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:	29 July 2026
Centre ID:	OSV-0007819
Fieldwork ID:	MON-0051137

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 following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61

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 29 July 2026	08:55hrs to 17:30hrs	Sinead Corbett	Lead
Wednesday 29 July 2026	08:55hrs to 17:30hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This inspection was a one day unannounced inspection conducted by two inspectors to monitor compliance with the regulations and to follow up on unsolicited and solicited information received by the Chief Inspector. To gain insight into the residents' experiences in the centre inspectors spoke to residents, visitors, staff and spent time observing the environment and reviewing documentation.This inspection identified some issues with the overall governance and management systems which will be discussed further in the report.

Overall, based on the observations of inspectors and discussions with residents, the centre appeared to be a nice place to live. Inspectors spoke with the majority of residents and 16 residents in more depth. Staff were observed to interact in a kind manner with residents and were attentive to their needs. Residents were complimentary about the staff and the care they received in the centre, for example inspectors were told that staff were 'lovely' and 'could not be more helpful'. Residents told inspectors that staff were responsive to their requests for assistance. Inspectors observed that there was a relaxed atmosphere in the centre and residents said they had a choice how they wished to spend their day, for example when they wished to have breakfast and get up in the morning, and what activities they wished to participate in.

Inspectors arrived to the centre in the morning and conducted a walkaround of the centre followed by an introductory meeting with the person in charge and the assistant director of nursing. The centre is a four-storey building located on the outskirts of Waterford City. The centre had a combination of single and twin bedrooms situated on all four floors. Communal spaces in the centre were observed to be spacious and accommodated the needs and numbers of residents living in the centre. There was a large dining room on the ground floor with access to a terraced area, and four day rooms located throughout the centre. A prayer room and a library provided residents with access to quiet spaces. Handrails on corridor areas and in bathrooms supported residents to mobilise independently and corridors and rooms were wheelchair accessible. Two passenger lifts accommodated residents to move between floors. The centre was clean and comfortable and was decorated to a high standard throughout, providing a homely atmosphere for residents.

Residents were complimentary about their bedrooms and said that they had sufficient storage for their belongings. Bedrooms were decorated with resident's own personal items and appeared clean and comfortable. Residents had access to a well maintained garden and residents said they enjoyed using the garden, where they could sit outdoors. Two terraces overlooking the gardens were located off the dining room and dayroom on the ground floor, both had seating for residents.

Many residents were positive about the quality of food and said they had a choice of meals a few others residents said food was not always to their taste and would

prefer an alternative. On the day of the inspection, residents were seen to have a choice of two main courses and two desserts at the main lunch time meal. Many residents were seated in the dining room and were served their meal and a choice of drinks by staff. There appeared to be a relaxed atmosphere in the dining room, where residents could sit and chat with one another. Other residents chose to have their meal in their bedroom. A delay was noted in serving food to residents on the first and second floors due to the lack of availability of a second hot box for transportation of the meals, this is discussed further in the report.

Residents could chose to participate in a wide range of daily activities, and staff were employed in the centre to facilitate an activity schedule. The activity schedule for the week was displayed throughout the centre and included activities such as, bingo, a music group, a cocktail making lesson, exercises, a book club and Mass. Residents attended a residents' meeting on the day of the inspection and residents' views on issues were sought. However there was not evidence that all residents issues were actioned if appropriate which is discussed in the report. Residents' rights and the location of information were discussed at the meeting. Information on independent advocacy services was displayed in the centre. Residents had access to newspapers, television, WiFi and radio.

Visitors were facilitated to visit residents, and the inspectors observed many visitors in the centre throughout the day. Visitors who spoke with the inspectors were happy with the care delivered in the centre.

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

Overall, the local governance and management systems in the centre at the time of the inspection contributed to the delivery of good quality care. The compliance plan following the previous inspection on 11 February 2026 had been progressed and resulted in improvements in the management of complaints, care planning and infection control processes. However, changes at a regional management level within the Virtue Integrated Care Group meant that governance and management systems in the centre were not sufficiently resourced. This finding is discussed further under Regulation 23: Governance and management.

The registered provider is SignaCare Waterford Ltd, which is part of the Virtue Integrated Care group, who operate several centres nationally. There are two company directors, one of whom is the registered provider representative. The person in charge worked full time in the centre and was further supported by an assistant director of nursing, a clinical nurse manager and a team consisting of nursing staff, care assistants, catering staff, housekeeping staff, maintenance staff

and administrative staff. The person in charge had resigned their post and was due to finish working in the centre in the days following the inspection and a new person in charge had been recruited and planned to take up the person in charge post in the coming weeks. At the time of the inspection this change had not been notified as required by the regulations but once identified the notification was submitted immediately following the inspection.

The staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support. A review of rosters identified that the centre used agency staff to supplement staffing number where required. Inspectors were told that processes for recruiting new staff to fill current and upcoming vacancies were underway.

There was an ongoing schedule of training in the centre across a broad range of topics, for example safeguarding, dementia care, fire safety and infection control. A review of training records showed a high level of compliance across all training fields. Staff with whom the inspectors spoke with were knowledgeable with regards to their roles and responsibilities. Some gaps in training compliance and staff supervision were noted, this is discussed further under Regulation 16: Training and staff development.

There were good local management systems in place to support the delivery of appropriate care within the centre and monitor the quality and safety of care delivered to residents. The person in charge collected key performance indicators across a wide range of areas, such as wounds and falls. This information informed areas where quality improvement was required. A schedule of audits was implemented in the centre to monitor the quality of care delivered and drive quality improvement. The annual review was completed for 2025 and included a broad range of areas such as complaints, falls, restrictive practices and staff training. Resident input formed part of the annual review. A quality improvement plan for 2026 was developed based on the findings of the review. Meetings were taking place on a regular basis, comprehensive minutes of meetings were seen and were well maintained. Notwithstanding this good practice, some gaps were noted in oversight systems that are outlined further under Regulation 23: Governance and management.

The inspector reviewed the records of complaints and found they were managed within the requirements of the regulation. Residents spoken with said they could raise concerns with staff. The centre's complaints procedure and information on independent advocacy services was displayed in the centre.

Regulation 15: Staffing

Based on the inspectors' observations of staffing levels, a review of the worked and planned rosters and from speaking with residents, it was evident that the provider had sufficient staff with an appropriate skill mix to meet residents' needs.

Judgment: Compliant

Regulation 16: Training and staff development

- While there was an ongoing schedule of training in place to ensure all staff had relevant and up to date training, a review of records identified that a small number of staff were not up to date with refresher training across all training courses, this was evidenced as follows:
    - 1 staff member was not up to date with training on Fire Safety Awareness.
    - 2 staff were not up to date on training in Infection control.
- A gap in staff supervision was noted, this was evidenced as follows: safety checks were not recorded by staff in accordance with a resident's careplan.

Judgment: Substantially compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Staff files contained the records outlined in Schedule 2 of the regulations, for example evidence of references and photographic identification. These were stored securely in the centre and made available for inspectors to review.

Judgment: Compliant

Regulation 23: Governance and management

- Gaps in the overall governance and management structure meant that oversight systems were not sufficiently robust to ensure the service was effectively monitored by the registered provider. The whole time equivalent allocation of a senior regional manager to the centre was less than that outlined in the centre's statement of purpose, which forms the basis for registration granted by the Chief Inspector.
- While the person in charge reviewed incidents that occurred in the centre, the outcome of the incident review was not consistently recorded.

- Oversight systems of fire safety in the centre were not sufficiently robust, this is outlined further under Regulation 28: Fire precautions.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents as set out in paragraphs 7(1)(a) to (i) of Schedule 4 were notified to the Office of the Chief Inspector within the required timeline of two working days. Quarterly notifications were submitted to the Office of the Chief Inspector to notify of incidents as set out in paragraphs 7(2)(a) to (e) of Schedule 4.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider ensured that the complaints procedure was accessible and displayed in the centre. A local complaints policy detailed the procedure in relation to making a complaint and set out the time-line for complaints to be responded to, and the key personnel involved in the management of complaints. Inspectors reviewed a sample of complaints and found that they were managed in accordance with the centre's local policy and within the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, from what residents told inspectors and what inspectors observed, residents were supported to have a good quality of life in Signacare Waterford. Staff and resident interactions observed were kind and respectful. Residents and visitors that spoke with inspectors were complimentary about the centre and care from the staff. Notwithstanding this, some gaps were noted in the areas of food and nutrition, residents' rights and fire precautions. These are discussed further under the relevant regulations.

Inspectors reviewed a sample of residents' care plans and good practice was observed in the area of care planning for residents. Care plans were documented within 48 hours of a resident's admission to the centre and they were developed following an assessment of the residents' needs. A wide range of validated

assessment tools were utilised to identify risks such as falls, pressure ulceration, and malnutrition. Care plans were reviewed following any changes and at minimum intervals of four months. Transfer letters were recorded and included all relevant information about the resident and discharge letters from hospitals and other services were filed in each resident record.

Residents' medical and health needs were met through a broad range of community-based health and social care services, for example physiotherapy, occupational therapy, speech and language therapy and dietetics. A General Practitioner (GP) attended the centre weekly and signage was displayed throughout the centre to advise residents of this. Inspectors were told that other services such as mental health services, mobile xray and tissue viability nursing was available for residents. Wound care plans were detailed and monitored wound healing progress. Notwithstanding this, there were some gaps in the area of observations to review nursing interventions, this is discussed further under Regulation 6: Healthcare.

Residents were provided with opportunities to be consulted with and participate in the organisation of the designated centre. Resident meetings were held on a frequent basis in the centre and records of the previous meeting were displayed. However, there was not always evidence of how resident issues were resolved and this is discussed further under Regulation 9: Residents' rights. Residents told inspectors that they could chose how they wished to spend their day and what activities they wished to participate in. Residents had access to a wide range of activities in the centre.

Residents were provided with home cooked food choices for their meals and snacks and many residents with whom inspectors spoke with were complimentary about the food. Drinks were available for residents in their bedrooms and in communal areas. The dining room was bright and spacious, and tables were dressed with tablecloths, placemats, cutlery and condiments. Residents requiring support were assisted by staff in a respectful manner. There were some issues identified with residents' choices of food and timing of same that are outlined further under Regulation 18: Food and nutrition.

Overall, the centre was observed to be cleaned to a good standard. Household staff were observed cleaning the centre on the day of the inspection. Staff had access to relevant infection, prevention and control training and a review of the records identified a high level of compliance among staff with infection control training. Hand sanitiser gel and personal protective equipment were located close to the point of care, reducing the risk of cross contamination**.** Frequent audits were conducted on infection control practices to monitor effectiveness of systems and identify quality improvements.

Good systems were in place to manage the risk of fire in the centre. Fire equipment such as fire doors, emergency lighting, exit signage and fire extinguishers were in place. Evacuation maps were displayed throughout the centre. Personal Emergency Evacuation Plans (PEEPs) were developed for each resident. The fire alarm panel showed no fault when checked on the day of the inspection. A system was in place for completing daily fire safety checks, this included checking fire prevention,

communication, means of escape, containment and extinguishers. There was also a system in place to service the fire equipment. Annual certificates of maintenance and testing for the fire extinguishers, the fire detection and alarm system, and emergency lighting were up to date. Records for quarterly testing for the alarm system and emergency lighting were available and quarterly testing was complete since the last inspection. Notwithstanding this, regulatory requirements were not fully met, these are outlined under Regulation 28: Fire precautions.

Regulation 18: Food and nutrition

Resident choices at mealtimes and how meals were served were not always fully afforded, for example:

- One resident said they did not go to the dining room as it was too difficult considering their level of mobility and location of their bedroom.
- A small number of residents said that the food was not to their taste and alternative choices or solutions were not discussed with them.
- During the main meal, only one hotbox was available to deliver meals to residents who chose to have their meal in their bedrooms. This meant that residents on the upper floors did not receive their main meal up to 45 minutes after dinner started in the dining room.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed residents' records and saw that where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.This information was stored securely for each resident.

Judgment: Compliant

Regulation 27: Infection control

The provider ensured that infection control procedures were aligned with the National Standards for infection prevention and control in community services (2018). For example, there were good systems in place to ensure that the centre

and any equipment used were effectively cleaned and decontaminated and there were sufficient clinical handwashing sinks in place to support effective hand hygiene practices to minimise the risk of acquiring or transmitting a healthcare-associated infection

Judgment: Compliant

Regulation 28: Fire precautions

- There were some gaps in the evacuation procedures in the centre, this was evidenced as follows:
    - The fire safety requirements outlined in the centre's statement of purpose were not fully adhered to. The requirement for all residents in one compartment of the centre to be independently mobile and reviewed fortnightly to ensure safe evacuation did not align with the findings on inspection in the case of one resident.This was acknowledged by the person in charge on the day of the inspection.
    - Evacuation times for recent fire drills from the largest compartment recorded evacuation times of 4.5- 6 minutes for one room, this was not reviewed to ensure it was adequate.
    - Individual PEEPs did not include if supervision was required at assembly point, therefore it was unclear what measures were required to ensure resident safety in the event of evacuation.

- Containment measures were not sufficiently robust; a sample of fire doors were checked and five did not close properly when released, these would not effectively contain smoke or fire in the event of a fire in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed, there was evidence that care plans were person centred and were developed in accordance with the assessed needs of the residents. Care plan reviews at a minimum on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 6: Health care

A sample of records were reviewed and identified that clinical observations to monitor residents' health were taken and recorded. However, it was noted that monitoring of elevated blood sugar levels following interventions was not completed in a timely manner. This may lead to a delay in identifying residents for whom interventions were not fully effective and whom require further medical input.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' input into the organisation of the centre was not fully considered, for example a review of residents' meeting records identified that action plans were not resolving issues raised by residents and subsequently residents were raising the same issues repeatedly which did not empower residents.

Judgment: Substantially 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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for SignaCare Waterford OSV-0007819

Inspection ID: MON-0051137

Date of inspection: 29/07/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The training matrix has been reviewed and all current staff reporting for duty are up to date with Fire Safety awareness and IPC training. Completed • An annual robust schedule of training is in place for all mandatory and this is monitored ongoing by the PIC to ensure compliance. Ongoing • To ensure training compliance is maintained, the home has implemented an electronic training management system, enabling the PIC to review training status monthly, identify upcoming expiries, and address training deficits promptly. This forms part of the agenda in the monthly G&M meeting. Completed & ongoing • The PIC has completed a review of supervision and oversight in the center to include the oversight of comfort and safety checks. Oversight of the comfort and safety checks is part of the careplan audit system. Completed	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

• The resident who reported difficulty accessing the dining room due to the location of their bedroom has been relocated to a bedroom on the lower ground floor which has improved the resident access to the dining room, garden and activity areas. The resident has confirmed that this has improved their accessibility and supports increased participation in mealtimes and social activities. Completed

• Food satisfaction surveys have been completed with residents during August/September 2026 to obtain their feedback on menu choices, flavour of the meals and meal satisfaction. Initial survey feedback from residents is positive and issues raised are being recorded and actioned via Quality Improvement plans. Completed

• As part of enhancing resident engagement, the Chef and DON will attend residents' meetings each month to ascertain feedback on residents' choice. 10/09/2026 & Ongoing

• All compliments and complaints at residents' meetings are being recorded as part of a live online feedback system that allows the nursing home to collect real-time feedback from residents and families. Residents, visitors and families are also encouraged to give feedback as publicly available QR codes are displayed across the home to encourage feedback for follow up or anonymously. The feedback received is monitored by the PIC and this is discussed at monthly Heads of Department meetings with learnings, and actions implemented and monitored for completion. Completed and Ongoing

• The mealtime delivery process has been reviewed with the group executive chef and an additional hotbox has been ordered to improve the timely delivery of meals to residents who choose to dine in their bedrooms. This ensures food is maintained at the appropriate temperature in line with HACCP requirements. The hotbox is due to be delivered by 05/10/2026. In the interim the oversight of the quality of meals delivered to residents' rooms is overseen daily by the chef and nurse in charge on duty. Oversight includes monitoring of an automated electronic system that documents temperatures of food by the PIC. In progress.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• Two Fire doors were addressed by inhouse maintenance on 29/07/2026 and three fire doors have been reviewed by the external fire containment company during week of 17/08/2026 to ensure that containment measures are sufficiently robust. Completed

• All fire doors are checked 6 monthly as per statutory requirements and any issues identified prior to the scheduled check are reported on the electronic maintenance software system which is overseen and addressed accordingly by the facilities manager. Completed and ongoing.

• Residents residing within the identified compartment have been reviewed to ensure

they are independently mobile or require minimal assistance in line with the centre's evacuation strategy and Statement of Purpose. A fortnightly review process has been implemented to ensure ongoing compliance and to identify any changes in residents' evacuation needs. Completed & ongoing.
• Personal Emergency Evacuation Plans (PEEPs) have been reviewed by the PIC and updated to include supervision requirements at the assembly point and any identified absconding risks. All residents PEEP's are updated minimum 4 monthly or sooner if the residents needs change and these are accessible to all staff. Completed.
• Monthly evacuation drills for different compartments are completed with learnings and actions included in a debrief with staff. This includes the largest compartment in the centre. The recorded evacuation times are reviewed by the management of the home as part of the clinical governance meetings and monthly G&M meeting. Ongoing

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
• The Nursing team have received refresher guidance on escalation pathways, repeat blood glucose monitoring timeframes, and relevant documentation requirements following elevated readings in line with the centre's policy. This will continue as part of the agenda of the nurses' meetings. The DON oversees that the appropriate pathway for clinical observations is completed as part of clinical oversight with attendance at handover to ensure appropriate care has been provided. Ongoing
• The nursing team have access to a senior nurse on duty at all times. A nominated GP service and GP out of hours service is available as part of support to the nursing team to discuss resident clinical observations. Ongoing
• Residents careplans have been reviewed and include required interventions following recording of Blood Sugar monitoring and all nurses have been reminded to follow the outlined interventions. Completed
• Monthly audits of blood glucose monitoring records will be implemented by the PIC to ensure that BSM readings are appropriately followed up, reassessed within the required timeframe, and escalated where necessary. Audit findings will be discussed at handover, nurses meetings and learnings shared with staff. Ongoing
• Additional safety huddle on the management of care of resident living with diabetes is scheduled to be completed with nursing staff in September 2026. 01/10/2026

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• To ensure residents' views are sought and acted upon, additional consultation with residents has commenced via resident satisfaction surveys which have been rolled out throughout the centre, including an accessible version for residents who require additional support to express their views. Completed
• Survey findings are being analyzed and used to inform service improvements in consultation with residents. 01/10/2026
• All compliments, expression of dissatisfaction and/or complaints raised at residents meetings are being recorded on the electronic system. This enables the PIC access to real-time tracking of issues raised, assignment of actions, and monitoring of outcomes to ensure that concerns are addressed and residents receive feedback on actions taken. Completed & Ongoing.
• Complaints are trended as part of the weekly KPI's and monitored weekly by the PIC to ensure that outcome of the complaint raised is shared with the residents and they are satisfied with the outcome. Completed & Ongoing.
• Monthly resident committee meeting minutes and associated actions plans are reviewed by the PIC to ensure that recommendations and/or issues raised are progressed and completed within an agreed timeframe. The PIC will continue to monitor for trends to ensure that any issues highlighted are resolved effectively and efficiently. Completed & Ongoing.
• As part of Quality Improvement Plans the centre has implemented an information board on the FREDA principles and booklets are available across the centre. FREDA principles will also form part of staff huddles and staff meetings going forward to reinforce the importance of residents rights, choice, autonomy and participation in the running of the centre. Commenced & Ongoing.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	09/09/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	09/09/2026
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	10/09/2026
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	05/10/2026
Regulation 23(1)(a)	The registered provider shall ensure that the	Not Compliant	Orange	9/9/2026

	designated centre has sufficient resources to 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	9/9/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	09/09/2026
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	9/9/2026
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health	Substantially Compliant	Yellow	01/10/2026

	care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	01/10/2026