charge.

While overall improvements in governance, management and oversight of the service were noted since the last inspection, inspectors found that the management systems to monitor infection prevention and control practices were not robust in all areas, for example infection prevention and control audits were not included in the audit schedule. This is discussed further under Regulation 23: Governance and management.

Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was also routinely undertaken and recorded. However, a review of documentation found that the MDRO status of a small number of residents with a history of colonisation had not been recorded. This meant that appropriate precautions may not have been in place when caring for a small number of residents with a history of MDRO colonisation.

The provider had implemented a number of legionella controls in the centres water supply. For example, unused outlets/ showers were run weekly, water temperature was maintained at temperatures that minimised the proliferation of legionella bacteria and storage tanks and shower heads were regularly cleaned. However, routine testing for legionella in hot and cold water systems was not undertaken to monitor the effectiveness of the controls.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspectors followed up on incidents that were notified since the previous inspection. A review of notifications submitted found that outbreaks of infection were generally managed, controlled and documented in a timely and effective manner. Two outbreaks of infections had been reported in 2025 to date. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. Staff confirmed that an appropriate testing pathway

had been established and Multiplex PCR testing for COVID-19, respiratory syncytial virus (RSV) and influenza (flu) was undertaken in line with national guidelines. While it may be impossible to prevent all outbreaks, the low level of transmission and short duration of the recent flu and RSV outbreaks, indicated that the early identification and effective management had contained and limited the spread of infection within one unit.

Records and documentation, both manual and electronic, were well-presented and organised which supported effective care and management systems in the centre. The inspectors reviewed staff files which contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available for each member of staff in the designated centre. However; improvements were required in the centre's staff personnel files and this is discussed further under Regulation 21: records.

The inspectors reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents who spoke with the inspectors were aware of how to make a complaint and to whom a complaint could be made.

### Regulation 15: Staffing

Through a review of staffing rosters and the observations of inspectors, 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

There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging and, infection prevention and control. However, a review of the training matrix identified gaps in infection prevention and control training.

Judgment: Substantially compliant

## Regulation 21: Records

The registered provider did not ensure that the records set out in Schedule 2, 3, and 4 were kept in the designated centre and made available for review by the inspectors. For example:

- In a sample of four staff files viewed, one staff file did not have a satisfactory history of gaps in employment in line with schedule 2 requirements.
- One staff file did not contain two written references.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements generally ensured the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. However, further action is required to be fully compliant. This was evidenced by:

- Infection prevention and control audits were not routinely undertaken. As a result, there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.
- Surveillance of MDRO colonisation was not comprehensive. As a result, there was some ambiguity among staff and management regarding which residents were colonised with MDROs.
- The provider had implemented a number of legionella controls in the centre's water supply. However, documentation was not available to confirm that routine testing for legionella in hot and cold water systems was undertaken to monitor the effectiveness of the controls.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The statement of purpose did not contain all the information required under Schedule 1 and required review in respect of:

- The statement of purpose did not include the information set out in the certificate of registration.

- The complaints procedure was not in line with Regulation 34: Complaints procedure.

These were repeating findings of the September 2024 inspection.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre.

The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

## Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are

important to them. Improvements were required to comply with healthcare and infection prevention and control.

Improvements were found in careplanning since the previous inspection. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care planning was good and described person-centred and evidenced based interventions to meet the assessed needs of residents.

Improvements were found in healthcare since the previous inspection. Residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. Fluid balance charts viewed were accurately calculated to make an assessment of resident's hydration status. Residents had access to a mobile x-ray service referred by their GP which reduced the need for trips to hospital. Residents had access to nurse specialist services such as community mental health nurses, specialist nurse, and tissue viability nurses. Residents had access to local dental and pharmacy services. Residents who were eligible for national screening programmes were also supported and encouraged to access these. However; further improvements were required in healthcare, this is discussed further in this report under Regulation 6: healthcare.

Improvements were found in information provided for receiving hospitals. 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 a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. A dedicated fridge was available for specimens awaiting transport to the laboratory. However, ice packs were observed to be stored in this fridge on the day of the inspection.

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; there was a low level of prophylactic antibiotic use within the centre, which is good practice. The volume and indication of antibiotic use was monitored and audits of antimicrobial use were undertaken each month. However, the consumption data and audit programme did not serve as a tool to improve quality improvement.

Inspectors identified some examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment and environmental cleaning.

Notwithstanding the good practices observed, a number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, inspectors were not assured that sharps were disposed of in line with best practice guidelines, urinals and commodes were managed in line with local guidelines or that soiled linen was being appropriately managed. Findings in this regard are presented under Regulation 27; infection control.

Improvements were found in the identification and management of recognising safeguarding incidents since the previous inspection. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. All interactions by staff with residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre. The centre did not act as a pension agent for any of the residents.

Improvements were found to residents rights. There were opportunities for residents to meet each month on each unit, residents had access to a bath and were offered choice at tea time. There were staff assigned to the provision of social activities in the centre. Residents were provided with recreational opportunities, including games, music, exercise, bingo and art. Arrangements were in place for consulting with residents in relation to the day to day operation of the centre. Resident feedback was sought in areas such as activities, meals and mealtimes and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the reception area. Residents had access to local and national newspapers, televisions and radios.

## Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

The visiting policy outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, access during outbreaks and arrangements for residents to receive visits nominated support persons during outbreaks.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances. There were no personal items belonging to residents stored in the centres control drug presses.

Judgment: Compliant

## Regulation 17: Premises

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.

Judgment: Compliant

## Regulation 25: Temporary absence or discharge of residents

Where residents were temporarily absent from the designated centre, relevant information about the residents was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

## Regulation 26: Risk management

The provider ensured that a comprehensive risk management policy which met the requirements of the regulations was implemented in practice. For example, ensuring risks related to infectious diseases such as legionella were assessed and appropriate controls were implemented.

Following outbreaks, the person in charge had prepared detailed outbreak reports in line with national guidelines. Reports included a timeline of events, the number of residents and staff affected, infection control measures implemented. Reports also included recommendations to improve future responses.

Judgment: Compliant

### Regulation 27: Infection control

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

- The overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example; information from antibiotic consumption monitoring and antimicrobial stewardship audits was not used to inform and drive quality improvement initiatives.
- Staff informed inspectors that they manually decanted the contents of commodes/ bedpans into the sluice prior to being placed in the bedpan washers for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- Nursing staff told inspectors that the dedicated sampling port was not used to collect urine samples from urinary catheters. Practices described increased the risk of catheter associated urinary tract infection.
- Signage in all three sluice rooms advised staff to manually rinse heavily soiled laundry in the sink in the sluice room before being placing in alginate bags and washing in the washing machine. This practice posed a risk of cross infection.
- There was some ambiguity regarding the duration of transmission based precautions applied when caring for residents with *Clostridioides difficile*. Staff told inspectors that contact precautions were removed after samples were sent to test for clearance of infection. This is not aligned to local guidelines.
- The provider had introduced some safety engineered sharps devices as an alternative to sharps without safety engineered features. However, inspectors saw evidence that the safety mechanism was not engaged after use. This practice increased the risk of needle stick injury.
- Ice packs were stored in the specimen fridge. This posed a risk of cross contamination.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. Based on a sample of care plans viewed, it was evident to inspectors that validated risk



assessments were regularly completed to assess clinical risks such as risk of malnutrition, falls and pressure ulcers.
Judgment: Compliant
Regulation 6: Health care
The early warning system to help staff identify and respond to signs of clinical deterioration in residents promptly as outlined in the previous inspection report compliance plan had not been implemented in practice.
Judgment: Substantially compliant
Regulation 8: Protection
Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.
Judgment: Compliant
Regulation 9: Residents' rights
Measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. For example, staff explained that restrictions during the outbreaks were proportionate to the risks. Individual residents were cared for in isolation when they were infectious, while and social activity between residents continued for the majority of residents in smaller groups or on an individual basis with practical 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Carnew Nursing Home OSV-0008471

Inspection ID: MON-0045528

Date of inspection: 08/05/2025

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"><li>• Action: We will conduct a comprehensive review of the current training matrix and identify all gaps in infection prevention and control training for all staff members.</li><li>• Action: We will develop and implement a revised training schedule to address identified gaps in infection prevention and control, ensuring all staff complete the necessary training.</li><li>• Action: We will introduce a system for regular monitoring of staff training compliance, including monthly checks of the training matrix, to ensure ongoing adherence to training requirements.</li></ul>	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"><li>• Action: We will implement a checklist for all new staff files to ensure all Schedule 2 requirements, including satisfactory history of gaps in employment and two written references, are met prior to employment commencing immediately.</li><li>• Action: We will conduct an audit of all existing staff files to identify any missing documentation as per Schedule 2 requirements and proactively obtain any outstanding information.</li><li>• Action: We will establish a clear process for regular review of staff files to ensure ongoing compliance with record-keeping regulations.</li></ul>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Action: Integrate infection prevention and control (IPC) audits into the routine audit schedule, ensuring these audits are conducted at least quarterly.</li> <li>• Action: Implement a robust system for recording and tracking the Multi-Drug-Resistant Organism (MDRO) status of all residents, ensuring clarity and accessibility of this information for all staff. This will include mandatory training for staff on MDRO surveillance and documentation.</li> <li>• Action: As previously mentioned in the report, we have implemented several Legionella controls in the centre's water supply, including water testing. We already ordered test for Legionella in hot and cold-water systems and received the negative results of this. These results will be systematically documented to monitor the effectiveness of the controls.</li> </ul>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> <li>• Action: We already reviewed and revised the Statement of Purpose to ensure it includes all information set out in the certificate of registration. Completed</li> <li>• Action: We already updated the Statement of Purpose to align the complaints procedure with Regulation 34: Completed</li> <li>• Action: We already implemented a review process for the Statement of Purpose to ensure it is accurate and up-to-date annually. Completed</li> </ul>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• Action: We will enhance the antimicrobial stewardship program to ensure information from antibiotic consumption monitoring and audits is actively used to drive quality improvement initiatives, with a review of the program's effectiveness.</li> <li>• Action: All staff now follow the protocol for disposing of commode/bedpan contents</li> </ul>	

directly into the sluice without manual decanting. Refresher training. Completed

- Action: We removed signage in all sluice rooms and update protocols to prohibit manual rinsing of heavily soiled laundry in sinks, ensuring all soiled laundry is placed directly into alginate bags for washing. Completed
- Action: Review and align all local guidelines regarding the duration of transmission-based precautions for residents with *Clostridium difficile* with national guidelines.
- Action: We will provide refresher training to all staff on the correct engagement of safety mechanisms for safety-engineered sharps devices and reinforce proper sharps disposal practices.
- Action: We implemented a clear labelling for the dedicated only specimen fridge, ensuring that ice packs are stored separately to prevent cross-contamination. Completed

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

- Action: We will fully implement use of the early warning system in our electronic system to help staff identify and respond promptly to signs of clinical deterioration in residents. This will include comprehensive training for all relevant staff on the use and application of the system.
- Action: We will conduct regular audits of the early warning system's implementation and effectiveness to ensure consistent and appropriate use by staff, with the first audit completed.

## 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.	Substantially Compliant	Yellow	31/07/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/08/2025
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.	Substantially Compliant	Yellow	31/07/2025
Regulation 27(a)	The registered provider shall ensure that	Substantially Compliant	Yellow	31/08/2025

	infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/07/2025
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	31/07/2025