### Centre name:
New Ross Community Hospital

### Centre ID:
OSV-0000602

### Centre address:
Hospital Road, New Ross, Wexford.

### Telephone number:
051 421 305

### Email address:
don@newrosscommunityhospital.com

### Type of centre:
Health Act 2004 Section 39 Assistance

### Registered provider:
New Ross Community Hospital Limited by Guarantee

### Lead inspector:
Sheila Doyle

### Support inspector(s):
None

### Type of inspection:
Announced

### Number of residents on the date of inspection:
34

### Number of vacancies on the date of inspection:
3
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 23 January 2018 09:30
To: 23 January 2018 18:00
From: 24 January 2018 09:00
To: 24 January 2018 14:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, incident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority’s Regulation Directorate.

As part of the registration renewal process, interviews were carried out with person in charge and the provider representative.

Questionnaires reviewed were very positive in their comments about the service provided and the staff. Many referred to being part of the family there. All praised
the staff for their kindness and commitment. Several questionnaires stated that the
dining room was too cold and the inspector found that this was the case. Although all
residents were complimentary about the food, some commented that the food was
not always hot enough. This is discussed further in the report.

The health needs of residents were met to a high standard. Residents had access to
general practitioner (GP) services, to a range of other health services and evidence-
based nursing care was provided. The details in the care plans had improved since
the last inspection. Some improvement was required to ensure that residents were
involved in the review of their care plan. Overall there was a respectful, supportive
and social atmosphere in the centre. Residents were treated with respect and dignity
by staff.

A risk management process was in place for all areas of the centre. Improvement
was required to ensure that all staff particularly those on night duty attended fire
drills. Care plans were in place but there was limited evidence of resident or relative
involvement in the reviews.

The inspector found that measures were in place to protect residents from being
harmed or abused although some improvement was still required to ensure that
complete assessments were undertaken to enable a positive approach to responsive
behaviours.

There was evidence of safe recruitment practices. The inspector saw that the health
and wellbeing of staff was promoted with ongoing initiatives such as a wellness
programme. The inspector also noted initiatives to ensure that all staff were familiar
with relevant policies. Easy-read versions were designed and staff were encouraged
to read the policies. Then there was a quiz session with prizes for the winners. Staff
told the inspector how valuable they found this opportunity.

These are discussed further in the report and the required improvements are set out
in detail in the action plan at the end.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

**Outcome 01: Statement of Purpose**

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the statement of purpose met the requirements of the regulations. It accurately described the facilities available and the service provided in the centre.

**Judgment:**

Compliant

**Outcome 02: Governance and Management**

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was outlined in the statement of purpose.
An auditing schedule set out the yearly plan. Audits carried out included hygiene and infection control, health and safety, medication and clinical documentation. The results of audits were shared with staff for learning and used to inform the annual review. The inspector saw that the 2017 review was completed. This included details of incidents, restraint use, admissions and discharges, results of audits and previous inspection findings along with action plans to further improve the service. The person in charge was currently reviewing the report to make a user-friendly copy available to residents.

There was evidence of consultation with residents and their representatives in a range of areas at residents' meetings, advocacy meetings and also through satisfaction surveys.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge is a registered nurse and has the required experience in nursing older people. She commenced in this post in September 2017.

The person in charge had maintained her continuous professional development having previously completed courses in gerontology and has just finished a certificate course in management. She continued to attend training and seminars relevant to her role such as infection control and medication management.

The inspector found that she was well known to residents and relatives and was aware of her responsibilities under the regulations and standards.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management
**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The provider was aware of the regulatory requirement to notify HIQA should the person in charge be absent for more than 28 days.

The clinical nurse manager (CNM) deputises for the person in charge in her absence. The inspector met with this person during the inspection and found that she was aware of her responsibilities and had up to date knowledge of the regulations and standards. She was very familiar with the residents and spoke about their needs.

**Judgment:**  
Compliant

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**Outcome 07: Safeguarding and Safety**  
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**  
The inspector found that measures were in place to protect residents from being harmed or abused although some improvement was still required to ensure that full assessments were undertaken to ensure a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Some residents had episodes of responsive behaviours. It was noted at the previous inspection that care plans were not in place to guide the care practices. Specific details such as possible triggers and interventions were not recorded. The inspector saw that this aspect was partially addressed. Care plans were in place and some detail was available on possible triggers and interventions. However, the inspector found that this was not based on any specific assessment of each episode which might identify any possible triggers or trends and guide management. There was a policy in place which stated that this assessment will be undertaken but this was not the case.

Despite this, the inspector saw that staff approached residents with responsive behaviours in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. Support and advice were available to staff from the psychiatry services.
The inspector reviewed the use of restraint and noted that the actions required from the previous inspection had been addressed. Detailed assessments were completed and care plans were in place. There was documented evidence that other alternatives had been tried prior to the use of restraint. Safety checks were being completed in line with the policy in place. Staff spoken with discussed plans already in place to further reduce the need for restraint. Additional equipment had also been purchased.

Staff had received training on identifying and responding to elder abuse. Additional training was planned for the coming days. There was a detailed policy in place. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures and safeguarding measures.

Pocket monies were managed for some residents. Detailed documentation including receipts was maintained. A monthly audit was carried out on balances. The inspector checked a sample of balances and found them to be correct.

This centre does not currently act as a pension agent for any resident.

Judgment:
Substantially Compliant

**Outcome 08: Health and Safety and Risk Management**
The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that although the health and safety of residents, visitors and staff was promoted in this centre some improvement was required to ensure that all staff attended fire drills.

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced on a regular basis.

Fire drills were carried out but the inspector saw that these did not include night-time scenarios. The inspector was aware that some staff currently only worked on nights and therefore would not have attended any fire drills. This was discussed with the person in charge and arrangements were put in place to address this.

The inspector saw that personal emergency evacuation plans (PEEPs) were developed...
for all residents. They included details of mobility, communication needs and means of evacuation for day and night time.

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property. Temporary alternative accommodation was available should evacuation be necessary.

The centre had policies and procedures relating to health and safety. A current health and safety statement was available and risk management procedures were in place supported by a policy to include items set out in regulation 26(1).

Satisfactory practices and procedures were found in relation to the prevention and control of healthcare associated infections.

**Judgment:**
Non Compliant - Moderate

**Outcome 09: Medication Management**
*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector was satisfied that at the time of inspection, medication management practices were safe. The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines.

Some residents required medication as and when required (PRN). It was noted at the previous inspection that nurses were administering the medication even though the maximum dose that could safely be administered in a 24 hour period was not consistently recorded. This had been addressed.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The inspector checked a sample of balances and found them to be correct.

A secure fridge was provided for medications that required specific temperature control. A lock had been provided at the previous inspection and temperature recordings were carried out. The inspector noted that the temperatures were within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

The pharmacy staff attended the centre and the person in charge told the inspector that
arrangements were being made for the pharmacist to attend the residents' meeting to answer any queries and provide some information to residents.

The inspector saw that all nursing staff had attended medication management training.

**Judgment:**
Compliant

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**Outcome 11: Health and Social Care Needs**

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector was satisfied that each resident’s wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. However some improvement was required to ensure that residents were involved in the review of their care plan.

Although the care plans were reviewed on a four monthly basis, the inspector noted that there was limited evidence of resident or relative involvement in this review.

The inspector found that action required from the previous inspection relating to care plans had been addressed. The inspector found that the care plans were updated to reflect the recommendations of various members of the multidisciplinary team.

The inspector reviewed the management of clinical issues such as wound care and diabetes management and found they were well managed and guided by adequate policies.

Residents were satisfied with the service provided. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A full range of other services were available on referral including speech and language therapy (SALT), physiotherapy, dietetic services and occupational therapy (OT) services. Chiropody, dental and optical services were also provided.

**Judgment:**
Substantially Compliant

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**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The location, design and layout of the centre are suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. Improvement was required to ensure that the temperatures in the dining room were sufficient for resident comfort.

On the first day of inspection the inspector noted that the dining room was cold. Residents told the inspector that this was happening in recent months. Staff confirmed this. This was then discussed with the person in charge and plans were in place prior to the end of inspection to have this addressed. As an interim measure additional portable heaters were placed in the room when unoccupied and the inspector noted that the room was pleasantly warm at lunch time on day two of inspection. The inspector recommended that temperatures are recorded on a regular basis to ensure that the room is comfortably heated at all times.

The centre occupies the ground floor of a two-storey facility built in the 1930s. It is located on Health Service Executive (HSE) grounds. All resident accommodation is on the ground floor.

There are 13 single rooms, eight of which are en suite, 9 twin rooms and two three-bedded rooms. Adequate screening was available in the shared rooms. Rooms were nicely personalised with photographs and memorabilia.

Other rooms available included a day room, an activity room, quiet room, prayer room, kitchen, dining room, treatment room and offices.

Two sluice rooms were also available and both had bed pan washers. The laundry was located in a building at the rear of the premises.

As described at previous inspections, all corridors have handrails which have been painted a different colour to aid orientation. The inspector also noted that there were contrasting colours in toilets and bathrooms.

Appropriate assistive equipment such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames was available. Servicing
contracts were in place.

The environment was bright, clean and well maintained throughout. Adequate arrangements were in place for the disposal of general and clinical waste.

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.

**Judgment:**
Non Compliant - Moderate

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**Outcome 14: End of Life Care**
*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided.

It was noted at the previous inspection that there was limited documented evidence to show that residents were afforded the opportunity to outline their wishes regarding end of life. The inspector found that this had been addressed. New documentation had been introduced and detailed records were maintained.

The inspector saw that advice and support was available from the local palliative care team. Staff had linked with the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying.

Staff spoken with confirmed that meals and refreshments were made available to relatives and facilities were set aside if relatives wished to stay overnight. An annual remembrance mass was held and bereaved relatives were invited to attend.

**Judgment:**
Compliant

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**Outcome 15: Food and Nutrition**
*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a*
Theme:  
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):  
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:  
The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs.

Some residents commented that the food was not always hot enough. This was being addressed prior to the inspection and the inspector saw that new kitchen equipment and bain-maries were on order to ensure that food temperatures were appropriate.

It was found at the previous inspection that adequate assistance was not available to ensure that all residents had their meal in a timely manner. The inspector found that this had been addressed. A new system had been introduced and additional supervision was also provided in the dining room. Assistance was offered to residents in a discreet and sensitive manner.

The inspector saw that the tables were nicely laid and meals well presented. A choice of drinks was available.

There were choices available to each resident at each meal. The inspector saw that the same choices were available for residents who required a modified consistency diet. The inspector also saw residents being offered a variety of snacks and staff regularly offered drinks to residents.

The inspector visited the kitchen and noticed that it was well organised. The staff on duty discussed the special dietary requirements of individual residents and information on residents’ dietary needs and preferences. Menus had recently been changed and the person in charge discussed plans to have these reviewed by a dietitian.

Judgment:  
Compliant

Outcome 16: Residents’ Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector was satisfied that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives.

The inspector found that the two issues identified at the previous inspection had been addressed. At that time it was found that some information of a confidential nature was on a notice board in the staff dining room which was not locked. The inspector found that this board now only held general information and notices for staff. The inspector also did not overhear any discussions regarding residents.

Residents’ civil and religious rights were respected. The inspector observed that some residents were spending time in their own rooms and enjoyed reading and watching TV, or taking a nap. Other residents were seen to be spending time in the different communal areas of the centre. Newspapers and magazines were available and the inspector saw some staff reading to residents. An extensive activity programme was in place and this included music, bingo, quizzes, films and much more. Several residents were busily engaged in making scones on one day of inspection and the inspector saw that these were then used for tea-time treats.

The inspector found that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives. There was a residents’ committee and meetings were held on a regular basis. The inspector saw evidence that the views of all residents were taken on board.

Independent advocacy services were available to the residents. Internal advocates were also appointed. The inspector saw that monthly meetings were held with residents and when needed one to one meetings were also carried out.

Judgment: Compliant

Outcome 17: Residents’ clothing and personal property and possessions
Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme: Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A policy was in place to guide the management of residents’ personal property and possessions.

There were arrangements in place for regular laundering of linen and clothing, and the return of clothes to residents. The inspector noted that improvements had been made to the system for marking clothes as a result of complaints received regarding missing clothes. This was under constant review by the person in charge who outlined other plans afoot including setting aside separate laundry days for residents.

The space provided for residents’ personal possessions and storage of their own clothes was suitable and sufficient, and well maintained.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that at the time of inspection there were appropriate staff numbers and skill mix to meet the assessed needs of residents.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The inspector reviewed a sample of staff files and saw that all documents required by Schedule 2 of the regulations were in place.

Assurance was given by the person in charge and directors spoken with that Garda Síochána (police) vetting was in place for all staff.

Staff were supervised to their role. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed that absences were covered. A comprehensive induction plan was in place. Evidence was available that up-to-date registrations were in pace for the nurses.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained.
Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training in continence care, HACCP (Hazard Analysis and Critical Control Point) and nutrition. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, fire safety and moving and handling.

Several outsourced service providers attended the centre and provided very valuable activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that they had been vetted appropriate to their role and had their roles and responsibilities set out in writing as required by the regulations. A folder was maintained and this included details of training provided to the volunteers. The inspector saw that many volunteers had attended training on safeguarding vulnerable adults, fire training and moving and handling training.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: New Ross Community Hospital
Centre ID: OSV-0000602
Date of inspection: 23/01/2018
Date of response: 07/02/2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Specific assessments were not completed following episodes of responsive behaviours to identify possible triggers and appropriate interventions.

1. Action Required:
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:
• ABC charts are now recorded daily for the resident identified at inspection.
• ABC charts now used as practice for any other residents who require further interventions.
• Positive behaviour Support Plan training is currently being sourced.
• Epicare training took place on 6th of February 2018 to aid with documentation practices.

Proposed Timescale: 06/02/2018

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Fire drills were carried out but these did not include night-time scenarios.

2. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
• Fire drill’s are now completed including night-time scenarios
• First night time fire drill took place on 1/2/2018; hereafter night time fire drills will be completed monthly for a number of months to ensure all staff are involved in regular fire drills.
• The local fire station is conducting a practice run in the next week with the local fire brigade and plan to prepare a Pre-Incident Plan for the centre.

Proposed Timescale: 01/02/2018

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was limited evidence of resident or relative involvement in care plan reviews.

3. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s
Please state the actions you have taken or are planning to take:
- Residents are now involved in all care planning, relatives input is also documented.
- Alternative communication aids are available to residents who require assistance with their communication techniques.
- Residents now have access to an internal qualified advocate to ensure their voice is heard.
- Annual reviews include the resident and are documented in an auditing system.
- Monthly resident advocacy meetings are also included in the care plans.
- Epicare training took place on 6th February 2018 to ensure documentation is correct.

Proposed Timescale: 01/02/2018

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The dining room was cold.

4. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
- The boiler house has been serviced; new heating pumps are in situ and working correctly.
- Room temperatures are taken three times daily and recorded.
- Room temperature currently at or above 20 degrees Celsius at meal times.

Proposed Timescale: 01/02/2018