Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	New Ross Community Hospital
Name of provider:	New Ross Community Hospital Limited by Guarantee
Address of centre:	Hospital Road, New Ross, Wexford
Type of inspection:	Unannounced
Date of inspection:	05 April 2023
Centre ID:	OSV-0000602
Fieldwork ID:	MON-0039702

About the designated centre

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

The centre occupies the ground floor of a two-storey facility built in the 1930s with residential capacity of 35 persons (both male and female) on the ground floor. It is located on the same grounds as the Health Centre, Day Care Centre and New Houghton Hospital. It provides 24 hour 7 day qualified nursing care for persons with the following care needs: long term/ residential care, short term, non-acute medical, respite, convalescence, palliative care, family emergencies and young chronically ill over eighteen years of age. There are 13 single rooms, eight of which are en suite and 11 twin rooms. Other rooms available included a day room, an activity room, quiet room, prayer room, kitchen, dining room, sluice rooms, a laundry, treatment room and offices. There was a secure garden area for residents use in addition to a secure courtyard. Some parking was available at the front of the building. There is also access to a shared car park on the grounds. According to their statement of purpose, the centre aims to provide an environment that residents can regard as a home from home. Committed and professional staff are focused on ensuring all residents are cared for in a safe, warm, secure and caring environment, based on the principles of home. Their objective is to provide a high quality of resident-centred care to all in accordance with evidence based best practice; to ensure residents live in a comfortable, clean and safe environment that promotes the health, rights and independence of the residents of the hospital.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 5 April 2023	09:25hrs to 18:35hrs	Bairbre Moynihan	Lead

What residents told us and what inspectors observed

The inspector greeted and chatted to a number of residents in the centre to elicit their experiences of living in New Ross Community Hospital. Overall, residents were positive in their feedback about the centre and were particularly complimentary about the care they received and the staff. Residents reported feeling safe.

The inspector arrived in the morning to carry out an unannounced inspection to monitor ongoing regulatory compliance with the regulations and standards. The inspector was greeted by the person in charge and following an introductory meeting was guided on a tour of the premises.

The centre is registered to accommodate 35 residents with one vacancy on the day of inspection. The centre is all at ground level. The original hospital, built in the 1930s contained 16 rooms, 11 twin rooms and 5 single rooms. Shower, bath and toilet facilities are shared between these residents. The old wing required ongoing maintenance. An extension to the centre was opened in 2016 and contained eight single en-suite rooms. These rooms were spacious in design with wide corridors. Communal space in the centre included a day room, oratory and activities room. Seating was also available on the corridor of the new wing. This area was bright and a number of residents were observed during the day of inspection meeting their visitors there or relaxing. The garden had an awning and residents were observed using the area during the day. Spring flowers were blooming in the garden at the time of inspection.

The registered provider had one activities co-ordinator which equated to 0.7 WTE (wholetime equivalents). The inspector was informed that another activities co-ordinator was recruited and was due to commence imminently. On the day of inspection an easter celebration was taking place with live music. The majority of residents were observed to be in the day room listening and partaking in the singing while enjoying a glass of alcohol of their choice. Staff had made easter hats for the residents and residents were wearing them in the afternoon. In addition, dog therapy had returned to the centre and were onsite while the inspector was there. A monthly rota of resident activities was devised each month. For example; the rota provided to the inspectors indicated that sing alongs, bingo and exercises were scheldued over a number of days in the month. Photographs were on display of a camping trip that residents went on a few months ago. WIFI was available in the centre for residents if they required it.

Residents were consulted about the centre through resident meetings. Three resident meetings had taken place since the last inspection. Meeting minutes reviewed indicated that resident meetings were information sharing regarding for example; the fire procedures. No timebound action plan accompanied the meetings. A resident survey on hunger and food was completed on 07 March 2023. Four surveys were provided to the inspector. The information had not been collated and

actioned at the time of inspection.

The dining experience was observed. The majority of residents attended the dining room. The lunchtime was observed to be a social occasion with residents chatting amongst themselves. There was a sufficient number of staff available to provide residents with assistance if required. Residents had a choice at mealtimes, however, the menu was being revised at the time of inspection and residents were unaware of what was on the menu that day. Residents were generally complimentary about the food, however, areas for improvement were identified by the registered provider, in meeting minutes reviewed and the hunger and food survey reviewed. The registered provider had commenced addressing these at the time of inspection. This will be discussed later in the report.

The inspector was informed and visitors confirmed that there was no restrictions on visiting other than the completion of a COVID-19 questionnaire and wearing a mask. Visitors were observed in the centre throughout the day of inspection.

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

Capacity and capability

This was an unannounced risk based inspection to assess the overall governance of New Ross Community Hospital and to identify if actions outlined in the compliance plan following the inspection in June 2022 had been completed and actions sustained. Overall, the inspector found that the majority of items outlined in the compliance plan had not been actioned. These will be discussed under Regulation 23: Governance and management. However, some areas were actioned. For example; two nurses were generally on duty between 2pm and 8pm with few exceptions. In addition, care planning had improved since the last inspection and the registered provider had provided training to staff on care planning.

New Ross Community Hospital Limited by Guarantee was the registered provider for New Ross Community Hospital. Oversight of the centre was provided by a board of directors. The board of directors consisted of five directors, one of whom was the registered provider representative. The board met monthly and the person in charge provided a monthly report at this meeting.

The person in charge had commenced in the role in November 2022 and had experience in nursing older persons and had completed a management course, however, the person in charge was three months short of the three years management experience required under Regulation 14. This is discussed under the regulation. The person in charge reported to the board of directors and was supported in the role by an assistant director of nursing, who worked 16 hours supernumery, staff nurses, healthcare assistants, activities co-ordinators, catering,

household and maintenance staff. A staff vacancy existed on the day of inspection in relation to activities. In addition, the activities co-ordinator role was not in line with the statement of purpose.

Staff had access to mandatory training including fire, infection control and safeguarding. No records were available for review in relation to managing behaviours that challenge. The inspector was informed that staff had recently undertaken training in relation to care planning and a small number of staff had recently completed face to face training in infection control.

Staff files were reviewed. All staff had Garda (police) vetting completed prior to commencing employment. The professional registration for staff who required it was in place and up to date. However, in line with findings from the inspection in June 2022, written references were not in a staff file reviewed. Additional findings are detailed under the regulation.

The last annual review of quality and safety of care was completed in 2020. No review was available for review from 2021 and the inspector was informed that the 2022 annual review was not completed. The registered provider had commenced more regular audits since the last inspection. Audits completed in 2023 included for example; a medication audit, infection control audit and an audit on falls prevention. The infection control audit identified issues, however, no timebound action plan accompanied the audit. The registered provider had systems of communication in place. Staff huddles were completed monthly with meeting minutes available. An operations team meeting was in place which included the person in charge, assistant director of nursing, administrator and accounts. In addition, as discussed earlier in the report, the person in charge reported to the board on a monthly basis. Incidents were reviewed by the inspector. The majority of incidents reported were falls related. Incidents were not tracked and trended and learning shared. The majority of incidents requiring notification to the Office of the Chief Inspector were notified within the required timelines with one exception.

The inspector was informed and was provided with evidence that policies and procedures were being reviewed at the time of inspection. However, policies and procedures available to guide staff were out of date. This was a finding on the inspection in June 2022.

Regulation 14: Persons in charge

The person in charge did not meet all the requirements under the regulation. Specifically, the person in charge did not have three years in a management capacity in a health and social care area.

Judgment: Substantially compliant

Regulation 15: Staffing

Staffing in the centre was not in line with the statement of purpose (SOP). For example; the statement of purpose indicated that there should be 1.94 wholetime equivalents (WTE) of activities co-ordinators. The inspector was informed that one WTE for activities equated to 34 hrs per week. On the day of inspection there was 0.7 WTE of activities co-ordinator in post with a further 0.88 recruited and awaiting commencement. This left a vacancy of 0.36 WTE for activities co-ordinators per week dedicated to activities.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Gaps in training and staff development were identified:

- The person in charge was unsure when staff had last completed training in managing behaviours that challenge. No records were available for review. The inspector was informed that training was being arranged at the time of inspection.
- A small number of staff training in fire and safeguarding was out of date.
- Infection control training will be discussed under Regulation 27: Infection control.

Judgment: Substantially compliant

Regulation 21: Records

The inspector reviewed a sample of staff personal records and identified that gaps remained in the prescribed information set out in schedule 2 of the regulations:

- One staff file did not contain written references.
- Evidence of qualifications and accredited training courses completed were not available in three files reviewed for example: nursing qualification.
- Three staff files either did not contain an employment history or there was gaps in the employment history

Judgment: Not compliant

Regulation 23: Governance and management

The assurance systems required strengthening so the registered provider could be assured of the quality and safety of care. A number of actions outlined in the compliance plan following the inspection in June 2022 had not been addressed. For example:

- Tracking and trending of incidents was not taking place.
- The centre had a small number of serious incidents. However, no review was completed following the incidents. This is a missed opportunity to share the learning with staff and implement actions following a serious incident.
- Oversight from management required improvement. No key performance indicators and metrics were reviewed and discussed at senior management level.
- The layout of twin rooms had not been addressed.
- Written references were again not available in one staff file viewed.
- Written policies and procedures at the point of care were out of date.

In addition:

- Audits were completed, however, audits did not contain a timebound action plan.
- A number of risks identified on the inspection in June 2022 remained and in the meantime no risk assessment of these risks had been completed and if required placed on the risk register.
- The annual review of the quality and safety of care for 2021 and 2022 was not completed.
- The inspector was informed that reviews of serious incidents for example; fall causing harm to a resident were not completed.

Judgment: Not compliant

Regulation 31: Notification of incidents

One incident that met the requirement for notification to the Office of the Chief Inspector was not notified within the required timeline. This was notified following the inspection.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The majority of policies available on the point of care were out of date since between January 2020 and June 2022. The inspector was informed that the policies were in the process of being reviewed. Evidence of this was provided to an inspector.

Judgment: Substantially compliant

Quality and safety

Overall, while the centre was working to sustain a good level of person centred care provision, deficits in the governance and management of the centre were impacting on key areas such as premises, food and nutrition, infection control, fire precautions, healthcare and residents' rights. Improved oversight of these areas is required to ensure a consistent safe service which supports best outcomes.

Inspectors found that the healthcare needs of residents were met through good access to general practitioners and nursing care. Residents had access to general practitioners. Two general practitioners attended once a week and then as required. Outside of these hours an on call service was used. Psychiatry of old age attended onsite when a resident was referred and a geriatrician attended monthly.The inspector was informed that physiotherapy, occupational therapy and speech and language therapy were provided through the HSE with minimal waiting time. However, at the time of inspection the centre had no access to a dietitan. This is discussed under regulation 6: Health care.

Visitors were observed in the centre throughout the day of inspection. It was evident that visitors were welcome in the centre and were not limited by time in visiting their friend/relative.

Premises and infection control are interdependent.The original hospital was dated and required ongoing maintenance in order to meet the National Standards for infection control in community services. At the time of inspection the registered provider was getting quotes to get the centre repainted. Areas identified in the last inspection for example; flooring in the bathroom, remained an issue. The registered provider had engaged with the HSE with a view to replacing it. In addition, the centre was challenged with lack of storage and there was inappropriate storage of resident equipment in a resident bathroom. The centre was generally clean on the day of inspection with few exceptions. The registered provider had identified a nurse who will be the infection control link practitioner. However, this link role was not in place yet and the number of protected hours required had not been identified. Residents' laundry was outsourced. Mop heads and towels were laundered onsite. Since the last inspection, improvements were identified in the laundry. The area in which the washing machines were kept was generally clean and contained the washing machines only. However, further improvements were required which are detailed under the regulation.

Residents were provided with adequate quantities of nutritious food and drinks, which were freshly prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. The registered provider had identified prior to the inspection that improvements were required in the food. Not all residents were provided with a choice at mealtimes. The inspector was informed that they had engaged with a nutritionist and that a review of the menus had commenced.

Systems were in place for monitoring fire safety. Fire extinguishers, the fire alarm and emergency lighting had preventive maintenance conducted at recommended intervals. The fire alarm system met the L1 standard which is in line with the current guidance for existing designated centres. However, as identified in the last inspection and again on this inspection, actions were required in the fire drills in the centre.

Improvements were identified in care planning since the last inspection. Residents were assessed using validated tools and care plans were personalised to residents' individual needs and provided good guidance on the care to be delivered to each resident.

The registered provider was not a pension agent for any residents. The majority of staff had completed safeguarding training and were knowledgeable about what constitutes abuse. Systems were in place for the management of residents' cash.

Activities were taking place on the day of inspection and a comprehensive monthly schedule of activities was available. However, this was not on display in the centre so residents were unaware of which activities were on each day. Residents were observed to be reading newspapers and mobilising along the corridors and chatting to staff and visitors. Residents were consulted about the centre through resident meetings and satisfaction surveys. These will discussed in greater detail under the regulation.

Regulation 11: Visits

The centre had an open visiting policy. Visitors were not required to make a booking. Visitors confirmed that there were no restrictions visiting their relative/friend.

Judgment: Compliant

Regulation 17: Premises

Improvements were required in order to ensure compliance with schedule 6 of the

regulations. For example:

- General wear and tear was noted throughout the centre. For example; splashing on paintwork, chipped doors and skirting.
- The configuration of twin rooms had not been reviewed since the last inspection. A number of residents' bed spaces did not contain a bed, chair and personal storage. In some instances residents' wardrobes were within the bed space of another resident.
- Privacy curtains in a small number of twin rooms did not fully enclose the resident's bed.
- The flooring in the toilet/shower in the old wing remained in a state of disrepair. The registered provider had engaged with the HSE with a view to replacing it and the inspector was informed that they were awaiting funding. However, in the meantime, no remedial works and taken place and no risk assessment was completed. This is of concern as this area posed a falls risk to residents and a risk of cross contamination of pathogens.
- In addition, the flooring in the bathroom in the old wing required review.
- A room identified as a shower and bathroom on the floor plans had been changed into a store room for resident equipment. This was identified on the last inspection and since then the inspector was informed that they had ceased using the room for which it was registered for and created it as a store room. In addition, this was identified in an infection control walk around in February 2023 but remained an issue.
- The laundry room was not on the floor plans or in the statement of purpose.

Judgment: Not compliant

Regulation 18: Food and nutrition

Actions were required in order to ensure compliance with Regulation 18:

- Meeting minutes reviewed indicated that residents on a modified diet did not receive a choice at mealtimes. This was also identified in a residents' survey. The inspector was informed that they were addressing this and had commenced addressing it on the week of inspection.
- Not all staff were familiar with the most up-to-date guidelines for modified diets. Furthermore, a small number of modified diet sheets viewed by the inspector were not in line with current international guidance.
- Dietetic access is discussed under Regulation 6: Healthcare.

Judgment: Substantially compliant

Regulation 27: Infection control

Improvements were required in order to ensure that procedures are consistent with the national standards for infection prevention control in community services. For example;

- A number of hand sanitisers were observed to be out of date. The inspector was informed that they were refilled and the contents were not out of date. However, the container from which they were refilled was not available to review. This practice posed a risk of cross contamination.
- A limited number of clinical hand hygiene sinks were available in the centre. None of these met the required specifications. This was identified on the last inspection and had not been risk assessed in the meantime. Furthermore, the inspector was informed that staff use a sink in a resident's toilet to perform hand hygiene.
- Cleaning trolleys were stored in a room with clean stock.
- In line with findings from the inspection in June 2022, soiled lined was stored beside clean linen in the laundry. This is not in line with the centre's own policy which advises separate areas for clean and dirty laundry.
- The cleaning procedures and staff understanding of the procedures in place in the centre required review. For example; the cleaning schedule identified that detergent should be used to clean floors, however, this practice was not consistently used. In addition, the cleaning schedule advised he use of 70% alcohol wipes for routine cleaning in resident bedrooms. Alcohol wipes are only effective when used to disinfect already ''clean'' non-porous hard surfaces.
- The centre had no janitorial sink. Cleaning buckets were filled from residents' bathrooms and the water was disposed of in a toilet.
- 32 staff had not completed infection control training within the last year.
- It was identified that housekeeping staff were topping up cleaning spray bottles daily. The inspector was informed that these bottles were not cleaned prior to refilling. The registered provider needs to be assured that the cleaning solution does not become ineffective should the bottle become contaminated with organic material.
- A room identified as a treatment room in th new wing had a dual purpose as a hairdressing salon. This room contained clean and sterile supplies and therefore posed a risk of cross contamination. This was identified on the inspection in June 2022 and had not been risk assessed or actioned.

Judgment: Not compliant

Regulation 28: Fire precautions

Actions were required in fire precautions so that the registered provider is assured that residents could be safely evacuated in a timely manner. For example;

- Fire drill records reviewed did not indicate the number of residents in the

compartment being evacuated. Furthermore, records indicated that fire drill was taking 25 minutes. The inspector was informed at feedback that this was the length of time the actual drill took as opposed to the evacuation.
- A release button on a fire door was broken.
- The smoke seals on a fire door were painted over which would make them ineffective in preventing the spread of smoke.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans and assessments tools. These were seen to contain sufficient information to guide staff in caring for the medical and nursing needs of residents. These were updated four monthly in line with the requirements under the regulations.

Validated risk assessment tools were used to identify specific clinical risks, such as risk of falls, pressure ulceration and malnutrition. In addition, smoking risk assessments had been completed in residents that smoked.

Judgment: Compliant

Regulation 6: Health care

The inspector was informed that residents had no access to a dietitian since December 2022. Following the inspection the inspector was informed that this was being addressed.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had assurances in place to safeguard residents and protect them from abuse.

- Staff had access to safeguarding training with two staff outstanding on the day of inspection.
- Staff spoken with were knowledgeable of what constitutes abuse, the different types of abuse and how to report any allegation of abuse.
- Records reviewed had the required Garda (police) vetting disclosures in place

for staff prior to commencing employment in the centre.
- The centre had robust systems in place for the management of residents' petty cash.

Judgment: Compliant

Regulation 9: Residents' rights

Actions were required to ensure the registered provider is in compliance with Regulation 9: Residents' rights

- Three resident meetings had taken place since the inspection in June 2022. One meeting in relation to fire precautions, one in relation to the last HIQA inspection and one in relation to activities. No general meeting had taken place. No timebound action plan accompanied the meeting minutes. For example; an issue raised by a resident at a meeting in December 2022 regarding a defect in the bedroom door remained.
- The registered provider was not making use of all communal space available. The majority of residents prior to lunch and after lunch were congregating in the dayroom. The room was overcrowded with minimal space to move while the activities room remained vacant.
- Three completed questionnaires from a residents' survey were provided to the inspector. There was no date on the questionnaire to indicate when it was completed. The information was not collated and areas for action identified.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	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	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for New Ross Community Hospital OSV-0000602

Inspection ID: MON-0039702

Date of inspection: 05/04/2023

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 14: Persons in charge</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 14: Persons in charge:
• Current PIC will have the recommended experience of 3 years by June 29, 2023.</td></tr>
<tr><td>Regulation 15: Staffing</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 15: Staffing:
• Activities Coordinator Hours – New Activity coordinator recruited and commenced her job on 14.4.2023 .New activity coordinator hours increased from 34 to 36 hrs full time. Also, we have another activities coordinator who works 25 hrs per week. A HCA specifically rostered for activities 3 hrs per day on Saturdays and Sundays. We also have external providers providing 7 hrs of activities per week.</td></tr>
<tr><td>Regulation 16: Training and staff development</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 16: Training and staff development:
• Nurses and HCAs completing training on positive behaviour support on HSE Land. In conjunction PIC has also arranged training on behaviour that challenges for nurses with an external trainer (May 25th).</td></tr>
</table>

• Nurses received training on infection control by external trainer on 24.03.2023. PIC has requested all the staff to complete this training on HSEland by 24th May 2023.

• Fire training will be arranged for staff in June. Fire warden at NRCH has the train the trainer to do the Fire training and he will do this.

• PIC has requested the staff to complete safeguarding training on Hseland by 24.05.2023.

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
• Currently recruiting a HR manager.
• PIC will audit the staff files to identify the deficit and correct the deficits identified by June 14th 2023.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• Deficit in current risk management system, incident tracking, trending, auditing etc. was recognized by PIC and ADON on 2.02.2023 and therefore, trainings were already organized by PIC. Trainings for this were conducted on 18th April 2023 and 21st April 2023.We have implemented our improved audit system with action plan and updated the risk register. Incident trending and tracking in progress.
• Committee meetings will be conducted by PIC and ADON starting from 15th of May to discuss any serious incidents, review the incidents, to discuss lessons learnt etc. Outcome from the committee meeting will be brought to the senior management.
• Audit of KPI 6 monthly commenced and planned by PIC and ADON, the first 6 monthly KPI audit will be conducted on 10.05.2023.
• 4 new wardrobes are being organized for individual residents where they needed it in their personal space.
• All the policies were under review by Pic at the time of inspection and this has therefore been completed and approved by board.
• Written reference- Deficit identified by PIC and ADON as mentioned above. Plan in place for new HR Manager, HR audit etc. and this will be rectified by 14.06.2023. PIC will conduct HR audit in May and rectify the deficit by the above mentioned date.

• Training completed by PIC and ADON and we have implemented improved audit system with action plan.
• Annual review 2022 will be completed by PIC by 31.06.2023.

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
• All the Hiqa notifications will be notified to Hiqa in future, in a timely and prompt manner.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
• All the policies were under review by PIC at the time of inspection and this has therefore been completed and approved by board.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Ongoing discussion with relevant party to carry out the maintenance work in the toilets in the old wing.
• Taking quotes for painting with the contractors at present, planning to get this done by 31.08.2023.
• New resident wardrobes ordered.
• Relevant Company contacted by PIC regarding missing curtain rail for one resident and this has been ordered.
• Treatment room now cleared out and risk assessment carried out regarding Hair dresser using treatment room for hair wash , hair cut etc. Cleaning schedule in place for cleaning of treatment room after use of the treatment room by hair dresser.
• Floor plan will be updated to include the laundry room.
• Bathroom which was converted to store room for equipment's and wheelchairs will be

reverted to bathroom to reflect the floor plan and to meet the resident needs.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
• The deficit re choices on modified diet was noted by the current PIC and ADON. Ongoing collaboration with catering staff regarding menu planning and choices of modified diet. This issue is now rectified; choices available regarding modified diet, and menu changed every 3 weekly.
• Training on IDDSI guidelines completed by all the chefs.
• Dietitian available from 17.4.2023, dietitian visit available once monthly to all residents and as necessary. Referrals are sent to dietitian for any new resident who needs this service and they are attended. Residents’ weights and nutritional status are assessed on admission and monitored on a monthly basis and as necessary; MUST assessments are done monthly to monitor any signs of malnutrition in residents.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• Hand sanitizers replaced.
• Risk assessment completed regarding availability of hand washing sink in the old wing. They remain non-compliant but a risk assessment has been completed and the management has contacted the relevant party for a hand hygiene facility for staff in the old wing.
• Clean stock removed from where the cleaning trolleys are kept.
• We have taping on the floor to segregate clean and dirty area on the floor in the laundry. Staff advised regarding proper storage of laundry trolley.
• Education given to cleaning staff regarding products to be used and practices. Training planned for 18th of May in relation to this. Reviewing the cleaning schedule, we are not using alcohol wipes / chlorine wipes in the centre now, this has been removed from the centre.
• We have janitorial sink one on each side of the building in the sluice room.
• Education provided to cleaning staff regarding the effective disposal of used water in appropriate areas. Advised only to fill water at janitorial sink.
• Infection control training completed for staff nurses, HCAs and rest of the staff has been advised to complete this training by 24th May 2023.
• Cleaning supplier contacted regarding pre made solution to deter staff from topping up

cleaning spray bottles daily.
• Treatment room has been cleared out and risk assessment carried out regarding Hair dresser using treatment room for hair wash, hair cut etc. Cleaning schedule in place for cleaning of treatment room after use of the treatment room by hair dresser.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Evacuation of actual fire compartment organized at different times unannounced. Planning to find how effective this is going to be , problems emerging during evacuation , time it took etc., lessons learnt and this will be circulated among staff and discussed during fire/ health and safety meetings.
• Planning to update floor plan to show arrows to fire exit , mark different compartments, fire walk around with fire warden , PIC and ADON once monthly.
• Release button was broken during inspection and this was fixed the same day.
• More intumescent seals with paint and wear and tear noted by PIC and ADON and this will be replaced by 31.06.2023.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
• Dietitian available from 17.4.2023, dietitian visit available once monthly to all residents and as necessary. Referrals are sent to dietitian for any new resident who needs this service and they are attended. Residents' weights and nutritional status are assessed on admission and monitored on a monthly basis and as necessary; MUST assessments are done monthly to monitor any signs of malnutrition in residents.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• Monthly general resident meetings planned by activity coordinators, DON and PIC .Deficit in current resident meetings discussed with the activity coordinators. Planning future resident meetings with time bound action plan covering relevant topics. Monthly resident meetings re commenced from 9.5.2023.

- Issue with the door mentioned during previous residents meeting fixed now.
- Planning the activities in the day room and the activities room so that the day room is not over crowded any longer.
- Dates will be entered on all documentation, discussed this with the staff.

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 14(6)(a)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have not less than 3 years experience in a management capacity in the health and social care area.	Substantially Compliant	Yellow	29/06/2023
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	14/04/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	30/06/2023

	have access to appropriate training.			
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	31/08/2023
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	10/04/2023
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	30/06/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/06/2023
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care	Not Compliant	Orange	30/06/2023

	delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/06/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is	Substantially Compliant	Yellow	30/06/2023

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	31/05/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	14/05/2023
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	30/06/2023

Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/08/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	31/05/2023