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 Waterford
Name of provider:	Signacare Waterford Ltd
Address of centre:	Rocklands, Ferrybank, Waterford, Waterford
Type of inspection:	Unannounced
Date of inspection:	02 September 2025
Centre ID:	OSV-0007819
Fieldwork ID:	MON-0046710

About the designated centre

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

SignaCare Waterford is situated on an elevated site overlooking Waterford city and environs and enjoys the convenience of all of the city's amenities. Originally a period house and hotel it has been developed and extended to a high standard to accommodate up to 64 residents. The registered provider is Signacare Waterford Limited. Bedroom accommodation consists of three twin bedrooms and 58 single rooms. All bedrooms are en-suite and contain showers. There are several communal rooms throughout the centre and a large secure garden is overlooked by a balcony and day rooms. There is car parking to the front of the building. The centre caters for male and female residents over the age of 18 for long and short term care. Care services provided at SignaCare Waterford include residential care, convalescence, palliative care and respite. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. The centre currently employs approximately 268 staff and are recruiting in line with the needs of the residents as the centre is occupied.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	64

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
Tuesday 2 September 2025	09:20hrs to 18:15hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

The overall feedback from all residents who spoke with the inspector was that they were extremely happy to be living in SignaCare Waterford. There was high praise for the centre itself with residents telling the inspector, "it's wonderful here", "it's outstanding", "I couldn't improve it" and "I'd highly recommend it". When it came to the staff that cared for them, residents told the inspector about the "lovely," "pleasant," "fantastic," "friendly," and "unbelievable" staff who cared for them so well. Residents told the inspector that they were treated very well in the centre, and one resident confirmed that the staff "do everything they can for you". Residents were complimentary of the food quality, quantity and variety provided. Residents spoken with confirmed they had full control over their daily routine, including waking and sleeping times. Residents also reported high satisfaction levels with the activities and entertainment programme on offer. Visitors spoken with were similarly complimentary of the care received by their loved ones. The inspector found that staff and management were knowledgeable about the residents' needs, and it was clear that they promoted and respected the rights and choices of residents living in the centre. The inspector observed numerous compassionate, warm, dignified, and respectful interactions between residents and their visitors throughout the day of the inspection, by a kind and dedicated staff and management team.

This unannounced inspection was conducted over the course of one day. During the inspection, the inspector spoke with 11 residents and seven visitors to gain insight into the residents' lived experience in the centre. The inspector also spent time observing interactions between staff and residents, as well as reviewing a range of documentation.

The centre is a four-storey building located a short distance from Waterford City Centre. The basement floor contained laundry, storage and service areas. Residents' accommodation was located on each of the four floors. There were two passenger lifts to facilitate unrestricted travel for residents between the floors.

Bedroom accommodation comprised 58 single and three twin bedrooms. All bedrooms had en-suite facilities, including a shower, toilet, and wash-hand basin. Additionally, residents had access to one accessible bathroom with assisted bathing facilities, located on the lower floor.

Bedroom accommodation was seen to have a television, call bell, wardrobe and seating facilities. Bedrooms were seen to have been personalised by residents with photographs, artwork, religious items, ornaments, textiles and furniture from home. Several residents had mini-fridges in their bedrooms to store food and keep drinks cool. The bedroom accommodation was spacious, and the layout was well-suited to the residents' needs. Residents spoken with expressed satisfaction with their bedroom accommodation and storage.

The centre was found to be clean, inviting and decorated to a very high standard throughout, providing a comfortable and homely atmosphere for residents. Internally, the centre's design and layout supported residents in moving throughout the centre, with wide corridors, sufficient handrails, furniture and comfortable seating in the various communal areas. These communal areas included three living rooms, a prayer room, an activities room, a library, a lounge and a spacious dining room/lounge. While the outside temperature was warm during the inspection, the provider had situated portable air conditioning units in parts of the centre to maintain a pleasant and comfortable temperature.

Regarding outdoor space, the centre had a large, pleasantly landscaped and well-maintained garden which was accessible from the lower floor activity room. The garden was home to the centre's duck and hen, and many residents expressed their delight at seeing these birds in the garden. The inspector observed that access to this garden required staff to use a fob to unlock the door. While five residents had a fob to access the garden at their discretion, the remaining residents required staff support to unlock the door if it was closed. This matter was addressed with the management team during this inspection and is discussed under Regulation 17: Premises.

Upon arrival at the centre, the inspector observed a quiet, calm, and relaxed atmosphere. The library room was prepared for a tea party that afternoon to celebrate a resident's golden wedding anniversary. Roman Catholic Mass was broadcast on television in the late morning, followed by refreshments at 11:00am, which included soup, brown bread, fruit, yoghurt, and biscuits. Later in the morning, the inspector observed exercises taking place in the lower floor activity room, followed by balloon games, enjoyed by 17 residents. Several residents remained in the ground-floor living room, where therapeutic and sensory equipment was available for them to engage with, and staff were present to support this engagement. Other residents choose to relax in their bedrooms, reading, listening to the radio, watching television, and engaging in artwork. Some residents were seen taking a stroll in the garden or hosting a visitor.

Residents could receive visitors in the centre within the multiple communal areas or in the privacy of their bedrooms. Self-service tea and coffee-making facilities were available for visitors in the ground-floor lounge, and visitors also confirmed that they were offered refreshments during their visit. Multiple families were observed visiting their loved ones during the inspection day. Residents and visitors confirmed that there were no restrictions on visiting, while visitors reported feeling very welcome in the centre.

Lunchtime was a sociable and relaxed experience, with the 36 residents choosing to eat in the dining room. Meals were freshly prepared on-site in the centre's kitchen and served by the head chef from a bain-marie. Residents confirmed they were offered a choice of main meal and dessert. The food served appeared nutritious and appetising. There were ample drinks available for residents at mealtimes and throughout the day. Staff provided discreet and respectful assistance to residents

requiring this support. Residents spoke positively to the inspectors about food quality, quantity and variety.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a well-run centre with established systems to monitor the quality of care and support provided to residents. It was evident that the centre's management and staff focused on providing a quality service to residents and promoting their wellbeing. While clear management and oversight structures were in place, some of these systems required strengthening to ensure regulatory compliance, as set out in this report.

This was an unannounced inspection to monitor the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended).

The registered provider is SignaCare Waterford Ltd, which is part of the Virtue Integrated Care group, who operate several centres nationally. There are three company directors, one of whom is a person participating in management. This is a senior manager who supports the person in charge in their operational management and clinical oversight of the centre. This director attended onsite to support the inspection process and was present for feedback at the end of the inspection.

The person in charge oversees the daily running of the centre. The person in charge worked full-time in the centre and was supported in their management role by two clinical nurse managers. Other staff members included nurses, healthcare assistants, catering staff, housekeeping staff, maintenance staff, and administrative staff. The clinical nurse managers deputise for the person in charge.

While staffing levels were appropriate to meet residents' needs on the inspection day, the staff resources available were not in line with those committed to in the staffing plan submitted to the Chief Inspector of Social Services when the centre was registered. The provider had committed to having an assistant director of nursing (ADON) available. This post had become vacant in the previous 11 months and had been filled by a staff member at a lower grade. While acknowledging the provider's efforts to fill the position at ADON grade, this had not occurred on the inspection day. This matter is discussed under Regulation 23: Governance and management.

The registered provider had systems in place to monitor the quality and safety of care. Communication systems were in place between the registered provider and

management within the centre. Minutes of governance meetings and quality, safety and risk meetings were reviewed. These meetings discussed key aspects of care provision for residents, including human resources, inductions, facilities, complaints, residents' feedback, safeguarding and activities. The person in charge also prepared a weekly key performance indicator report for the provider, which provided details on key clinical matters within the centre, such as falls and pressure ulcers.

Within the centre, there was evidence of communication between the person in charge and staff working in the centre. The inspector reviewed minutes of staff meetings and found that issues related to the quality and safety of the service delivered to residents were discussed, including care planning, infection control, safety checks, and staff training. Minutes reviewed also found that the provider had a number of focused committees which reviewed nutrition, falls prevention, restrictive practices, pressure ulcer reduction and safeguarding concerns arising in the centre.

The provider had multiple management systems in place to monitor the quality and safety of service provision. A risk register was used to monitor and manage known risks in the centre. The provider had undertaken regular auditing of multiple areas, including complaints, care planning, call bell response times, responsive behaviours and manual handling practice spot-checks. There was evidence that the person in charge and clinical nurse managers had conducted out-of-hours visits to the centre and identified areas for improvement. Notwithstanding these various assurance systems, some actions were required to enhance these oversight mechanisms and effectively identify deficits and risks in service provision, thereby driving quality improvement. This will be discussed under Regulation 23: Governance and management.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2024. The inspectors saw evidence of the consultation with residents and families reflected in the review. With this review, the registered provider had also identified areas requiring quality improvement.

The provider had contracted a fire safety consultant to conduct a fire safety risk assessment in September 2024. This assessment identified several risk areas, including travel distances exceeding 10 metres to the nearest escape route, a lack of suitable aids for vertical evacuation, compartmentation deficits, the need for regular maintenance of fire doors, and inadequate record-keeping. The provider was seen to have developed and was progressing an action plan to address these identified risks, with some actions having been closed, others in progress, and some yet to be actioned. As there remained work to be completed, the provider is required to submit a time-bound action plan for all outstanding fire safety risks to the Chief Inspector of Social Services. When all work is complete, the provider must submit a sign-off from a competent person to confirm that all actions outlined in the fire safety risk assessment have been addressed.

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. The registered provider ensured that the number and skill-mix of staff were appropriate to meet the needs of the residents. There were two registered nurses on duty at the centre at night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Records made available to the inspectors found staff members were up to date with mandatory training in fire safety, infection control, managing challenging behaviour, and safeguarding vulnerable adults from abuse.

The inspectors saw documentary evidence of the provider's newly emerging structured induction programme. Records reviewed found the provider had arrangements in place for appraising the competency of staff members on an annual basis. Where there were gaps in a staff member's knowledge or practice, an action plan was attached to the appraisal to address these learning needs.

Staff were appropriately supervised and clear about their roles and responsibilities.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files reviewed by the inspector contained all the necessary information required by Schedule 2 of the regulations, including Garda Síochána (police) vetting disclosures, the required references, and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider had several assurance systems in place to monitor the quality and safety of the service provided, these systems required some strengthening, as they were not fully effective in identifying risks and driving quality improvement in areas such as care planning, healthcare, fire safety, and premises, as identified during this inspection.

While staffing levels were appropriate to meet residents' needs on the inspection day, the staff resources available were not in line with those committed to in the staffing plan submitted to the Chief Inspector when the centre was registered. The provider had committed to having an assistant director of nursing (ADON) available. A staff member had filled this post at a lower grade for 11 months, and while acknowledging the provider's efforts to fill the position at the ADON grade, this had not occurred on the inspection day.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were no volunteers in the centre at the time of inspection. The management team was aware that volunteers should have their roles and responsibilities set out in writing, undergo a vetting disclosure, and receive supervision and support.

Judgment: Compliant

Quality and safety

The inspector observed kind and compassionate staff treating residents with dignity and respect. Residents' rights were upheld in the centre, and visiting was promoted and facilitated. Residents were supported to communicate freely, and residents approaching the end of life received skilled and compassionate care and comfort. Notwithstanding these very positive aspects, some improvements were required in care planning, healthcare, fire precautions, and premises to ensure that the care and support received by residents was maintained to a high standard and that residents' safety was ensured.

The provider was in the process of reviewing their care planning processes. At the time of the inspection, the inspector noted that residents had a holistic care plan covering a range of care domains in addition to targeted care plans covering specialised care needs. The inspector reviewed a sample of electronic nursing notes and care plans for five residents. There was evidence that residents were comprehensively assessed upon admission to the centre using a suite of evidence-based risk assessment tools to evaluate risks, including falls, pressure sore

development, malnutrition, manual handling needs, and dependency levels. Care plans were developed based on these assessment tools. Care plans viewed by the inspector were person-centred and specific to that resident's needs. There was evidence of consultation with the resident and, where appropriate, their family during the development and revision of care plans. While acknowledging these good practices, further action was required concerning individual assessments and care plans to ensure that each care plan accurately reflected the resident's assessed needs and that care plans were revised at required intervals. This is discussed further under Regulation 5: Individual assessment and care planning.

The health of residents was promoted through ongoing medical reviews and access to a range of external community and outpatient-based healthcare providers, including chiropodists, dietitians, speech and language therapists, and palliative care services. Residents also had access to an in-house physiotherapist once per week. Notwithstanding this good practice, the inspector found that action was required to ensure that residents had access to a high standard of evidence-based nursing care. This will be discussed under Regulation 6: Healthcare.

The premises' design and layout met residents' needs. The centre was found to be clean and very pleasantly decorated, providing a homely atmosphere. There were multiple comfortable and pleasant communal areas for residents and visitors to enjoy. The centre also had a large, well-maintained garden. While acknowledging the high standard of internal and external maintenance of the premises, an area requiring further action related to safety within the garden. Action was also required to ensure the premises are in line with the statement of purpose and the floor plans for which it is registered. These matters are discussed under Regulation 17: Premises.

The provider had systems in place to monitor fire safety. Preventive maintenance for fire detection, fire-fighting equipment, and emergency lighting was conducted at recommended intervals. Procedures to be followed in the event of fire were prominently displayed. Staff had undertaken fire safety training and participated in regular fire evacuation drills that covered a range of scenarios. Each resident had a personal evacuation plan to guide staff in the event of an emergency requiring evacuation. There was a system for conducting checks of the fire alarm, means of escape, fire safety equipment, and fire doors. Notwithstanding these good practices, additional actions were required to ensure the safety of residents in the event of a fire emergency. These findings are outlined under Regulation 28: Fire precautions.

Regulation 10: Communication difficulties

The inspector found that residents with communication difficulties had their communication needs assessed and documented in their care plan. Staff were knowledgeable about each resident's specialist communication requirements and ensured residents had access to any aids or supports to enable effective communication and inclusion. Records reviewed found that residents had access to

speech and language services, as well as specialist services for persons with vision impairment.

Judgment: Compliant

Regulation 11: Visits

The provider had a written visitor policy as required by the regulation. The inspectors observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had several private and communal spaces for residents to host a visitor.

Judgment: Compliant

Regulation 13: End of life

Residents approaching the end of their lives received appropriate care and comfort tailored to their needs, respecting their dignity and autonomy and addressing their physical, emotional, social, and spiritual needs. Residents' family and friends were informed of the resident's condition and permitted to be with the resident when they were at the end of their life.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure the premises are in line with the statement of purpose and the floor plans for which it is registered. For example, the provider was using a large external storage facility within the centre's garden to store residents' equipment, such as walking aids, wheelchairs, shower chairs and beds. However, this storage area was not included in the centre's floor plans, necessitating the provider to update the statement of purpose, floor plans and submit an application to vary condition 1 of the centre's registration to the Chief Inspector.

While the premises were designed and maintained to a very high standard, one area requiring attention to be fully compliant with Schedule 6 requirements related to ensuring the garden was suitable and safe for residents' use. The centre had a large, pleasantly landscaped and well-maintained garden which was accessible from the lower floor activity room. However, the inspector observed that access to this

garden required staff to use a fob to unlock the door. While five residents had a fob to access the garden at their discretion, the remaining residents required staff support to unlock the door if it was closed. This restriction had previously been identified during a restrictive practice thematic inspection in October 2023. This matter was discussed with the management team during this inspection. The management team had risk-assessed the garden area and had concerns regarding absconding and the proximity of the River Suir. While acknowledging these risks, the provider was required by regulation to provide safe external grounds suitable for residents to use. The provider undertook to review mechanisms to enhance the safe use of the garden.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While acknowledging the strong management of fire safety within the centre, the oversight of fire safety within the centre required review to ensure the safety of residents. The provider had not identified and managed some of the risks found on inspection, for example:

- The provider's arrangements for ensuring all staff were aware of the evacuation procedures and the building layout required review, as some staff spoken with were unclear about the compartment boundaries within the centre.

Precautions against the risk of fire require review, for example:

- Hoist batteries were charging in the bedroom corridors on the lower ground floor and ground floor. Charging hoist batteries in a bedroom corridor introduces a fire risk to this protected escape route. These batteries were promptly removed by management when it was brought to their attention.
- One oxygen cylinder was found to be not secured in the ground-floor clinical room. The provider addressed this issue immediately when they were brought to their attention and relocated the oxygen cylinder to a designated external storage area.

As referenced in the capacity and capability section, the provider had contracted a fire safety consultant to conduct a fire safety risk assessment of the premises in September 2024. The provider was progressing an action plan to address these identified risks, with some actions already completed, others in progress, and some risks yet to be addressed. As some work remained to be completed following this fire safety risk assessment, the provider is required to submit a time-bound action plan for all outstanding fire safety risks to the Chief Inspector. When all work is complete, the provider must submit an appropriate sign-off from a competent

person to confirm that all actions in the fire safety risk assessment have been addressed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While comprehensive person-centred care plans were developed, based on validated risk assessment tools, action was required concerning individual assessments and care plans to ensure that each care plan accurately reflected the resident's assessed needs and that care plans were revised at required intervals, for example:

- A resident with a specific care need related to their personal care did not have corresponding records to evidence that this care need had been fully assessed and that a care plan had been developed based on that assessment, ensuring the resident's privacy, dignity, comfort, and inclusion within the centre.
- As some residents had both holistic care plans and targeted care plans, a small number of discrepancies were noted between these care plans. For example, differing falls risk ratings were recorded within the mobility section of a resident's holistic care plan and within the resident's targeted falls reduction care plan.
- The inspector found that some residents' care plans had not been reviewed at the required intervals; for example, some domains within the holistic care plans had not been updated since 17 October 2024.

Judgment: Substantially compliant

Regulation 6: Health care

Notwithstanding residents' access to a range of healthcare professionals, action was required to ensure that all residents received a high standard of evidence-based nursing care. For example, the inspector found two instances where neurological observation assessments were not monitored and documented in accordance with the provider's falls policy following an unwitnessed fall. Not completing the neurological observations may lead to delays in recognising a resident at risk of clinical deterioration.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspectors found that residents' rights were upheld in the centre. Staff were seen to be respectful and courteous towards residents. Residents' privacy within their bedrooms was seen to be respected. The centre celebrated in-house religious services monthly.

Residents had access to radio, television and newspapers throughout the centre. Residents could communicate freely, having access to telephones and internet services throughout the centre. Residents had access to independent advocacy services, and records reviewed indicated that some residents had utilised these services.

There was a varied and interesting activities programme available as well as facilities for residents to engage in occupation and recreation. The provider published a monthly newsletter to keep residents and families informed about activities and developments within the centre.

Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in monthly residents' meetings. Records reviewed found consultations with residents at committee meetings regarding matters such as food, safety, complaints, healthcare, and activities, and that suggestions raised by residents were being addressed.

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 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SignaCare Waterford OSV-0007819

Inspection ID: MON-0046710

Date of inspection: 03/09/2025

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: ADON commenced in the centre on 8th September 2025. The registered provider has taken steps to strengthen assurance systems to better monitor the quality and safety of care. Measures have been implemented to enhance risk identification and drive continuous quality improvement in areas including care planning, healthcare, fire safety, and premises management. Please see actions under Reg 5, 6, 17 and 28.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The garden shed has been cleared of all unnecessary items, and a door has been secured to prevent any further storage. The security of the garden has been reviewed this included: • The pathways were reviewed by the physiotherapist to ensure safe walkways for residents. • The wooden fence at the back of the garden was secured with hexagonal wire mesh to further enhance the garden's safety. • A risk assessment was completed regarding free access to the garden. Following this review a fob has been placed at the exit door to the garden, to allow free access to the garden for residents. However, it is recognized that some residents will still require assistance, and staff are available in the activity room to support same.	

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• All equipment that requires charging is now charged in line with our policy. An SOP was introduced to ensure all staff are aware and an observational audit is completed to ensure compliance.
• Oxygen Cylinders are stored as per our policy, and this has been reinforced with all staff.
• All staff have completed fire and evacuation training. Our current PEEPs have been reviewed.
• The provider has submitted the PAS 79 and supporting documents which note a time bound plan on the current two open items. When all work is complete, the provider will submit an appropriate sign-off from a competent person to confirm that all actions in the fire safety risk assessment have been addressed.

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:
A resident with a specific personal care need has had their care plan reviewed to ensure it promotes dignity, comfort, and inclusion within the centre.
All residents now have a single, holistic care plan to prevent duplication and omission of important information.
Care plans are updated every four months or whenever changes occur. Regular audits of care plans are conducted to ensure compliance.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Following the inspector's finding, we have implemented measures to ensure full compliance with the provider's falls policy. Staff have been reminded of the importance of timely neurological observations following an unwitnessed fall. Documentation

protocols have been reinforced, and ongoing audits are now in place to ensure neurological observations are consistently monitored and recorded. These measures aim to prevent any delay in identifying residents at risk of clinical deterioration.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	16/09/2025
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	16/09/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Substantially Compliant	Yellow	08/09/2025

	ensure the effective delivery of care in accordance with the statement of purpose.			
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	31/03/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/03/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	11/11/2025

Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	09/09/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	14/10/2025
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais	Substantially Compliant	Yellow	24/09/2025

	from time to time, for a resident.			