



**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 Houghton Hospital
Name of provider:	Health Service Executive
Address of centre:	Hospital Road, New Ross, Wexford
Type of inspection:	Unannounced
Date of inspection:	20 April 2021
Centre ID:	OSV-0000603
Fieldwork ID:	MON-0032010

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

30

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
Tuesday 20 April 2021	10:15hrs to 18:00hrs	Helena Budzicz	Lead
Tuesday 20 April 2021	10:15hrs to 18:00hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

On the day of the inspection residents were observed to be well cared for, content and settled in the centre. Evidence of good practice was found in relation to promoting residents health and wellbeing. Staff treated them with kindness and compassion; staff were timely in responding to their individual needs. The inspectors met majority of residents and spoke in more detail with seven residents.

Upon entering the centre the inspectors were greeted by the person in charge, our temperature was taken and we were questioned about our current health status. Following an opening meeting the person in charge accompanied inspectors on a tour of the premises. There was a relaxed and unhurried atmosphere in the centre. Some residents' were observed relaxing in their bedrooms while others were in communal sitting rooms. Residents' looked comfortable, they were well groomed and nicely dressed. Inspectors noted that staff were available throughout the day to meet their needs, and call bells were observed to be within easy reach for residents who were in their bedrooms.

The inspectors observed resident and staff engagement throughout the inspection. Discussions with staff and residents, along with observations made, demonstrated that staff had a good understanding of the individual assessed needs of residents. Those unable to voice their opinions were seen to be relaxed and comfortable in their surrounding, and in their interactions with staff. Staff could describe the importance of respecting residents' personal preferences and choices and in supporting them to make choices. Staff were seen engaging with residents in an open and friendly manner throughout the day.

During a walk around the centre it was found to be warm, clean and tidy. Inspectors found corridors and fire exits were clear and unobstructed. Bedroom accommodation was provided in a mixture of multi-occupancy rooms. Two rooms had been reconfigured from four-bedded to three-bedded rooms since the onset of COVID-19 pandemic. Inspectors observed that some residents had personalised their bedspace, and had their photographs and personal items displayed. There was sufficient closet space, display space, and storage for personal items. There were appropriate handrails and grab-rails available in the bathrooms, and along the corridors to maintain residents' safety. Each resident in the centre had access to their own television. In the multi-occupancy rooms residents' privacy and dignity was maintained with screen panels around each bed space.

Residents had access to an enclosed garden courtyard area which was easily accessible. However, a number of maintenance and infrastructural issues were identified which had the potential to impact on infection prevention and control measures. Despite the infrastructural and maintenance issues identified, a good standard of cleaning was observed on the day of inspection.

Throughout the day some residents were observed relaxing in their bedrooms, while

others rested in the communal sitting rooms. The activity programme viewed on the notice board was found to have a variety of events. Inspectors heard a group of residents and the activity coordinator enjoying a ball games, and arts and crafts, with lots of laughing. Staff were observed supporting residents with activities on a one- to-one basis; in addition, other residents were observed relaxing in the centre watching TV, movies, and listening to music. Inspectors observed evidence of residents being supported to understand the effects of the pandemic and have any concerns put at ease. Residents' committee meetings took place, and a recent meeting referencing obtaining resident feedback through a survey. Topics discussed included premises, visiting, advocacy, food and complaints.

Residents told the inspectors that they enjoyed their food, and that there was plenty of it. Review of the menu choice evidenced residents were given a choice at each mealtime; this included residents who required a modified diet. Meals provided looked appetising, and were of a good portion size. Staff were familiar with each resident's dietary needs so that resident's on special diets received the correct meal. They were seen offering support, and encouragement at meal times, and throughout the day. Inspectors noted that several times during the day, residents were offered a range of hot and cold beverages, and a selection of cakes and biscuits. Staff spoken with confirmed that the dining arrangements had been altered to ensure social distancing for residents due to risks during the COVID-19 pandemic.

The person in charge outlined the visiting arrangements in place, and how these were managed through a booking system. In addition, residents were supported to maintain contact with relatives through phone calls, video technologies and window visits. A closed group for relatives has been created on a social media platform to allow the person in charge to disseminate the most up to date information; for example with regard to visiting, updates on the COVID-19 testing and vaccination programme, and guidance issued from Department of Health. The person in charge explained that the creation of the group did not replace direct communication by staff with relatives, but was an additional tool for communication. A review of messages posted on the group chats evidenced that relatives appreciated the platform, and found it useful in keeping them up to date.

Although inspectors did not speak with any family members, complimentary emails and cards from a family member were seen. A number of compliments were noted, and logged that had been received by the centre. Examples included: 'Many thanks for the excellent care and kindness that you showed my dad for last few weeks of his life'. Another comment stated; which described that their loved ones as being 'superbly cared for, and that the staff were wonderful, and managed the COVID-19 outbreak fantastic'.

Staff commented positively about working in the home, and acknowledged that the last few months had been challenging for staff while they worked through the COVID-19 outbreak; however, staff told us that the sense of teamwork and support from their colleagues had helped them cope. Staff commented positively about the management of the centre, and described them as supportive, and approachable. They said that the person in charge was always available for staff if they had any issues or concerns, and that there was appropriate on call arrangements within the

home.

The next two sections of the report present the findings of the inspection, and give examples of how the provider has been supporting residents to live a good life in the centre. It also describes how the governance arrangements in the centre effect the quality and safety of the service.

Capacity and capability

During this inspection, inspectors found evidence of good practice and examples of how the provider addressed issues identified on previous inspections and showed a willingness, to make all necessary changes to come into compliance with regulations.

The inspection was carried out to assess compliance with the Health Act 2007 following an outbreak of COVID-19 in the designated centre, and to follow-up on the non-compliance from the previous inspection in October 2019.

New Houghton hospital is a residential care unit which is operated by the Health Services Executive (HSE). The governance structure comprised a head of services for older person, the general manager and a person in charge. The centre has an established management team with the person in charge being supported by a clinical nurse managers and a practice development nurse. Additionally, in the centre itself the person in charge, led the care team which included, nurses, administration, housekeeping, maintenance, kitchen and care staff.

The centre had experienced a significant outbreak of COVID-19 in December 2020 with 35 residents and 20 staff confirmed to have contracted the COVID-19 virus. Public Health had assisted in the management of the outbreak. An Infection Prevention Control nurse specialist had attended the centre on a number of occasions during the outbreak to advise on outbreak management, and infection prevention and control practices. Senior management reported that they had acted to implement infection prevention and control recommendations. The outbreak was officially declared over by Public Health on 22 February 2021.

There was a contingency plan in place prior to the COVID-19 outbreak, and the provider had established links with support organisations, including Public Health, and had access to national guidelines. However, due to staffing deficits during the outbreak, documentation reviewed indicated that that the same staff cared for residents that had tested positive for COVID-19 infection, and residents in whom COVID-19 had not been detected. Inspectors were informed that infection prevention and control measures were in place; however, this arrangement was less than ideal, and did not facilitate effective containment of infection.

A 'COVID-19 Preparedness Plan' had been developed, and documentation reviewed indicated that this plan was regularly reviewed in line with updated public health

guidance. The centre had a suite of infection prevention and control policies, which covered aspects of standard precautions, transmission-based precautions. The centre also had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, and audits of environmental hygiene.

Staff told inspectors that they felt well equipped to carry out their role; a programme of mandatory training was in place. The records showed that staff had completed their mandatory training requirements in 2020/2021. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education; including hand hygiene and donning and doffing personal protective equipment (PPE). Online training on breaking the chain of infection was also undertaken. Serial staff testing for COVID-19 was ongoing. Two staff members had been trained to collect a viral swab sample for testing for SARS-CoV-2.

Quality assurance processes had been strengthened since the last inspection. There was a comprehensive programme of audits carried out at regular intervals to monitor the quality and safety of care delivered to residents, and action plans were included within the audits. The audits of accidents and incidents within the centre were also reviewed, and were used to identify any potential patterns or trends. The weekly monitoring reports evidenced oversight had been maintained with regards to the clinical oversight of the residents.

Clinical governance meetings were facilitated, and minutes of meetings showed good discussion regarding areas of clinical and governance significance as well as regulatory requirements. Regular staff meetings were facilitated to enable effective communication.

The annual review of the service was set out in the HIQA template with information relating to the themes of the National Standards. It included residents' feedback and a quality improvement plan for 2021, some of which had been implemented.

The review of the complaints records confirmed that they had been managed appropriately, and that complainants were satisfied with the outcome of the action taken to address the issues raised.

Registration Regulation 4: Application for registration or renewal of registration

An application by the registered provider to re-register the centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 had been made. All the required supplementary documents were also submitted. However, some of these documents required further review to ensure they clearly reflected the facilities and services available to residents. These included the statement of purpose and the floor plans.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

All the necessary fees were paid as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the requisite qualifications and experience for the role, and demonstrated knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013. She was observed to have a strong presence within the centre, and was committed to providing a good service. She demonstrated good clinical knowledge, and knew the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, staffing in the centre was adequate for the needs of the residents, and the size and layout of the centre. For operational purposes the centre was divided into two floors, and there were designated staff for each floor. The inspectors found good levels of supervision in communal areas throughout the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

A training matrix was in place showing all the mandatory and relevant courses completed by staff. A review of training records indicated that there was a comprehensive programme of training, and staff were supported and facilitated to attend training relevant to their role. All staff working in the centre had received up-to date mandatory training which included fire safety training, safeguarding training and training in the management of challenging behaviour.

Inspectors reviewed a sample of staff files, and observed that records were maintained as per Schedule 2 requirements. New staff completed an induction process which included skills and competency assessments.

Judgment: Compliant

Regulation 23: Governance and management

While efforts had been made to address a number of maintenance issues, issues were again identified similar to those identified through previous inspections indicating that they had not been fully addressed. For example; the surface of the car park remained uneven, and represented a trip hazard.

Arrangements for the maintenance of the centre had significantly improved when a maintenance person was allocated to the centre, while the day care unit was closed due to COVID-19. Arrangements for the upkeep and maintenance of the centre should be reviewed to ensure that when the day care services reopen and maintenance issues are managed appropriately to minimise the risks to residents, staff and visitors.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was revised to ensure the information accurately reflected the service provided in the centre, and the revised document contained all the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. This document outlined the facilities and services available, the details about the management and staffing, and described how the residents' wellbeing and safety was being maintained.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place, and information in relation to the complaints procedure was displayed in the centre. A complaints policy was in place describing the complaints procedure, and management including the appeals procedure in the centre. There was evidence from records, and discussions with

residents that complaints were managed in accordance with the policy.
Judgment: Compliant
Regulation 4: Written policies and procedures
Inspectors found that the policies set out in Schedule 5 were in place. Relevant policies had been updated to reflect the guidance from the Health Protection Surveillance Centre (HSPC) (<i>Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities</i>).
Judgment: Compliant
Regulation 31: Notification of incidents
The provider had been notifying the Chief Inspector of incidents set out in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres For Older People Regulations 2013) within the appropriate time frames of occurrence. Appropriate notifications had been received in respect of the COVID-19 outbreak in the centre.
Judgment: Compliant
Quality and safety
<p>While the findings of this inspection show that residents had good access to a high standard of healthcare, further improvements were required in respect of premises, infection prevention and control, and fire precautions arrangements to ensure that resident's quality of life and safety were maximised.</p> <p>A number of issues identified on the last inspection in relation to premises had been addressed. This included painting residents' rooms and the external facade of the building, and the installation of new privacy curtains. New customised lockers and wardrobes were also fitted for residents' personal possessions. Although, the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. The provider was endeavouring to improve the physical environment and infrastructure through gradual upgrading and ongoing refurbishment work in the centre. However, there was no clear plan in place for</p>

these works to be completed. Findings in relation to premises are described under Regulation 17: Premises.

Inspectors found that during the recent COVID-19 outbreak the needs of residents had been prioritised by a dedicated staff team who had worked hard to maintain safe levels of care to residents at the height of the outbreak. Processes were in place to ensure residents were appropriately managed on admission, and on return from acute hospitals in line with HSE/ HPSC COVID-19 guidelines. However, a number of issues which had the potential to impact on infection prevention and control measures were identified during the course of the inspection. These issues collectively presented a risk, particularly in the context of the recent COVID-19 outbreak. This is outlined under Regulation 27: Infection control.

Inspectors were informed that there were sufficient cleaning resources to meet the needs of the centre. Overall, the equipment and the environment in the wards inspected were generally clean. There were appropriate facilities for and access to hand hygiene in the centre.

A holistic assessment of needs was in place, supported with a variety of validated assessment tools pertaining to dietary care, moving and handling and falls. Care plans were written in a comprehensive detailed manner, and were based on these assessments. Residents' weights were closely monitored, and appropriate interventions were in place to support their recovery. There was a robust programme in place for falls prevention and management, which was regularly reviewed and closely monitored. Care plan reviews were up-to-date and informative and they included advice from other healthcare professionals.

Effective systems were in place for the maintenance of the fire detection and alarm system and emergency lighting. Residents had Personal Emergency Evacuation Plans (PEEPs) in place, and these were updated regularly. Fire maps and fire signage was available to direct people to the nearest fire exit. Records showed that fire-fighting equipment had been serviced within the required time-frame. Daily and weekly fire equipment checking procedures were completed. Staff had been provided with training and regular fire drills to simulate day and night time evacuation to ensure staff were familiar with the procedures to follow and the evacuation needs of residents. Facilities for smokers required review.

The provider had effective systems in place to protect residents, including robust arrangements for the management of residents' finances.

Residents were supported to engage in activities that aligned with their interests and capabilities. However, further improvement in the activities schedule was required to ensure that activities are planned on a daily basis in the centre. This is discussed under Regulation 9: Residents rights.

As religion was an important part of the residents' lives, they were supported to attend mass which was streamed remotely, and congregate for prayer and rosary groups in a safe and spaced way. There was a small chapel in the centre which was accessible to residents. The Church of Ireland minister and the Roman Catholic

priest visited residents in the centre as they wished.

Regulation 11: Visits

Inspectors found that the registered provider had ensured that visiting arrangements were in place in line with the current guidance (*Health Protection and Surveillance Centre Guidance on Visits to Long Term Residential Care Facilities*). This included a specially designed visiting area in the conservatory at the entrance.

Managers and staff were aware of the requirements to manage visiting in line with each resident's wishes, and the HPSC guidance that was issued on 11th March 2021.

Judgment: Compliant

Regulation 12: Personal possessions

New customised units were fitted in residents' bedrooms to ensure that residents had sufficient space in which they could store their clothing and personal belongings, including lockable storage for valuables. Inspectors observed that residents decorated their private space with their own flowers, ornaments, and photographs.

There were procedures in place for laundering residents clothes and for ensuring their safe return.

The provider acted as a pension agent for eight residents living in the centre, and a separate residents' account had been set up to safeguard their finances. There were policies and procedures in place to manage this activity, which ensured that all resident accounts were subject to regular financial monitoring and reconciliation.

Judgment: Compliant

Regulation 13: End of life

There were no residents in the centre on the day of inspection receiving end-of-life care. Advanced care plans were in place for all residents, and the inspectors noted that there had been discussions regarding potential care options with residents or their representative. Records showed that families had been facilitated to visit residents on compassionate grounds, while COVID-19 restrictions were in place. The centre had strong link with local palliative care team.

Judgment: Compliant

Regulation 17: Premises

While the provider had recently reconfigured two residents' bedrooms by converting them into three-bedded rooms, further improvements were necessary to the number of resident showers to ensure compliance with the regulations. To facilitate this plans were in place to install a shower to a toilet on each floor.

While efforts had been made to address a number of maintenance issues, the physical environment in the centre had not been managed and maintained to effectively reduce the risk of infection. For example:

- Inspectors observed issues related to maintenance. Some surfaces and finishes, and throughout the centre were worn and poorly maintained, and as such did not facilitate effective cleaning.
- The dining rooms were spacious; however, the dining room on the Brandon unit lacked ambiance. Inspectors were informed that décor in this dining room on the unit was due to be updated in the near future.
- Storage space was limited. As a result there was inappropriate storage of equipment in shower rooms and linen rooms. Management had planned to address this issue through the procurement of additional storage facilities.
- The covers of several resident mattresses were worn or torn. These items could not effectively be decontaminated between uses, which presented an infection risk.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to a safe supply of drinking water, and were provided with choice at mealtimes. All food was prepared in a local hospital and plated on-site. Fresh bread and cakes were prepared daily in the centre.

The majority of residents reported satisfaction with the quality and quantity of food they were provided with. There was a three week rolling menu, which included meal choices that were varied and nutritious. There was an evidence of menu being assessed by dietician, and regular feedback was sought from residents regarding quality and variety of meals offered.

Judgment: Compliant

Regulation 26: Risk management

The centre had policies and procedures relating to health and safety. A risk management policy was available, and an up-to-date risk register was used to identify and assess risks in the designated centre. There were arrangements in place for the identification, recording and investigation of serious incidents, and adverse events when they occurred. There was a plan in place for responding to major incidents in the centre.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control processes in the centre required improvement to ensure that residents were adequately protected. For example;

- Inspectors were informed that resident's wash-water was emptied down clinical hand-wash sinks in residents' rooms. This practice should cease as this will significantly increase the risk of environmental contamination and cross infection.
- Staff had been trained on infection prevention measures, including the steps to take when putting on and taking off personal protective equipment (PPE). However, inspectors observed that personal protective equipment such as gloves and aprons were used inappropriately by staff during the course of the inspection. For example; inspectors observed staff wearing gloves and aprons on the corridors while walking from one bedroom to another.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors observed that residents who smokes were using an external garden. Improvement was required in arranging a suitable and safe smoking facility for residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of five residents' files, and found evidence that residents had a comprehensive assessment of their needs completed prior to admission to the centre. Care plans were informed and developed by these assessments, and were initiated within 48 hours of admission to the centre in line with regulatory requirements. They were reviewed, and updated in accordance with the changing needs of residents, and the recommendations by allied health professionals.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were daily reviewed by the general practitioner (GP). Residents who required input from tissue viability nursing (TVN), dietitian or speech and language therapy were referred to the community for support, and a number of residents were visited by the community psychiatric team. There was additional input from a gerontology consultant who is visiting residents on a first Wednesday of each month. A physiotherapist reviewed all new residents and other residents on a regular basis. Access to occupational therapy services was provided through a private company. Inspectors noted that residents had easy access to other community care based services such as dentists and opticians. Residents' medications were reviewed regularly by their GP and a dedicated pharmacist. The pharmacy service carried out audits of medications, and links with medical officer if required.

Judgment: Compliant

Regulation 8: Protection

All staff working in the centre had received training in safeguarding vulnerable adults. A review of staff files showed that the provider ensured that all staff who were employed to work in the designated centre had up to date Garda vetting in place prior to commencing their roles. Any allegations of abuse were notified to the Chief Inspector in line with the regulations and local policy. Access to independent advocacy was available, and widely displayed around the centre. All processes to secure the centre were clearly defined.

Judgment: Compliant

Regulation 9: Residents' rights

There was a weekly schedule of activities, which was displayed in the communal areas. However, the schedule did not include scheduled activities for Sunday. The person in charge said that the activities were nurse led activities on Sundays. Further improvements were required for clear activity arrangements on the activity calendar, and in delegation of activity duties on the roster.

Inspectors also observed four ladies having lunch at their bedsides. Three of the four care plans reviewed did not reflect this arrangement was the resident's choice.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents were predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) from time to time due to their medical diagnosis. A person-centred care plan was in place which described the behaviours, potential triggers to such behaviours and identified strategies to support the resident.

There were six residents using bedrails as a form of restraint at the time of the inspection. A restraint register was maintained, and the records showed that restraints were only used following a comprehensive risk assessment, and there was evidence of alternatives trialled prior to their use.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for New Houghton Hospital OSV-0000603

Inspection ID: MON-0032010

Date of inspection: 20/04/2021

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Funding has been secured for the renovation and upgrade of the external court yard and parking lot at the front of the building • An additional Shower Room is being installed at each Unit, Ground works are being carried out presently at the rear of the building. Expected completion date 31/07/21 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Dining room area due for upgrade • Storage space being addressed • Plan to identify the number of mattresses for replacement on a phased basis 	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> • Wash Water is now being disposed of in sluice areas. • HSE Infection prevention & Control Nurse Specialist attended the New Houghton on 	

<p>27/04/2021 and delivered an Education Session to Staff regarding the use of the Utensil/Decontamination Equipment in each unit</p> <ul style="list-style-type: none"> • A Company Representative from the Utensil/Decontamination Equipment supplier attended at New Houghton on 4/05/2021 to provide further education • The appropriate use of P.P.E is discussed daily at the Safety Pause Meeting at each Unit and reminders are read at each shift change 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • A designated space has been created within the Residents Garden to facilitate Residents that Smoke • A wall mounted weather resistant covered Fire Extinguisher has been installed 11/05/2021 within the Garden • Actions complete 11/05/2021 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The Activity Calendar has been extended to include Sundays • Time Table is now for 7 days per week. • Residents choice re mealtimes is now incorporated in all care plans 	

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/07/2021
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.	Substantially Compliant	Yellow	31/07/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	31/07/2021

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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.	Substantially Compliant	Yellow	31/07/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	11/05/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	13/05/2021