



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

## Issued by the Chief Inspector

Name of designated centre:	SignaCare New Ross
Name of provider:	Signacare New Ross Ltd
Address of centre:	Newtown Commons, New Ross, Wexford
Type of inspection:	Unannounced
Date of inspection:	04 November 2025
Centre ID:	OSV-0000252
Fieldwork ID:	MON-0048680

## About the designated centre

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

This centre is a purpose-built facility which can accommodate a maximum of 59 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the centre. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The registered provider is SignaCare New Ross Ltd. This centre is situated on the outskirts of New Ross beside a residential estate. It is constructed over two floors with access via passenger lift and stairs. Bedroom accommodation consists of 57 single and one twin room, all with full en-suite facilities. Sufficient communal accommodation is available including day rooms and dining areas as well as an oratory and sun room. There are a number of toilets and bathrooms located throughout the building. Kitchen and laundry facilities are located on the ground floor. Open access to safe outside space is located at the rear of the building and there is ample parking space to the front and side of the centre. There are nurses and care assistants on duty covering day and night shifts.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	57
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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 4 November 2025	09:15hrs to 18:05hrs	Catherine Furey	Lead
Tuesday 4 November 2025	09:15hrs to 18:05hrs	Bernadette McDonald	Support
Tuesday 4 November 2025	09:15hrs to 18:05hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

The inspectors spoke with eight residents in to gain a view of their experiences in the centre. Residents were generally complimentary in their feedback and expressed satisfaction about the standard of care and range of social activities provided. Residents spoken with were also happy with the standard of environmental hygiene. Inspectors observed that the staff were dedicated and kind, and promoted and protecting residents independence. However, a small number of residents said that staff did not always responded to call bells in a timely manner. A resident also told inspectors that staff were sometimes unavailable to accompany them outside for a walk when the weather was nice. This may impact residents opportunities for activity and engagement.

Inspectors also spoke with five visitors to the centre. Feedback was generally positive, with one visitor saying "the staff are brilliant, they know the residents inside out". Another praised the activities and said they enjoyed coming to visit while there Bingo or live music on, and that there was always a good atmosphere. Visitors said that the quality of food was excellent, and this was echoed by the residents, who had high praise for the choice at each mealtime. One resident said "The chef deserves five stars". There was some negative feedback from visitors about the response time to call bells who said that there could be delays, particularly at night time.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. Resident accommodation was provided over two floors. Residents told inspectors that they were very happy with their bedrooms. One resident spent the morning watching movies on a large flatscreen TV, they told inspectors that they loved spending time in their room, that the armchair was comfortable, it was warm, and that staff checked in on them throughout the day.

Inspectors observed that the décor in some areas of the centre was showing signs of minor wear and tear. For example, tiles were cracked in some en-suite bathrooms and the lino was coming away from the wall in several rooms. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance. Despite the minor maintenance issues identified, overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared visibly clean.

The infrastructure of the on-site laundry on the ground floor supported the functional separation of the clean and dirty phases of the laundering process. The main kitchen was clean and of adequate in size to cater for resident's needs. Toilets for catering staff were in addition to and separate from toilets for other staff. Housekeeping staff had access to a dedicated housekeeping room for the storage and preparation of cleaning trolleys and equipment. There was a sluice rooms for

the reprocessing of bedpans, urinals and commodes. However the sluice room on the ground floor was not equipped with separate hand hygiene and equipment cleaning sinks. This may impact the effective hand hygiene and equipment decontamination.

Conveniently located, alcohol-based product dispensers were readily available within bedrooms and on corridors. Two new clinical hand washing sinks had been installed in the nursing offices on each floor. These conformed to the recommended specifications for clinical hand wash sinks. However, barriers to effective staff hand hygiene were identified during the course of this inspection. Findings in this regard are detailed under and Regulation 27.

The inspectors observed that staff engaged with residents in a respectful and kind manner throughout the inspection. A resident told inspectors that they were listened to by staff and that they helped them in every way possible. Another resident said "It couldn't be better". Residents who could not speak with the inspector in relation to their quality of life in the centre, appeared to be relaxed and comfortable in the company of staff and in their surroundings.

Dedicated activities staff coordinated a schedule of diverse and interesting activities which catered for small and large groups, one-to-one activities, dementia-specific therapies. There was a small sensory room on the first floor which residents could freely walk into and sit and relax for a while. Art and crafts made by residents were displayed in the centre. Some residents told inspectors they liked going to activities, others said they preferred to keep to themselves. It was evident that residents could choose to spend their days as they wished.

The next two sections of the report present the findings of this inspection in relation to the 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

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

This inspection identified that improvements were required to the systems in place to identify and monitor the quality and safety of care provided to residents, in particular with regard to infection prevention and control. Findings of this inspection were that action was also required pertaining to staff supervision and outbreak

management, and the oversight of call bell response times, to achieve regulatory compliance.

Signacare New Ross Ltd. is the registered provider for SignaCare New Ross. The company is part of the Virtue Integrated Care group, which is involved in the running of number of other nursing homes at a national level. The company had three directors, one of whom was assigned as a person participating in management, and who was involved in the organisation and delivery of the service. The person in charge worked full time and was supported by an assistant director of nursing, who deputised for the person in charge in her absence. Supervision and on-call arrangements were in place for weekends. Further support was provided to the management team through the group director of operations and a quality manager.

Staffing levels across all departments were monitored regularly and the person in charge outlined that plans were in place to increase the care assistant staffing levels at night. There was an active recruitment programme, and current staff files showed evidence of good recruitment practices including assurances that appropriate An Garda Síochána (police) vetting procedures were completed by the provider for new staff.

There is a restrictive condition on the centre's registration. This reflects the findings of an inspection on 10 April 2024 which found that the configuration of four twin occupancy rooms did not comply with Regulation 17: Premises. The rooms could not be configured in a way that maximised privacy and dignity for each resident. The registered provider acknowledged the limitations of these rooms and accepted that they could not be configured appropriately for two residents. Inspectors verified that three of the four rooms were now configured for single occupancy. One room remained occupied by two residents who had historically shared the room and wished to continue that arrangement. The registered provider has committed to reducing this room to single occupancy when one of the current occupants no longer resides in the centre or indicates that they no longer wish to share this room.

There was a comprehensive audit schedule in place which included audits of falls, wounds and care plans. Audit outcomes and plans for improvement were discussed at the clinical governance meetings and at regular staff meetings and handovers, ensuring that areas for improvement were shared and followed up on in a timely manner. Notwithstanding the systems in place, the oversight of call bell response times required significant review. This is discussed under Regulation 23: Governance and management.

Infection prevention and control audits were undertaken quarterly and covered a range of topics including, hand hygiene, equipment and environment hygiene, waste and sharps management. High levels of compliance were achieved in recent audits.

The provider had nominated an assistant Director of Nursing (ADoN) to the role of infection prevention and control link practitioner with the required training and protected hours allocated to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

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

There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff had completed training in important areas including fire safety, dementia awareness and infection prevention and control. Training in the safeguarding of vulnerable adults was up-to-date for all staff, and staff whom inspectors spoke to were aware of their role in reporting any safeguarding concerns. Nursing staff had received training to ensure they were competent in the early recognition and response to deteriorating residents in line with best practice. However, inspectors found that this training was not embedded in practice. These findings are set out under the Regulation 27: Infection control.

### Regulation 15: Staffing

Through a review of staffing rosters and the observations of inspectors, 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.

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. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging and, infection prevention and control.

However, the early warning system (Stop and Watch) to help staff identify and respond to signs of clinical deterioration in residents promptly had not been implemented in practice. Findings in this regard are detailed under and Regulation

Judgment: Compliant

### Regulation 21: Records

A sample of staff employment files and found that they contained all of the information required under Schedule 2 of the regulations, for example references and evidence of relevant qualifications.

Records required under Schedules 3 and 4 of the regulations were maintained, for example, a register of restrictive practices, and a daily note of residents' health and treatments given.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(1)(d), were not sufficiently robust. This was evidenced by the following:

- Improved oversight of the systems in place to assure that infection prevention and control practices and procedures were implemented in line with local and national guidelines. Details of issues identified are set out under regulation 27.
- In the absence of a strong monitoring system for call bell response times, the management team were not capturing actual delays in call bells being answered. For example, inspectors observed call bells ringing for extended periods of time. A resident reported that this was a frequent occurrence. Visitors who spoke with inspectors also reported frequent delays. This was echoed in feedback from residents at recent resident's meetings.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Contracts of care were agreed in writing with each resident on their admission to the centre. Contracts detailed the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, the fees to be charged for such services, and the terms relating to the bedroom to be provided to the resident.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that incidents and reports as set out in Schedule 4 of the regulations were submitted in writing to the Office of the Chief Inspector within the required time frames.

Judgment: Compliant

## Quality and safety

Overall, inspectors found that the provider was, in general, delivering a good standard of care and support to residents. Residents were provided with opportunities for social activation and were encouraged to spend their days in the manner that they chose. However, non-compliance in relation to infection control found on inspection also posed a risk to the safety and well being of residents. Further action was also required in relation to care planning, the use of restrictive practices and residents' rights, as outlined under the relevant regulations.

Inspectors observed that staff were very familiar with residents' medical history, individual needs and preferences. Residents were assessed for a variety of clinical risks including risk of pressure-related skin damage, and risk of malnutrition. While these assessments were regularly completed, the resulting actions were not always completed. Care plans were accessible on a computer based system. Care plans viewed by the inspectors were generally personalised, and sufficiently detailed to direct care with some exceptions. For example, residents had generic COVID-19 care plans in place. However, there were no residents with confirmed or suspected respiratory infections in the centre on the day of the inspection and some of the information was not aligned with updated COVID-19 guidance. Findings in this regard are further discussed under Regulation 5: Individual assessment and care plan.

There were a number of residents in the centre who displayed occasional responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), as a consequence of their medical diagnosis. Supportive plans were in place for these residents, which identified the triggers to these behaviours and the known techniques to manage the behaviour appropriately, using the least restrictive methods. Staff were observed responding to these residents in the manner outlined in the plans. However, records identified that restrictive measures were used on one occasion, without trialling every available alternative. This is detailed under Regulation 7: Managing behaviour that is challenging.

The provider had ensured that facilities were available for residents' occupation and recreation, and residents were provided with opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer and said they could choose whether or not to attend. Activities were held on each floor of the centre at different times of

the day. Dementia-specific therapies were embedded into the activities programme, which provided therapeutic interaction for residents. Records of residents' meetings showed that the registered provider had ensured that residents were consulted about the running of the centre. Residents were supported to exercise choice in their daily lives. Residents had access to media, including WiFi, television and newspapers. Residents were been facilitated to exercise their civil rights and had voted in the recent presidential election.

A recent quality report detailed a number of infection control quality initiatives including 'stop and watch' monitoring procedures to ensure any deterioration in residents' health or well being was identified without delay. This early warning system ('Stop and Watch') was incorporated into residents electronic care record to alert staff to signs of clinical deterioration and to recognise and respond to the signs and symptoms of sepsis urgently. This had recently been reinforced with staff nurse training. However, inspectors found that, on several occasions, the early warning system had not been activated for residents exhibiting signs and symptoms of infection. Details of issues identified are set out under Regulation 27.

A vaccination programme was available to staff and residents to mitigate the burden of influenza and COVID-19 in the centre. However, rates of staff influenza vaccine uptake in 2024 was below the national uptake target of target of 75%. This was included on the centres risk register. In response, inspectors were informed that strategies to promote uptake in 2025 had been implemented and included education on the benefits of vaccination in addition to incentives such as entry into a raffle for a voucher.

Records of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely recorded. The volume of antibiotic use was also monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. However, further improvements were required to progress the antimicrobial stewardship programme. For example, while staff were monitoring antimicrobial consumption monthly, this data was not routinely audited to inform quality improvements. Furthermore, a review of care plans identified that staff were not engaging with the national "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing.

Staff had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were generally sent for laboratory analysis as required. However, documentation showed that a sample was not sent for a resident with a known MDRO who was prescribed a prophylactic antibiotic to confirm its effectiveness.

A review of documentation found that when residents were transferred to hospital from the designated centre, relevant information was provided to the receiving hospital. The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred back 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. However,

inspectors identified three occasions when colonisation status was not communicated to the receiving hospital.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was cleaned to a high standard, with appropriate routines and schedules for cleaning and decontamination. There was a full time maintenance person employed in the centre, who had good oversight of the premises. An online software platform was used to log, track and manage maintenance requests within the centre. This system supported timely resolution of maintenance issues and provided a clear record of actions taken.

The provider had a Legionella management programme in place. Water testing reports provided the assurance that the risk of Legionella was being effectively managed in hot and cold water systems in the centre.

Inspectors identified many examples of good practice in the prevention and control of infection. For example, staff were observed to 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 waste and used linen.

Notwithstanding the good practices observed, the registered provider was not in compliance with the national standards for infection prevention and control published by HIQA. For example, improvements were required in the declaration and management of outbreaks. Two staff members and two residents tested positive for COVID-19 within the same two week period in October 2025. Both residents were cared for with transmission based precautions while infectious. While the timing and clinical presentations met the case definition of a COVID outbreak, an outbreak was not declared at this time and national guidance on the prevention and management of cases and outbreaks of respiratory viral infections in Residential Care Facilities were not implemented. The failure to declare and implement an early rapid response to the outbreak impacted effective infection prevention and control.

The provider had introduced a tagging system to identify equipment and areas that had been cleaned. However, this system had not been consistently implemented at the time of inspection. For example, several items of shared equipment had not been tagged after cleaning and the old tag was not removed after using some equipment. There were no guidelines in the use of this system and staff reported that they had not received any training prior to its implementation. Findings are detailed under Regulation 27: infection control.

## 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 visiting 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 provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations 2013.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Residents' MDRO colonisation status was not communicated on transfer to hospital on three occasions. This meant that appropriate precautions may not have been in place when caring for these residents in hospital.

Judgment: Substantially compliant

### Regulation 27: Infection control

The provider did not meet the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018). For example;

- An outbreak was not declared when two residents and two staff members tested positive for COVID within the same 14 day period. As a result appropriate outbreak control measures may not have been in place and additional cases may have gone undetected.
- The overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example, there was no evidence of multidisciplinary targeted antimicrobial stewardship quality improvement initiatives or audits.

- The early warning system was not consistently used for residents showing indications of infection and clinical deterioration. Failure to consistently use the early warning system increased the risk that clinical deterioration may not be identified or addressed in a timely manner.
- The provider had introduced a tagging system to identify equipment that had been cleaned. However, this system had not been consistently implemented at the time of inspection and several items of shared equipment were not tagged after cleaning.
- Staff informed inspectors that they manually decanted the contents of urinals into the sluice prior to being placed in the bedpan washers for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- There was a limited number of dedicated clinical hand wash sinks in the centre and the sinks in sluice rooms did not meet the specification for clinical hand washing sinks. There was no hand washing sink in the housekeeping room. A staff member was observed rinsing a coffee cup in the clinical hand hygiene sink in the nurses station.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. However, however further action is required to be fully compliant. For example;

- The majority of residents had generic COVID-19 care plans in place when there was no indication for their use.
- The calculation of a resident's malnutrition assessment score directed staff to refer to the dietitian. This was not completed. While the resident had been previously assessed by the dietitian, there was no further action taken when the subsequent assessment evidenced deterioration in the resident's malnutrition status. Additionally, the resident's nutrition care plan was not updated with this information.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Overall, there was good management of residents who presented with responsive behaviours. However, inspectors identified an incident whereby the unplanned, emergency use of restraint was initiated. This was not initiated in line with the

centre's own policy on the use of restraint, or with national policy as published by the Department of Health.

Furthermore, the residents' nursing notes stated that the GP had been consulted with about the decision to use the restraint, but no evidence of this consultation was provided.

Judgment: Substantially compliant

### Regulation 8: Protection

There was evidence that the registered provider was taking reasonable measures to protect residents from the risk of abuse. For example;

- There was secure systems in place for the management of residents' personal finances. The centre was acting as a pension agent for two residents. Funds were held in a separate client account and the record of statements, invoices and balances provided assurance that residents' finances were safeguarded.
- There was a secure system in place for the control of residents' money, should residents choose to hand it over for safekeeping. Residents could access this money at any time by contacting a member of staff. Receipts and balances of any money withdrawn were kept, signed by two staff and where possible the resident.
- Training in the safeguarding of vulnerable persons was provided for all staff.

Judgment: Compliant

### Regulation 9: Residents' rights

Notwithstanding a strong overall ethos of care which supported resident's right to privacy and dignity, inspectors observed one incident which greatly compromised a resident's privacy and dignity. In the presence of nursing staff, a visiting medical professional conducted an examination of a resident in a busy communal area. This is inappropriate practice and undermines a rights-based approach to care.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for SignaCare New Ross OSV-0000252

Inspection ID: MON-0048680

Date of inspection: 04/11/2025

## 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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>See compliance plan regarding Infection Control improvements under Regulation 27.</p> <p>A review of the call bell audit has been completed and going forward this audit has been updated to include a more accurate record of call bell times. This audit is now completed weekly by the PIC. Findings indicate an improvement in the response times. The call bell response times is now a standing agenda in the residents meeting.</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>We acknowledge the findings and have reviewed the National transfer document which does include a section for MDRO information. Nurses have been retrained in the completion of the transfer document to ensure all areas identified on the document are completed. Also, MDRO are now included in the resident's medical history.</p>	
Regulation 27: Infection control	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Actions Taken and Ongoing Measures</p> <ol style="list-style-type: none"> <li>1. Outbreak Control Measures <ul style="list-style-type: none"> <li>o Updated training on outbreak recognition, declaration, and escalation has been completed.</li> </ul> </li> <li>2. IPC Link Practitioner Oversight <ul style="list-style-type: none"> <li>o The Infection Prevention and Control (IPC) link practitioner nurses conduct monthly reviews of all MDROs.</li> <li>o Quality improvement initiatives have been implemented based on these reviews, with outcomes reported to management.</li> </ul> </li> <li>3. STOP and Watch Tool <ul style="list-style-type: none"> <li>o The STOP and Watch system have been reinforced.</li> <li>o Nurses have been retrained in its use, and compliance is now overseen by the Person in Charge (PIC), Assistant Director of Nursing (ADON), and Clinical Nurse Manager (CNM).</li> <li>o Monthly audits will monitor consistent usage.</li> </ul> </li> <li>4. Equipment Tagging System <ul style="list-style-type: none"> <li>o Overuse of the tagging system was identified. This has been reviewed to ensure alignment with the Infection Control Policy.</li> <li>o Current daily spot check confirms ongoing compliance.</li> </ul> </li> <li>5. Urinal Decanting Procedures <ul style="list-style-type: none"> <li>o All staff have been informed of procedure as per our Infection Control policy</li> <li>o Compliance is monitored through direct observation and IPC training.</li> </ul> </li> <li>6. Infrastructure Improvements <ul style="list-style-type: none"> <li>o Two HPN10 sinks will be installed in the sluice rooms.</li> <li>o A handwash sink has been installed in the housekeeping room on the ground floor.</li> </ul> </li> <li>7. Hand Hygiene Training <ul style="list-style-type: none"> <li>o Staff have received training on the correct use of HBN 00-10 clinical hand wash sinks.</li> <li>o Ongoing refresher sessions are scheduled annually.</li> </ul> </li> </ol> <p>Governance and Monitoring</p> <ul style="list-style-type: none"> <li>• All actions are documented in the risk register.</li> <li>• Responsibility for oversight lies with the PIC, ADON, and CNM.</li> <li>• Monthly audits and quarterly governance reviews will ensure sustained compliance.</li> <li>• Progress will be reported to senior management and reviewed at quality and safety meetings.</li> </ul> <p style="text-align: right;">]</p>	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p>	

All generic Covid care plans have been removed.

To prevent recurrence, regarding changes in MUST scores, the following actions have been implemented:

- Staff have been reminded of the requirement to refer all residents to the dietitian in accordance with MUST screening outcomes and organisational policy.
- Refresher education has been provided to nursing staff on MUST screening, referral thresholds, and documentation requirements.
- The MUST screening and referral process is now included in clinical audits to ensure timely referral and compliance.
- The PIC/ADON/CNM will continue to monitor adherence to referral pathways and escalate any identified gaps promptly.

These actions provide assurance that residents identified as at risk of malnutrition are referred in a timely manner and receive appropriate nutritional assessment and intervention.

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Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

The restraint register has been reviewed to ensure all current use of restraints align with the center's policy.

Going forward, whilst we recognize that the GP signs the restraint form, we will ensure that there is a documented consultation regarding same.

]

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
We recognise that residents' rights were compromised, and going forward the GP will conduct residents examination in the privacy of their bedroom.

]



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(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	31/01/2026
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving	Substantially Compliant	Yellow	10/12/2025

	designated centre, hospital or place.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Not Compliant	Orange	31/01/2026
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	09/12/2025
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	04/12/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy	Substantially Compliant	Yellow	04/12/2025

	as published on the website of the Department of Health from time to time.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	11/11/2025