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:	SignaCare New Ross
Name of provider:	Signacare New Ross Ltd
Address of centre:	Newtown Commons, New Ross, Wexford
Type of inspection:	Unannounced
Date of inspection:	17 September 2026
Centre ID:	OSV-0000252
Fieldwork ID:	MON-0051551

About the designated centre

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

This centre is a purpose-built facility which can accommodate a maximum of 58 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the centre. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The registered provider is SignaCare New Ross Ltd. This centre is situated on the outskirts of New Ross bedside a residential estate. It is constructed over two floors with access via passenger lift and stairs. Bedroom accommodation consists of single rooms, all with full en-suite facilities. Sufficient communal accommodation is available including day rooms and dining areas as well as an oratory and sun room. There are a number of toilets and bathrooms located throughout the building. Kitchen and laundry facilities are located on the ground floor. Open access to safe outside space is located at the rear of the building and there is ample parking space to the front and side of the centre. There are nurses and care assistants on duty covering day and night shifts.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 17 September 2026	07:00hrs to 15:00hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out by one inspector over one day. The purpose of the inspection was to assess ongoing compliance with the regulations and standards, and to follow up on the compliance plan from the previous inspection in November 2025.

From what the inspector observed and what the residents reported, residents were generally happy and content living in SignaCare New Ross. Over the course of the inspection, the inspector spoke with five residents, three visitors, and many staff members to gain insight into the residents' lived experience in the centre. All residents spoken with were complimentary in their feedback and expressed satisfaction with the standard of care provided. The inspector spent time in the centre observing the environment, interactions between residents and staff, and reviewing various documentation.

The centre is located in a rural areas close to New Ross town. The centre is registered to provide care and support to 58 residents. There were three vacant beds on the day of the inspection. The centre was set out over two floors, accessible by stairs and a lift. Residents' bedrooms were single occupancy, all with en-suite facilities. Residents were able to personalise their own rooms and many contained items personal to that individual. For example, residents had brought some furniture and paintings from home. Residents told the inspector that they were happy with their rooms, and valued having their own privacy. One resident commented that "the cleaners are fabulous, every day they come in and the place is sparkling".

The inspector arrived to the centre early in the morning and met with the night duty staff. There were two nurses and three healthcare assistants on duty. Conversations with night duty staff identified that while their shifts were busy, they felt that they had enough time to attend to each resident individually, and to carry out any duties that arose during the night. Some residents were up and dressed when the inspector arrived, some having cups of tea or going out for a cigarette. Others pottered about the dining room and sitting room. Most residents were still asleep, and when the day shift came on duty the centre became busier as residents started to wake. Most residents required assistance of one or two staff members to attend to their needs in the morning, and the inspector observed that care and attention was provided to residents in a dignified way. Staff took the time to walk with residents to the dining room, going at their pace and working in a person-centred and unhurried manner.

There was a new call-bell system in place and staff attended to calls in a timely manner. The inspector observed that the panels that displayed which room was ringing the call bell were located in such a way that they could not be easily viewed on all corridors. Management said that they had already identified this and were in

the process of installing more panels, to ensure proper visibility from each corridor area.

A review of documentation showed that night staff completed regular safety checks and documented important clinical details for some residents, such as times of repositioning and the amount of food and drinks taken by residents. This continued by the day staff to ensure consistent monitoring of at-risk residents. There was a staff memo folder on display in main reception which had details of a recent serious event involving residents; the folder included lessons learned and actions to minimise the incident happening again. The inspector observed staff taking time to read through this memo throughout the day.

The premises was well-maintained both internally and externally. The grounds to the front of the centre were attractive and residents used the benches around the entrance areas to sit and enjoy the fresh air. The garden to the rear was easily accessible from the main sitting room on the ground floor and was freely accessible to all residents. The maintenance staff kept this area neat and tidy and there was seasonal planting and plenty of garden furniture. Residents came and went from the garden during the day. Some used the area to smoke, and there was a separate space designated for this purpose.

Residents had access to communal day spaces, including sitting and dining rooms on each floor. The first floor also contained an oratory and a sensory room. Residents were observed using each of these areas during the inspection. At mealtimes, most residents attended the dining rooms, which were bright and sociable areas. Mealtimes were calm, well-organised, and centred on resident choice. Meals were attractively presented and there was a selection of options on each day. Residents had high praise for the food with one saying "five stars for the Chef" and another stating "it really is tasty and there is plenty of it".

There was a well-established social activities program in the centre, led by dedicated activity staff. In the absence of these staff, healthcare assistants were rostered to lead the programme. On the day of inspection, residents were engaged in small group activities including arts and crafts and reminiscence, newspaper reading and quiz games. Residents meetings minutes indicated that residents were very happy with the activities programme and regularly made suggestions for things they would like to do.

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

Capacity and capability

The inspection findings evidenced a sustained good level of compliance with the regulations. Overall, the management systems in place contributed to a centre that was well-governed and regularly monitored. Some areas for improvement were identified in relation to resident assessement and care planning and risk management procedures; these are detailed in the Quality and Safety section of the report.

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). Signacare New Ross Ltd. is the registered provider for SignaCare New Ross. The company is part of the Virtue Integrated Care group, which is involved in the running of number of other nursing homes at a national level. Since the previous inspection, there had been some instability in respect of the governance and management arrangements at the centre, with the provider proposing changes to the person in charge and the persons participating in management, which were discussed with the Authority. Such proposal was not accepted by the chief inspector and a warning meeting was held with the registered provider as a result of this regulatory non-compliance. The registered provider reinstated the person in charge following this meeting.

There had been other recent changes to the management structures at group level, which led to the whole time equivalent (WTE) of some senior positions being temporarily paused. In the weeks preceding the inspection, the registered provider company had appointed a new company director who was involved in the organisation and delivery of the service in the role of Regional Director of Operations (RDO). The RDO had completed a full review of the centre during an in-person visit. The record of this review showed that all aspects of the service had been assessed, including the environment, infection control, staffing and recruitment and clinical care.

Staffing levels across all departments were sufficient to meet the collective and individually assessed needs of the 55 residents who resided in the centre on the day of inspection. The person in charge worked full-time and was supported by an assistant director of nursing, who deputised for the person in charge for any absences. Supervision and on-call arrangements were in place for weekends. A review of planned and worked rosters identified an increase of 42 healthcare assistant staff hours weekly since the previous inspection. There was a small number of vacant staff positions, and a small number of healthcare assistant shifts were covered by agency staff. Recruitment was ongoing to fill any vacant posts, with a number of staff in the process of onboarding with assistance from the group human resources (HR) team. Worked rosters evidenced that the baseline staffing level of ten healthcare assistants and two nurses on day shift and three healthcare assistants and two nurses on night shift were maintained with the use of agency, and on occasion regular staff providing extra shifts.

There were good management systems in place to monitor the quality and safety of the service. A schedule of clinical and environmental audits evaluated key areas such as infection control procedures, residents' documentation and medication

management. The previous inspection in November 2025 had found that call-bell audits were not being completed and therefore there was no oversight of response times. The provider had fully upgraded their call-bell system following the inspection and had been monitoring the response times on a weekly basis. The new system analysed the response times and provided opportunities to identify any changes or delays in responding to residents' requests for assistance. Overall, the response times did not exceed two to three minutes.

The quality of care was monitored through the collection of weekly data, such as monitoring the use of antibiotics and psychotropic medications and the incidence of wounds and falls. Analysis of the information gathered through these systems was used to inform the development of quality improvement plans. Audits and improvement plans were discussed at the quality and safety committee meetings and at wider staff meetings across all departments, which were held regularly. Minutes of these meetings evidenced a sharing of information, including updates in relation to residents' needs, audits and any changes to local or national guidance. Staff were given opportunities to feed back on the service. There was a log of incidents and accidents which occurred in the centre and this was seen to detail the factors contributing to the incident and included follow-up actions to minimise the same type of incident occurring again.

A comprehensive annual review of the quality and safety of care provided to residents in 2025 had been completed by the person in charge, with targeted action plans for improvement set out for 2026. The review also contained feedback and consultation with residents and their representatives.

Regulation 15: Staffing

From a review of staff rotas and from speaking with staff and residents, the inspector was assured that the registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed needs of the residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good management systems in place to oversee the service, which are outlined in the Capacity and Capability section, the registered provider did not ensure effective succession planning for key governance roles. This resulted in a failure to maintain the governance structures outlined in the registered statement of purpose as part of the centre's condition of registration, a lack of clarity with regards

to the lines of accountability and responsibility and a period of time where there was no person in charge of the designated centre, who met the regulatory requirements.

The provider was informed of these failures during a warning meeting held on 5 August 2026, and took appropriate actions to address them.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre and made available for review. It was found to contain all pertinent information as set out in Schedule 1 of the regulations and accurately described the facilities and the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames, for example incidents of unexplained absence of residents, and quarterly notification of the use of restrictive practices.

Judgment: Compliant

Quality and safety

Observations and discussions with residents, visitors and staff indicated that the management and staff were committed to delivering a service that supported the rights and choices of the residents. Insofar as possible, residents' rights were upheld. Residents had access to medical and nursing services and enjoyed a good level of socialisation and activity, according to their preferences. Areas for improvement were identified in relation to residents' individual assessments and overall risk management.

Overall, there was evidence of good practice in relation to resident assessment and care planning. Residents needs were routinely and appropriately assessed and this information was incorporated into resident-specific care plans. Social assessments

were completed for each resident and individual detail regarding a residents' past occupation, hobbies and interests were completed to a high level of personal detail. This detail informed individual social and activity care plans. Despite this good practice, some gaps to the pre-admission assessment of residents were identified, as further discussed under Regulation 5: Individual assessment and care plan.

The provider had ensured that there were adequate arrangements in place for the oversight and review of restrictive practices. A restrictive practice register was maintained which accurately recorded and monitored the use of restraint. The identified physical restraints, namely the five bedrails, were comprehensively risk assessed. Informed consent was sought and documented prior to the use of any restrictive practice. Environmental restraints such as locked doors were also included on the register.

There was an electronic medicine management system which could be accessed remotely by the residents' general practitioner (GP) and the pharmacist. This ensured that any amendments to residents' prescribed medicines were made quickly. Prescriptions included indications for administration for short-term and "as required" medications. Out-of-date medicines and medicines which were no longer in use were segregated from in-use medications and were returned to the pharmacy. Controlled drugs were carefully managed in accordance with professional guidance.

Dedicated activity staff were responsible for delivering the activity schedule in the centre; however, on the day of inspection both staff members were on leave. The management team ensured continuity of the programme by allocating healthcare assistants familiar with the residents to provide activities.The activities planner for the week included group exercises, bingo, movies, outings, and live music. Residents' meetings and satisfaction surveys identified a high level of satisfaction with the activities program on offer.

Regulation 11: Visits

There were suitable arrangements in place for residents to receive visitors. The current arrangements did not pose any unnecessary restrictions on residents.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to the needs of the residents and conformed to the matters set out in Schedule 6 of the regulations. There was a programme of progressive, ongoing maintenance in place.

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy which was specific to the service, however it had not been updated to align with the changes to Regulation 26, which came into effect on 31 March 2025. For example, the policy did not sufficiently include the arrangements for the identification, recording and investigation of serious incidents or adverse events involving residents and did not include a process for the audit, review and learning from events.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The pharmacists who supplied residents' medicines were facilitated to meet their obligations to residents and were available to meet with residents if required. There were procedures in place for the return of out-of-date or unused medicines. Medicines controlled by misuse of drugs legislation were stored securely and they were carefully managed in accordance with professional guidance for nurses.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of residents' records showed that the required pre-admission assessment was not consistently completed, particularly for short-term or convalescent admissions. Without a thorough pre-admission assessment, residents could be admitted inappropriately, and important risks might not be identified in advance.

Although a validated wandering risk assessment tool was available on the electronic record-keeping system, it was not used. Consequently, residents displaying wandering or exit-seeking behaviours were not properly assessed, limiting the centre's ability to determine risk levels or identify measures to lessen these behaviours.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were six of the 55 current residents using bedrails. A restraint register was maintained in the centre, in line with regulatory requirements, and there was evidence that restraints were checked frequently when in use. A small number of residents in the centre displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These residents each had a care plan which identified their individual requirements to manage these behaviours and to minimise them recurring.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights, privacy, and dignity were upheld, and they were supported to make choices about their daily routines within the centre. Their social and recreational needs were assessed and met through a variety of meaningful individual and group activities tailored to their interests and abilities. Staff facilitated residents' participation in outings and engagement with the local community, and residents were supported to practise their faith with access to clergy of their choosing.

Residents were encouraged to contribute to the running of the centre, with their views and feedback actively sought and considered. This feedback informed improvements to residents' experiences and the overall living environment. Residents also had access to televisions, telephones, newspapers, and advocacy services in line with their preferences.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SignaCare New Ross OSV-0000252

Inspection ID: MON-0051551

Date of inspection: 17/09/2026

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	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Governance and Management of the centre has a clear and defined structure which is outlined in the Statement of Purpose.

On 20/04/2026, the Assistant Director of Nursing (ADON) was appointed Person in Charge (PIC) while the then PIC took up the role of Regional Clinical Operations Manager. The Regional Clinical Operations Manager continued to provide oversight between April and July 2026.

Following review and communication from the regulator, the original PIC returned to the role full-time on 02/07/2026.

The G&M structure of the centre includes Regional Director of Operations, Deputy Regional Director of Operations, and Person In Charge.

The Provider will ensure that the current G&M structure is maintained as per the SOP in line with Reg 23.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
The Risk Management policy is currently under review by the Director of Quality, Safety and Risk to ensure that it aligns with the changes in Reg 26 from March 2025.

The policy will include the arrangements for the identification, recording and investigation of serious incidents or adverse events involving residents and the process for the audit, review and learning from events.

The PIC will continue to audit and review all serious incidents and/or adverse events involving residents as part of auditing. This will be overseen by the RDO/DRDO as part of the Governance and Management of the centre.

All serious and adverse events will continue to form part of the quarterly QSR report.

Once the policy has been reviewed by the DQSR, the PIC will implement and circulate to all staff to ensure that the team are aware of the changes.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

The preadmission assessment had been reviewed and updated by the PIC to ensure that information regarding exit seeking and wandering behaviours are identified at preadmission stage.

All current residents who are at risk of wandering have been assessed using the wandering risk assessment by the nursing team. This review was completed on the 19/09/2026.

This assessment will be formally reviewed at least every 4 months, and/or sooner after any changes in condition, a return from hospital, change in medications etc.

All Nursing staff have been briefed by the CNM on the use of the wandering risk assessment tool. The senior management team will conduct checks to ensure that the tool is in use, reviewed on time and reflected in the resident's care plan.

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 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	21/10/2026
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording and investigation of serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	13/11/2026

Regulation 26(1)(f)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes a process for the audit, review and learning from events.	Substantially Compliant	Yellow	13/11/2026
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	21/10/2026
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	21/10/2026