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 Bunclody
Name of provider:	SignaCare Bunclody Limited
Address of centre:	Newtownbarry, Bunclody, Wexford
Type of inspection:	Unannounced
Date of inspection:	05 August 2026
Centre ID:	OSV-0007221
Fieldwork ID:	MON-0051282

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

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 5 August 2026	08:15hrs to 15:05hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection focused on the provider's compliance with infection prevention and control oversight, practices and processes.

It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences.

There was a high level of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. Those residents who could not communicate their needs appeared comfortable and content. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner.

An activity co-ordinator organised the weekly social activities programme. Residents confirmed that they could choose to socialise and participate in activities and there was a varied and flexible activities schedule over seven days of the week.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. Finishes, materials, and fittings struck a balance between being homely and accessible, whilst taking infection prevention and control into consideration. The aesthetics and interior design of communal areas were also of a high standard, with pieces of 'up-cycled' antique furniture and décor that created a soothing, homelike and non-clinical feel.

Overall, the general environment and residents' bedrooms, communal areas, toilets, and bathrooms inspected appeared visibly clean and generally well maintained. While the centre generally provided a homely environment for residents, the décor and paintwork in some parts of the centre was showing signs of minor wear and tear.

The main kitchen was clean and of adequate in size to cater for resident's needs. Residents were offered a choice at mealtimes, and modified diets were seen to be well-presented and appetising. Residents were complimentary of the home-cooked food and the dining experience in the centre. A group of residents gathered around a long dining room table on the ground floor for a 'family-style' lunch. There were adequate numbers of staff available to assist residents at meal-times. The inspector observed these residents being assisted with their meals in a respectful and dignified manner.

The sluice rooms in all units were clean, tidy and equipped to support effective decontamination. Housekeeping rooms, equipped with janitorial units were also available on each floor. However, a staff toilet was located within two housekeeping

rooms. The inspector was informed that one toilet was not in use but the second toilet was used by staff. This configuration did not support effective infection prevention and control.

The laundry service for all linen and residents' personal clothing was outsourced to an external laundry company. Cleaning textiles were reprocessed on-site. However, this area did not clearly support the functional separation of the clean and dirty phases of the laundering process, and there were no hand-washing facilities in this area.

Conveniently located alcohol-based product dispensers along corridors and within resident bedrooms facilitated staff compliance with hand hygiene requirements.

The next two sections of the report, capacity and capability and quality and safety will describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this was found to be a well-managed centre with a clear commitment to providing good standards of care and support for residents. High standards of infection prevention and control were evident, with effective systems in place to monitor and sustain practice. Management also demonstrated a strong track record in outbreak management, responding promptly and effectively to minimise the risk to residents, staff and visitors.

The inspector found that that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. The provider had nominated a staff member to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. This person demonstrated a commitment and enthusiasm for their role and had led on various infection prevention and control quality improvement initiatives including marking 'world hand hygiene day'.

The inspector observed there were sufficient numbers of clinical staff to meet the needs of residents on the day of the inspection. Residents were seen to receive support in a timely manner, such as providing assistance at meal times and responding to requests for support.

However, a small number of residents told the inspector that they had experienced delays in call bells being responded to. The person in charge acknowledged recent staffing challenges had been identified during the late evening period. In response, staff shift patterns had been reviewed and adjusted to ensure adequate staffing

levels were available at times when residents required increased support at the beginning of the night shift.

Infection prevention and control and antimicrobial stewardship governance arrangements ensured the sustainable delivery of safe and effective infection prevention and control. There were effective management systems in place to monitor the quality and safety of care provided to residents.

Infection prevention and control audits were regularly undertaken. Audits covered a range of topics including hand hygiene, equipment and environmental hygiene and outbreak management. Audits were scored, tracked and trended to monitor progress.

Surveillance of MDRO (multidrug-resistant organism) colonisation including Carbapenemase-Producing Enterobacterales (CPE), Vancomycin-resistant Enterococci (VRE) and Extended Spectrum Beta-Lactamase (ESBL) was undertaken. However, there was some ambiguity among staff and management regarding which residents were colonised with MDROs.

A number of assurance processes were in place in relation to the standard of environmental hygiene. These included colour-coded mops and disposable cloths to reduce the chance of cross infection. Cleaning records were signed daily and overseen by the housekeeping supervisor.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. Residents said that there were enough staff to provide the care they wanted at the time they wished.

Judgment: Compliant

Regulation 16: Training and staff development

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. The majority of staff had received infection prevention and control training.

Judgment: Compliant

Regulation 23: Governance and management

Management systems generally ensured that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(1)(d). However, further action was required to be fully compliant.

MDRO colonisation was not accurately monitored and recorded. Staff and management were unaware of two residents that had a history of MDRO colonisation including VRE and CPE. As a result, appropriate infection control and antimicrobial stewardship measures may not have been in place when caring for these residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of outbreaks of infection as set out in of Schedule 4 of the regulations, within two working days of their occurrence.

Judgment: Compliant

Quality and safety

Overall, the residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by the activity co-ordinators and residents had daily opportunities to participate in group or individual activities.

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

Comprehensive assessments were completed for residents on or before admission to the centre. Care plans, based on assessments, were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care planning was appropiate and

described person-centred and evidenced-based interventions to meet the assessed needs of residents.

Residents had access to appropriate medical and allied health care support to meet their needs. Residents had timely access to their general practitioners (GPs) and also had access to other health and social care professionals such as physiotherapy, speech and language therapy, dietitian and chirpody. Multidisciplinary support and care was also provided by the Integrated Care Programme for Older People (ICPOP) Community Specialist Team. However, community resource constraints had resulted in difficulties accessing occupational therapy services in the region. This had led to delays in the assessment and provision of specialised seating for a resident. This issue had been escalated to the registered provider but had not been resolved at the time of the inspection.

An early warning system ('Stop and Watch Tool') had been incorporated into residents' electronic care records to alert staff to early signs of clinical deterioration. The tool was used to highlight when a resident was 'not their usual self' and aimed to support care staff to recognise and respond to residents becoming unwell.

The volume of antibiotic use was monitored each month. This information was routinely analysed to identify overall trends and detect increases in the incidence of infection. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Antimicrobial audits were also undertaken and areas for improvement were identified and actioned.

The premises was generally designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had ample space for their belongings. The general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well-maintained. Notwithstanding these findings, of the management of housekeeping and laundry facilities was not fully compliant with Regulation 17; Premises.

The provider had completed a detailed Legionella risk assessment and staff confirmed that the control programme had been implemented. For example, unused outlets/ showers were run weekly, water temperature was maintained at temperatures that minimised the proliferation of Legionella bacteria and shower heads were regularly cleaned. Testing for Legionella in hot and cold water systems was undertaken every six months to monitor the effectiveness of these controls.

The provider was found to be compliant with Regulation 27; Infection control. The inspector identified many examples of good practice in the prevention and control of infection. Staff confirmed that they had received education and training in infection prevention and control practices that were appropriate to their specific roles and responsibilities. Staff were observed to demonstrate a good awareness of standard precautions. For example, care was provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection. Daily cleaning schedules were comprehensive and up to date, with a regular deep cleaning schedule also in place. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed during the course of the inspection.

Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. Outbreaks were generally managed, controlled and reported in a timely and effective manner. The centre had experienced no outbreaks in 2026 to date. Two outbreaks had been reported in 2025. While it may be impossible to prevent all outbreaks, the low level of transmission and short durations of these outbreaks indicated that the early identification and effective management of infection had contained and limited the spread of infection.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

The visitor policy outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, access during outbreaks, and arrangements for residents to receive visits from nominated support persons during outbreaks.

Judgment: Compliant

Regulation 17: Premises

The registered provider generally provided premises which were appropriate to the number and needs of the residents living there. However, the premise did not fully conform to the matters set out in Schedule 6 Health Act Regulations 2013. For example;

- The location of the toilet cubicle for staff use within a housekeeping room increased the potential risk of cross-contamination.
- The infrastructure of the on-site laundry did not effectively support the functional separation of the clean and dirty phases of the laundering process.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained

details of health-care associated infections and colonisation to support sharing of and access to information within and between services. Copies of transfer forms were maintained in residents electronic files.

Upon residents' return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging service or hospital.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1) including infectious diseases.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the HIQA were in place and were implemented by staff. Staff were observed to consistently apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment, cleaning and safe handling and disposal of sharps and waste.

The provider had a good track record in the management of outbreaks. A review of previous outbreak reports found that outbreaks were generally well managed and effectively controlled. Post outbreak reviews were completed, with learning identified and implemented to strengthen infection prevention and control practices.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care plans and assessments for residents were reviewed. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident’s admission to the centre and reviewed at intervals not exceeding

four months. Care plans reviewed were sufficiently detailed to guide staff in the provision of person-centred care.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. There was evidence of ongoing referral and review by allied health professional including tissue viability, speech and language therapy, and physiotherapy as appropriate.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.

Judgment: Compliant

Regulation 9: Residents' rights

Staff working in the centre promoted and supported the residents' independence and their rights. Residents said that their rights and choices were respected. Residents were involved in their care and had choice in the time they wish to get up, how to spend their day and when go to bed. All residents had access to a television, lockable storage space and call bell within their bedrooms. Residents also had access to newspapers, magazines and books.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SignaCare Bunclody OSV-0007221

Inspection ID: MON-0051282

Date of inspection: 05/08/2026

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Pre-Admission Assessment Questionnaire has been reviewed, and this now includes a dedicated section for Multidrug-Resistant Organisms (MDROs) which identifies current, previous or active MDRO colonisation/infection and a history of VRE, CPE or other relevant MDROs on all new admission. The PIC is responsible for overseeing and ensuring that all relevant information is recorded. Completed • The PIC and ADON completed and immediate review of all residents on MDRO to ensure that an updated the MRDO Tracker is in place. As part of this review residents hospital discharge summaries microbiology results, GP correspondence and transfer documentation has been cross referenced. Completed • An MDRO screening/checklist as part of admission and readmission procedures which confirmed the residents MDRO history. • The clinical management team have provided enhanced training for the staff to include relevant MDRO information is available to staff providing direct care, updates are documented as part of handovers and this is overseen by the PIC. Completed • All staff completed IPC training and this included education on MDRO's including VRE and CPE. Completed and ongoing as part of induction • A quarterly audit has been introduced and findings, learnings and actions will be discussed, implemented and evaluated with staff and facilitated by the clinical management team. 01-11-2026 • Weekly clinical KPI's include review of MDRO's and this will continue to be monitored by the PIC. – Ongoing • IPC is included on the agenda as part of the monthly G&M meeting facilitated by the RDO. Completed and Ongoing	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Staff Toilet in Housekeeping Room: An IPC risk assessment was completed in relation to the staff toilet located within the housekeeping room.
• As an immediate risk-control measure, access to the toilet within the housekeeping room has been removed from general staff use. A separate lock has been fitted to the housekeeping store, and access to the area is restricted to authorised housekeeping staff only. The access code is held only by designated housekeeping staff.
• This measure ensures that the housekeeping room and associated toilet are not routinely accessed by other staff and reduces unnecessary movement through the area, thereby reducing the potential risk of cross-contamination.
• The housekeeping room and toilet remain subject to appropriate cleaning, disinfection and environmental monitoring in accordance with the centre's IPC and housekeeping procedures. Completed

• Laundry Process: An infection prevention and control risk assessment of the on-site laundry is completed, and a revised laundry workflow has been implemented to ensure clear functional separation between the dirty and clean stages of the laundering process.
• The laundry area has been reorganised to establish a defined one-way workflow from receipt and handling of soiled laundry through washing and drying to folding and clean storage. Clean and dirty laundry are not permitted to cross paths, and clean laundry is not stored or folded within the designated dirty area.
• Appropriate hand-washing facilities, including liquid soap and disposable paper towels, are available and accessible to staff. Appropriate PPE and laundry-handling equipment are also available.
• A designated clean area has been established for folding and handling processed laundry. Clean laundry is stored in a designated clean, dry and protected storage area and is kept separate from soiled laundry at all times.
• A written laundry procedure has been developed/updated to define the correct handling of soiled laundry, hand hygiene, PPE requirements, laundry flow, washing and drying processes, cleaning and disinfection of laundry surfaces and equipment, storage of clean laundry, and actions required in the event of contamination or an infectious outbreak.
• All staff involved in laundry duties have received training on the revised procedure and IPC requirements, with staff competency documented.
• A laundry checklist and IPC laundry audit have been introduced. Audit findings are reviewed by management, with any identified deficits assigned corrective actions and monitored to completion. The effectiveness of the changes will be reviewed through ongoing audits and management oversight to ensure that the clean and dirty workflow remains consistently maintained. 01/11/2026

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(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	01/11/2026
Regulation 23(1)(d)	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	01/11/2026