

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

Issued by the Chief Inspector

Name of designated centre:	SignaCare Bunclody
Name of provider:	SignaCare Bunclody Limited
Address of centre:	Newtownbarry, Bunclody, Wexford
Type of inspection:	Announced
Date of inspection:	27 February 2025
Centre ID:	OSV-0007221
Fieldwork ID:	MON-0037673

About the designated centre

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

This centre commenced operations in September 2019. It is a renovated four-storey building which previously operated as a hotel. It is centrally located in Bunclody town and very near all local amenities. Bedroom accommodation on the three upper floors comprises 58 single and two twin room with full en-suite facilities. The second floor has an indoor garden area with walkways and access to a secure external garden area. Communal areas on the ground floor include several seating and dining areas, a large kitchen, an activity room, a coffee dock, a comfortably furnished reception area with a foyer. There are also communal rooms and a hair salon on the upper floors. According to their statement of purpose, SignaCare Bunclody is committed to providing high quality, person-centred care in line with best practice and continuous quality improvement. They aim to promote and enhance the quality of life for each resident, to enable each resident's independence for as long as possible and to provide a home from home where the resident feels safe and protected, where health and wellbeing are promoted. Care services provided at SignaCare Bunclody include residential care, convalescence, palliative care and respite. They provide care for male and female residents over the age of 18.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 27 February 2025	09:10hrs to 18:00hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an announced inspection which took place over one day. Over the course of the day, the inspector spoke with residents, staff, and visitors to gain insight into the residents' lived experience in the centre. All residents spoken with were overwhelmingly complimentary in their feedback and expressed satisfaction about the standard of care provided. The inspector spent time in the centre observing the environment, interactions between residents and staff, and reviewed various documentation. From the observations of inspector and from speaking with residents and their families, it was evident that residents were supported by a kind and dedicated staff and management team who treated the residents with the utmost courtesy, dignity and respect. Staff were observed to be familiar with the needs of residents and support the residents in a respectful and calm manner.

Signacare Bunclody is a four storey designated centre, registered to provide care for 62 residents in the town of Bunclody, County Wexford. There were 59 residents living in the centre on the day of inspection.

The premises was laid out to meet the needs of residents. There were appropriately placed handrails along corridors to support residents to mobilise safely and independently. Residents using mobility aides were able to move freely and safely through the centre. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was bright, warm, and well-ventilated throughout. Call-bells were available in all areas and answered in a timely manner. The centre was found to be visibly clean and tidy. Overall, the building was maintained to a high standard.

There was a choice of communal spaces which were seen to be used thought out the day by residents. For example; the ground floor contained a dining room, sitting room, a coffee dock area, activities rooms, a cinema room, a meeting room and a quiet room. There were open plan sitting rooms and dining rooms on the first and second floors. Residents who resided in the upper floors were supported and encouraged to access the communal space on the ground floor and external grounds via a passenger lift. The inspector was told, since the previous inspection, a drive to utilise communal space on the ground floor in the evening was implemented. This had resulted in the residents becoming more social engaged in the evening and was positively impacting the residents. One resident told the inspector that he was looking forward to having a family reunion dinner for 12 of his family in the centres activity room in the days following the inspection.

Bedroom accommodation in the centre was over three floors and comprised of 58 single rooms and two twin rooms. Some rooms had floor to ceiling windows which provided a panoramic view of the town. All rooms had en-suite facilities with a shower, toilet and wash hand basin. Residents' bedrooms were clean, suitably styled with adequate space to store personal belongings. Residents were encouraged to

decorate their bedrooms with personal items of significance, such as ornaments and photographs.

Residents' had access to enclosed garden areas to the side and rear of the building which were easily accessible. There was a canopy covered area to the front of the centre which was used as a designated smoking area for residents. The garden areas were attractive and well maintained with raised beds and level paving.

As the inspector walked through the centre, residents were observed to be content as they went about their daily lives. The inspector spent time observing staff and residents' interaction. Residents sat together in the communal rooms chatting, listening to music, or simply relaxing. Other residents were observed sitting quietly, observing their surroundings. Residents were relaxed and familiar with one another and their environment, and were observed to be socially engaged with each other and staff. A small number of residents were observed enjoying quiet time in their bedrooms. It was evident that residents' choices and preferences in their daily routines were respected. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff throughout the day. Staff who spoke with the inspector were knowledgeable about the residents and their needs. While staff were seen to be busy attending to residents throughout the day, the inspector observed that staff were kind, patient, and attentive to their needs. There was a very pleasant atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff.

The inspector chatted with a number of residents about life in the centre. Residents spoke positively about their experience of living in the centre. Residents commented that they were very well cared for, comfortable and happy living in the centre. Residents stated that staff were kind and always provided them with assistance when it was needed. Residents said that they felt safe, and that they could speak with staff if they had any concerns or worries. There were a number of residents who were not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

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

A range of recreational activities were available to residents, seven days a week, which included exercise, movies, music and bingo. The centre employed activities staff who facilitated group and one-to-one activities throughout the day. Residents told the inspector that they were free to choose whether or not they participated. On the day of the inspection, the inspector observed residents enjoying making jigsaw puzzles and attending a lively music session. The inspector observed that staff supported residents to be actively involved in activities, if they wished. Residents also had access to television, radio, newspapers and books. Residents confirmed that they had access to internet services in the centre. Mass took place in the centre weekly.

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

The centre provided a laundry service for residents. All residents' with whom the inspector spoke with on the day, were happy with the laundry service and there were no reports of items of clothing missing.

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

Capacity and capability

The inspector found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following inspection in February 2024. Improvements were found to the premises, fire safety and the management of complaints. On this inspection, the inspector found that areas of improvement were required in relation to care planning, governance and management as well as infection prevention and control.

Signacare Bunclody LTD is the registered provider for Signacare Bunclody. The company is part of the Virtue Integrated Care group, which has a number of nursing homes nationally. The company had three directors, one of whom was involved in the day to day operations of the centre. The person in charge worked full time and was supported by two clinical nurse managers, a team of nurses and healthcare assistants, activities co-ordinators, housekeeping, catering, administration and maintenance staff. The management structure within the centre was clear and staff were all aware of their roles and responsibilities. The person in charge was supported by a director of clinical operations and a quality manager. The person in charge was also supported by shared group departments, for example, human resources.

On the day of inspection, sufficient staff were on duty to meet the needs of residents living in the centre. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

The registered provider had applied to renew the registration of Signacare Bunclody. The application was timely made, appropriate fees were paid and prescribed documentation was submitted to support the application to renew registration. Since

the previous renewal of registration of the centre the provider had increased its whole time equivalent staffing levels for nursing, caring and activities.

There was an ongoing schedule of training in the centre and the person in charge had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and the inspector noted that training was mostly up to date. Staff with whom the inspector spoke, were knowledgeable regarding safeguarding and infection prevention and control procedures.

Records and documentation, both manual and electronic, were well-presented and organised which supported effective care and management systems in the centre. The inspector reviewed staff files which contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available for each member of staff in the designated centre.

The inspector viewed records of clinical governance meetings, and staff meetings which had taken place since the previous inspection. Quality and safety meetings took place every quarter, governance meetings took place each month, staff meetings took place quarterly and head of department meetings took place weekly in the centre. The person in charge completed a weekly key performance indicator (KPI) report which was discussed with the quality manager. There was evidence of trending of incidents, infections and antibiotic use which identified contributing factors such as the location of falls and times of falls, and types of infections and recurrence. Since the previous inspection, falls audits, meal time audits, care planning audits, restrictive practice, and medication audits had been completed. A detailed annual review for 2024 was completed prior to the inspection. It outlined the improvements completed in 2024 and improvement plans for 2025. Although improvements and good practices were identified in the oversight of systems, further improvements were required in information management of meeting records. This is discussed under Regulation 23: Governance and management.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required timeframes. The inspector followed up on incidents that were notified since the previous inspection and found these were managed in accordance with the centre's policies.

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

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and a good oversight of the service. The person in charge was well known to residents and their families and there was evidence of her commitment to continuous professional development.

Judgment: Compliant

Regulation 15: Staffing

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c), were not sufficiently robust. This was evidenced by:

- Systems of communication were not sufficiently robust as minutes of governance meetings with the provider were broad records of issues discussed. There was no record of audit reviews, action plans or persons responsible to ensure cascading of the governance structure to drive quality improvement.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in this centre enjoyed a good quality of life. Staff were seen to be respectful and courteous towards residents. Good positive interactions between staff and residents were observed during the inspection. Further improvements were required to comply with areas of care planning as well as infection prevention and control.

The inspector viewed a sample of residents' notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Care plans viewed by the inspector were generally person-centred, routinely reviewed and updated in line with the regulations and in consultation with the resident. Improvements were required in care planning, this is discussed further under Regulation 5.

The overall premises were designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had ample space for their belongings. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained.

There were good routines and schedules for cleaning and decontamination. Alcohol hand gel was available in all communal rooms and corridors. Personal protective equipment (PPE) stations were available on all corridors to store PPE. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centre's management and staff meetings. IPC audits were carried out by the person in charge. There were up to date IPC policies which included guidance on COVID-19 and multi-drug resistant organism (MDRO) infections. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Intensive

cleaning schedules had been incorporated into the regular cleaning programme in the centre. Improvements were required in relation to the infection prevention and control which are discussed further under Regulation 27: Infection control.

The provider had effective systems in place for the maintenance of the fire detection, alarm systems, and emergency lighting. There were automated door closures to all bedrooms and all compartment doors, and the doors were seen to be in working order. All fire safety equipment service records were up to date and there was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors to ensure the building remained fire safe. Fire training was completed annually by staff and records showed that fire drills took place regularly in each compartment with fire drills stimulating the lowest staffing levels on duty. Records were detailed and showed the learning identified to inform future drills. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents and staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre.

There were arrangements in place to safeguard residents from abuse. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. The registered provider was not a pension-agent for any resident.

There was a rights-based approach to care in this centre. Residents' rights, and choices were respected. Resident feedback was sought in areas such as activities, meals and mealtimes and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre and records demonstrated that this service was made available to residents if needed. Residents had access to daily national newspapers, weekly local newspapers, internet services, books, televisions, and radios. Mass took place in the centre on a weekly basis. Residents had access to a prayer room in the centre. A number of residents had completed a resident's questionnaire sent from the Office of the Chief Inspector prior to this announced inspections to allow residents to provide feedback on what it is like to live in a designated centre. Satisfaction surveys showed high rates of satisfaction with all aspects of the care and service.

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

The inspector was informed that the contents of urinals and commodes were manually decanted into residents' toilets. This practice could result in an increase environmental contamination and cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Measures were in place to ensure residents' safety in the event of a fire in the centre and these measures were kept under review. Fire safety management servicing and checking procedures were in place to ensure all fire safety equipment was operational and effective at all times. Daily checks were completed to ensure fire exits were clear of any obstruction that may potentially hinder effective and safe emergency evacuation. Each resident's evacuation needs were regularly assessed and the provider assured themselves that residents' evacuation needs would be met with completion of regular effective emergency evacuation drills. All staff had completed annual fire safety training specific to Signacare Bunclody and were provided with opportunities to participate in the evacuation drills.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

Two residents did not have a specific safeguarding care plan to guide staff in all measures to protect the residents from abuse.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

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
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SignaCare Bunclody OSV-0007221

Inspection ID: MON-0037673

Date of inspection: 27/02/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The recordings of all meetings held at the centre have been reviewed to ensure that all audit reviews, issues discussed, and necessary actions—along with the persons responsible—are properly documented. This process aims to ensure accountability and support ongoing quality improvement.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: As per our IPC policy it was recognised that staff were not adhering to the policy in relation to the manual decanting of urinal and commodes. Staff were manually decanting into residents' toilets. A Quality Improvement Plan was developed which included a review of this practice, staff training and regular audits.	
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:

Whilst the centre has an appropriate and positive support care plan in place for both residents, we recognize the importance of ensuring comprehensive safeguarding. Going forward, we will ensure that a specific safeguarding care plan will be initiated if required, to address any potential risks or concerns, and provide an additional layer of protection and support for the residents.

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(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	04/04/2025
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	04/04/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment	Substantially Compliant	Yellow	28/03/2025

	referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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