



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

Issued by the Chief Inspector

Name of designated centre:	SignaCare Bunclody
Name of provider:	SignaCare Bunclody Limited
Address of centre:	Newtownbarry, Bunclody, Wexford
Type of inspection:	Unannounced
Date of inspection:	06 January 2026
Centre ID:	OSV-0007221
Fieldwork ID:	MON-0049310

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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 6 January 2026	10:00hrs to 16:45hrs	Mary Veale	Lead
Tuesday 6 January 2026	10:00hrs to 16:45hrs	Sinead Corbett	Support

What residents told us and what inspectors observed

From what inspectors observed and what residents reported, the overall feedback was positive about living in Signacare, Bunclody. Inspectors spoke with fifteen residents and in general, they were complimentary about the standard of care provided in the centre and residents spoke positively about the staff caring for them, saying they were 'wonderful' and 'cheerful'. Residents told inspectors that they felt 'very happy' and had 'no complaints'. Staff were observed to be familiar with the needs of the residents and kind and respectful interactions between staff and residents were noted by inspectors throughout the day, for example staff knocking on residents' bedroom doors prior to entry and staff asking for a resident's consent before assisting them.

This was an unannounced inspection with a focus on adult safeguarding measures that the registered provider had in place to safeguard residents from all types of abuse. The inspection took place over one day by two inspectors. To gain insight into the residents' experiences of living in the centre, inspectors spent time speaking with residents and staff, observing the environment and reviewing documentation. Overall, residents told inspectors that they felt safe living in Signacare, Bunclody. Residents who could not give verbal feedback on the centre were observed to be mostly content and comfortable. One resident raised a safeguarding concern with an inspector, this was communicated on the day to the person in charge and assurances were given that the person in charge would commence an investigation that day.

Signacare Bunclody is located in the town of Bunclody, County Wexford. The building was once a four storey hotel. The fitness suite, bar area and swimming pool and the fourth floor are not in use and access is restricted to this area from the designated centre. There were 54 residents living in the centre on the day of inspection.

The premises was laid out to meet the needs of residents, with handrails placed along the corridors and in bathrooms to support the residents to mobilise independently. There was a sufficient number of toilets and bathrooms to meet the needs of the residents. The centre was bright and warm and it was clean and nicely decorated. However, some areas require attention, for example, a large bathroom on the ground floor adjacent to the dining room was observed to have damage to the ceiling, was damp and cold. The bathroom light was not working and there is no natural light in the room, thus the room is very dark when the door is closed. Inspectors were told that the bathroom is not currently in use. While the bathroom was locked, a key was in the lock to allow access. This could pose a falls risk to a resident if they were to access the bathroom. Also, directly above the bathroom in the cleaner's store on the first floor, a musty smell was detected. This requires further investigation to determine the cause of the issue. A staff bathroom on the first floor felt cold and the sinks appear stained with a paint like substance.

Inspectors were told that there was a leak in the roof, which caused damage to the ceiling of the fourth floor and repairs were underway.

There was an adequate choice of communal areas which were seen to be used by residents throughout the day, for example the open plan sitting and dining room on the ground floor, and the day rooms on the first and second floors. Communal areas were clean and comfortable. Residents and visitors were observed sitting in the coffee lounge area on the ground floor. A quiet room and prayer room provided comfortable peaceful spaces for residents and their families to relax and to reflect and pray if they chose. Residents had access to enclosed garden areas and there was a designated smoking area to the front of the centre.

Bedrooms were located on three floors and they comprised of mainly single rooms and two twin rooms. Bedrooms were decorated with residents' personal items such as photographs. All bedrooms had an en-suite facility with a hand wash basin, storage, shower, handrails and a toilet. There was sufficient storage space in each bedroom for residents' personal belongings. However, a review is required to ensure all residents have access to lockable storage in their bedrooms. While call bells were available in bedrooms, inspectors observed that a number of residents did not have access to their call bell on the first floor.

Inspectors observed residents participating in activities facilitated by activity staff such as bingo and art. Activities staff were employed in the centre and residents were supported by staff to participate in activities if they wished. The activity schedule included a range of activities such as reminiscence, exercise, music, quiz, and arts and crafts. Mass and rosary were held in the centre each week. Residents also had access to newspapers, radio and television. The cinema room provided a space for residents to watch movies. There was adequate space in the centre for the residents to participate in activities. Art and craft materials were stored in a shelving unit in the activities room and residents' art was displayed on the wall. Residents were complimentary about the activities in the centre and they could participate if they wished.

Visiting was facilitated in the centre, and there were several communal spaces where residents could choose to meet their visitors apart from their bedroom. One visitor spoke with an inspector and was very complimentary about the care that their family member was receiving in the centre.

On the day of the inspection the lunchtime meal appeared to be well presented and appetising, including modified diets. Residents were seen sitting together and chatting during the meal and the atmosphere appeared relaxed and social. Staff were seen to support residents who required assistance in a respectful manner. Residents were offered a choice of two main courses on the menu, some residents were seen to eat foods that were prepared specifically for them. Residents had access to a choice of drinks. There was mixed feedback about the food in the centre, with some residents saying that the food is not warm enough.

The centre had a small domestic laundry which was used to laundry household items. Laundry services were outsourced to an external provider. All residents'

whom the inspectors spoke with on the days of inspection were happy with the laundry service and there were no reports of items of clothing missing.

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

Capacity and capability

The purpose of this inspection was to review the measures that were in place to safeguard the residents living in the centre. Inspectors found that overall the local governance and management systems in the centre contributed to the delivery of good quality care. Since the previous inspection, the registered provider had actioned the improvements documented in their compliance plan. Notwithstanding this, on this inspection, it was found that the registered provider did not provide sufficient oversight of premises related issues.

Signacare Bunclody LTD is the registered provider for Signacare Bunclody. The company falls under the umbrella of the Virtue Integrated Care Group, which have many nursing homes located nationally. The director of nursing is the person in charge and works full-time. They are supported by an assistant director of nursing, a clinical nurse manager, a team of nurses, healthcare assistants, activities staff, catering and household staff and maintenance. There is a clearly defined management structure with clear lines of accountability and reporting pathways in the centre.

On the day of inspection there were sufficient staff on duty to meet the needs of the residents living in the centre. A review of the rosters showed that there was always one nurse on duty in each unit. The staff that spoke with inspectors demonstrated that they were knowledgeable about their role in safeguarding residents. A review of training records identified that all staff had completed training in the areas of safeguarding and dementia within the last three years. Additional to this training, in-house training was also provided on safeguarding, dementia and responsive behaviours, many staff had also completed this training within the last three years

There were good local governance systems in place to monitor the effectiveness of care delivered to residents and to identify areas for improvement. A software system was implemented in the centre to collate feedback from residents across many areas, including their rights in the centre, choices, security of their belongings and comfort of the premises. The annual review for 2025 was not yet completed, however, the annual review for 2024 was reviewed and a quality improvement plan was developed with actions required, learnings and improvements recorded. A schedule of audits relating to the quality of care for 2026 has been developed. Audit results for November 2025 were noted and found a high level of compliance in areas including call bell response times, care planning and restrictive practices. Staff

meetings that were held since the previous inspection were also reviewed. Staff meetings were held monthly and issues such as allocations, KPIs, training, safeguarding and supervision of residents were discussed. The discussion detail, a time bound action plan and review of actions were recorded in the minutes. Minutes for a group meeting for Directors of Nursing held in November 2025 recorded discussions regarding a plan for the evacuation of the centre in extreme emergencies. Monthly governance meetings took place in the centre. A review of minutes for the monthly nurses' meetings identified that topics such as quality improvement, incidents, complaints and training were discussed. The clinical incident log was viewed and all notifications required under the regulation were notified to the Office of the Chief Inspector within the required timeline. Incidents were reviewed by management and learnings were identified. Notwithstanding the good systems in place, improvements are required to ensure that premises related issues are managed in a timely manner to limit any possible impact on the residents, this is discussed further under Regulation 17: Premises.

Regulation 15: Staffing

The inspectors reviewed the staff rotas. Based on the individual and collectively assessed needs of the residents, and having regard for the layout of the centre, the inspectors found that this level of staffing was sufficient to ensure that care was attended to appropriately.

Judgment: Compliant

Regulation 16: Training and staff development

From a safeguarding perspective, the provider had ensured that all staff had access to relevant training modules, for example, safeguarding of vulnerable adults, the management of restrictive practices, and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 23: Governance and management

On the day of the inspection, there were sufficient resources in the centre to ensure the effective delivery of care to the residents. There was a clearly defined management structure. The annual review for 2024 was completed and a quality

improvement plan developed. Residents' feedback is sought and collated. Despite these good systems improvement is required in the oversight of premises related issues, this is discussed further under Regulation 17: Premises.

Judgment: Substantially compliant

Quality and safety

This inspection found that measures were taken by the registered provider to protect residents from all types of abuse and systems were in place to recognise and respond to safeguarding concerns in the centre. While there are improvements in the areas of governance and management and care planning since the previous inspection, improvements are required in the area of premises to ensure they meet the requirements under the regulations and support the residents' safety and comfort.

Good practice was observed in the area of care planning for residents. The inspectors viewed a sample of electronic care plans and found that care plans were developed within 48 hours of the resident's admission to the centre. Validated assessment tools were used to assess risks such as falls, pressure ulcers, and malnutrition and care plans were developed accordingly. Care plans were person-centred and were updated at a minimum of four monthly. Records reviewed by the inspectors identified that residents have access to medical care and input from health and social care professionals, for example speech and language therapy and psychiatry of later life team.

The centre had developed a policy on the use of restraint in the centre. The policy references the Department of Health (2011) 'Toward A Restraint Free Environment'. Where restraints are in use, a sample of care plans demonstrated that a restraint assessment was completed and a care plan developed. The use of bed rails as a restrictive device was kept to a minimum. Less restrictive alternatives to bed rails were in use, such as low beds. Restrictive practice was discussed at governance and staff meetings. Risk assessments were completed, a restrictive practice register was maintained, and the use of restrictive practice was reviewed regularly. Residents had input from the Psychiatry of Later Life Team. The centre has a policy for the management of responsive behaviours (dementia). Assessments for the use of restraints were completed for relevant residents and the validated antecedent-behaviour-consequence (ABC) assessment tool was used to identify triggers and manage responsive behaviours. There were holistic care plans for the management of residents' responsive behaviours and elopement risk.

The registered provider ensured that all staff had An Garda Siochana (police) vetting disclosures. Staff had completed safeguarding training. Staff whom the inspectors spoke with were knowledgeable of their role in protecting residents from abuse and in reporting concerns. The provider did not act as a pension agent for any resident

and residents told inspectors that they have access to their own monies. The provider held small quantities of monies for a small number of residents, there is a robust system in place to record this and to facilitate the resident to access to their money. A review of records and discussion with the person in charge showed that safeguarding incidents and allegations had been investigated according to the provider's own policy. The local safeguarding policy references the HSE (2014) 'Safeguarding Vulnerable Persons at Risk of Abuse- National Policy and Procedures' and the safeguarding policy is available for all to read in the information area in the reception. The centre's safeguarding statement is also displayed on the wall in the reception area. CCTV cameras are located throughout the centre.

Activities in the centre included bingo, art and mass. A review of the records also identified other activities such as a knitting club, 'Family Sunday' where a resident's family joined them for a family meal in the centre, and pet therapy visits. The provider actively sought feedback from the residents. Resident meetings were held monthly where issues such as food, activities and any concerns the residents may have were discussed. The minutes identify that actions were identified for issues raised. Christmas events included a visit from the local school, a Christmas party and Christmas Eve mass. Residents had access to televisions, radios and national newspapers. Information on advocacy services were displayed in the reception area and on televisions in the corridor on the other floors.

Residents with communication difficulties were supported to communicate according to their needs. Care plans reviewed on the day of inspection documented the use of assistive technology and described its functions.

Overall, the premises were comfortable and clean and were laid out to meet the needs of the residents. Bedrooms were personalised and had sufficient storage for residents' personal items. However; inspectors identified some premises issues that could impact on both the privacy and safety of residents living in the centre. These issues are discussed further under Regulation 17: Premises.

Regulation 10: Communication difficulties

Residents are facilitated to communicate in accordance with their needs, this is recorded in the resident care plans.

Judgment: Compliant

Regulation 17: Premises

Further action is required by the registered provider to ensure that the premises is adequately maintained to ensure the safety of the residents, for example,

- Residents had access to a toilet on the ground floor that had no source of lighting and the ceiling of the toilet was damaged and damp. Also, a review of this is required to determine if the issue is affecting a store room and staff toilet located directly on the floor above.
- Not all residents on the first floor had access to their call bell.

In addition, a review of the residents' bedrooms is required to ensure that each resident has access to lockable storage.

Judgment: Substantially compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care plans identified that care plans are developed within 48 hours of a resident's admission to the centre, they are developed according to a comprehensive assessment. The care plans are reviewed at a minimum interval of every four months and they are reviewed in conjunction with the resident or their family.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restrictive practices were implemented in line with national and local policies. Staff have completed relevant training and there is a system in place to identify and manage responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

The registered provider has taken all reasonable measures to safeguard and protect residents. This was evidenced by the following:

Staff displayed a good level of understanding of the need to ensure residents are safe from harm. Staff were encouraged to be open and accountable in relation to safeguarding with it being discussed at all management and team meetings. Feedback was actively sought from residents about their safety and how able they feel in raising concerns about care practices.

Judgment: Compliant

Regulation 9: Residents' rights

Residents have access to a variety of activities and there are adequate communal spaces to facilitate their participation in activities. Residents' meetings were held each month to support residents to participate in the organisation of the centre. Residents had access to newspapers, televisions and radios. Independent advocacy service information was displayed throughout the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SignaCare Bunclody OSV-0007221

Inspection ID: MON-0049310

Date of inspection: 06/01/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All actions identified under Regulation 17: Premises have been addressed.</p> <p>]</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The toilet identified on the ground floor was never used by residents; however, this has since been reconditioned and is now available for resident use.</p> <p>A review of the staff toilet and storeroom on the first floor has been completed, and these rooms have also been refurbished to a satisfactory standard.</p> <p>A review of the safety checks now ensure that all residents have access to their call bells. An audit was completed of all lockable storage in residents' rooms and this identified that whilst locks were present some keys were missing, this has now been addressed.</p> <p>]</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	22/01/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	22/01/2026