



# 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:	11 February 2026
Centre ID:	OSV-0007819
Fieldwork ID:	MON-0040269

## About the designated centre

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

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

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

Number of residents on the date of inspection:	61
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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
Wednesday 11 February 2026	08:20hrs to 17:00hrs	Sinead Corbett	Lead
Wednesday 11 February 2026	08:20hrs to 17:00hrs	Catherine Furey	Support

## What residents told us and what inspectors observed

Overall, residents were complimentary about living in the centre and the care they received. Inspectors spoke with ten residents about their lived experiences in the centre and spoke to three visitors. The feedback on living in the centre was very positive, for example one resident said that the centre was 'exceptional' and 'better than a hotel'. Residents and visitors were also complimentary about the staff and the care, for example staff were described as being 'very kind', 'exceptional', 'helpful' and 'they go above and beyond'. Residents told inspectors that they felt safe and could talk to a member of staff if they had any concerns or complaints.

Provider questionnaires were completed by residents since the previous inspection. Twenty-one responses were recorded for a wide range of areas, for example all responses were positive in the areas of resident's bedrooms, laundry services, visiting arrangements and the premises. Actions were taken where responses identified an issue, for example a hot box was purchased as some responses indicated that the temperature of food was unsatisfactory.

Staff were observed to interact in a kind manner with residents and were attentive to their needs. Inspectors observed that there was a relaxed atmosphere in the centre and residents were going about their day in line with their own preferences for example, residents chose when they wished to get up, what activities they wanted to participate in, and the food that they ate. Residents who could not verbally communicate their needs appeared comfortable and content.

This inspection was a one-day unannounced inspection conducted by two inspectors to monitor compliance with the regulations, in addition the registered provider had submitted an application to renew the registration of the centre. 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.

The centre is a four-storey building located on the outskirts of Waterford City. The centre has a combination of single and twin bedrooms located across all four floors. Communal spaces in the centre were spacious and accommodated the needs and numbers of residents living in the centre, for example there was a very large dining room on the ground floor and four day rooms located on the lower ground floor, ground floor and first floor. Residents also had access to quiet areas, such as a prayer room and a library. 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 expressed satisfaction with the standard and size of their bedrooms and they were personalised with residents' own belongings. All bedrooms had a

television, call bell, adequate space for personal items and lockable storage. Residents had access to a well maintained garden. One resident said that they enjoyed seeing the birds at the bird feeders. A terraced area provided an outdoor seating area for residents' use.

All residents who spoke with the inspectors were complimentary of the home cooked food and the dining experience in the centre. Residents had a choice of what they wished to eat at mealtimes. The dining room was a large and bright room, it was decorated for Valentine's Day and tables were dressed with table cloths, napkins and cutlery. The inspectors observed the main lunch time meal and found that it was a relaxed and sociable experience. Meals were freshly prepared in the centre's on-site kitchen and served in the dining rooms by the staff. Residents confirmed they were offered a choice of main meal and dessert. The food served appeared nutritious and appetising. Staff were seen to respectfully assist residents that required support, sitting beside them and talking to them during the meal. Residents had access to drinks throughout the day.

There was a relaxed atmosphere in the centre and residents were observed going about their day as they chose. A social activities timetable was displayed and it listed a wide range of activities, such as exercise class, bingo, music and mass. On the day of inspection many residents attended Roman Catholic mass in the dining room and in the afternoon bingo and instrumental music took place. Other residents were observed relaxing in their own bedrooms or in other communal spaces. Communal spaces were large enough to accommodate activities. Information on independent advocacy services was displayed in the centre.

Laundry services for linen and residents' clothes were outsourced. Residents' clothes were labelled and residents told inspectors that their clothing was carefully laundered and returned to them without delay.

Friends and families were facilitated to visit residents, and inspectors observed many visitors in the centre throughout the day. Residents could chose to meet with their visitors in their own bedrooms or in any of the communal areas. Visitors that spoke with inspectors were complimentary about the centre and the care received by the residents, with one commenting that staff 'go above and beyond'. Visitors said that they were welcome into the centre whenever they chose to visit.

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 governance and management systems in the centre were contributing to the delivery of good quality care. The local management team provided good

oversight to ensure the effective delivery of a safe, appropriate and consistent service on a day-to-day basis. There was a clearly defined management structure in place with clear lines of authority and accountability. Notwithstanding the effectiveness of systems in place, there was not full oversight of areas relating to individual assessment and care planning and infection control, these are discussed further in this report.

The compliance plan from the previous inspection conducted on 2 September, 2025 was followed up on this inspection and it was noted that the governance structure had been strengthened through the commencement of an assistant director of nursing. In addition, further improvements since the last inspection included safety and access to the garden and improved care planning for each resident. In addition, inspectors were told that actions listed on a fire risk assessment completed in September 2024 were complete and the provider would submit confirmation of this to the Office of the Chief Inspector.

The registered provider is SignaCare Waterford Ltd, which is part of the Virtue Integrated Care group, who operate several centres nationally. There are three company directors, one of whom attended onsite to support the inspection process. The person in charge works full time in the centre and is 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.

On the day of the inspection, staffing levels were sufficient to meet the assessed needs of the residents. In addition to the person in charge and the assistant director of nursing, there was one clinical nurse manager, four registered general nurses and eleven health care assistants, housekeeping, catering, administrative and activities staff on duty on the morning of the inspection. A review of the rosters showed that there was always one nurse on duty in each unit. 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 manual handling, safeguarding, fire safety and dementia and responsive behaviours (how people with dementia or other conditions communicate or express their physical discomfort, or discomfort with their social or physical environment) . All nurses had completed training on medication management and cardiopulmonary resuscitation. In addition, staff had access to training across a broad range of areas, such as infection control, data protection, and basic first aid.

There were good local governance systems in place to monitor the effectiveness of care delivered to residents and to identify areas for improvement. The person in charge collected weekly key performance indicators relating to wounds, falls, premises and human resources. The information gathered was analysed and presented quarterly, with time bound action plans to improve quality identified. An ongoing cycle of auditing was conducted since the previous inspection to measure the quality of care across many areas, for example complaints, wound management, infection control, food and nutrition and care planning. Audit results for December 2025 were noted and found a high level of compliance in areas including call bell response times, care planning, activities and infection control. There was evidence

that the results of audits informed actions, which were time-bound, for example an action for further wound management training was scheduled for February 2026 and took place on the day of the inspection. A schedule of audits for 2026 and the annual review for 2025 was planned. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for 2024 was completed, with an action plan for the year ahead. This review included results of residents' satisfaction surveys.

There was evidence of a strong communication system in place between staff in the centre. A range of meetings took place regularly in the centre, for example staff meetings were held bi-monthly at a minimum. The discussion detail, a time bound action plan and review of actions were recorded in the minutes. Separately, meetings were held to discuss incidents relating to falls, restrictive practices and safeguarding in the centre and actions identified. Governance meetings were held monthly since the previous inspection, with discussion points and a time-bound action plan documented.

The complaints process was displayed throughout the centre and is included in the residents' guide. Residents told inspectors that they could raise a concern with the staff. The person in charge was the complaints officer designated to investigate complaints. While there was evidence that complaints were recorded and corrective actions identified, actions are required to ensure that the registered provider manages complaints fully under the requirements of the regulation, this is discussed further under Regulation 34: Complaints

Incidents were notified to the Chief Inspector according to Schedule 4 of the regulations and within the required time frames. Incidents were recorded and reviewed to ensure that learning was identified and used to drive quality improvement to improve the safety of the residents.

#### Registration Regulation 4: Application for registration or renewal of registration

All documents requested for the renewal of registration were submitted in a timely manner. These were under review at the time of inspection.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of the inspection, there were sufficient staff with an appropriate skill mix to meet the individual and collective needs of the residents in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to a suite of mandatory training in the centre, for example safeguarding, infection control and fire safety. A review of training records made available to inspectors identified that staff were up to date with training. An induction plan was in place for new staff and staff had access to the relevant regulations and standards which were on display in the front lobby.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had a current insurance policy in place against injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

While the provider had good systems in place to monitor the quality and safety of service provision, these systems were not sufficiently robust to effectively identify deficits and risks in some areas, for example:

- The management of complaints did not ensure that there was written evidence that all complaints were acknowledged and managed within the required timelines. This is discussed further under Regulation 34: Complaints procedure
- Residents did not always have access to a call bell in their bedrooms. This is discussed further under Regulation 17: Premises.
- There were inadequate systems of oversight in place to monitor and respond to issues of concern found by the inspectors in relation to sub-optimal infection control procedures. This is discussed further under Regulation 27: Infection control.
- The oversight of individual assessment and care planning did not identify issues relating to care plans not being updated as required. This is discussed further under Regulation 5: Individual assessment and care plan.

- The oversight of the centre's policies did not identify that the risk management policy did not align with the requirements of the regulation, this is outlined further under Regulation 26: Risk management.

Judgment: Substantially 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

Records reviewed found improvements in complaints management was required to ensure compliance with the regulation, for example

- Evidence was not provided that complaints were consistently responded to in writing; this was evident for verbal complaints.
- A number of complaints had not been closed within the required time frame in accordance with the provider's policies.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

The required policies and procedures were in place as set out in Schedule 5 of the regulations. All policies were reviewed within the last previous three years.

Judgment: Compliant

## Quality and safety

The staff and management in the centre supported an ethos of care and support that maximised resident' well-being and ensured that they had a good quality of life in a safe and comfortable environment.

The premises was maintained in excellent condition both internally and externally. The décor was fashionable and welcoming and all areas of the centre were cleaned to an impeccable level. Equipment for use by residents including hoists and pressure-relieving mattresses were subject to regular servicing. The premises promoted residents' independence; there were handrails on all corridors, grab rails in all bathroom and shower areas, and passenger lifts to ensure that residents could safely travel between floors. A review of access to call bells was required to ensure that these were accessible at all times.

The residents were provided with high-quality food at each meal. There was plenty of choices and individual requirements were catered to. Inspectors reviewed menu sheets which evidenced this. For example, one resident requested a toasted sandwich and chips at lunch time and the chef facilitated this. Diabetic, vegan and Halal diets could be catered for. Between meals, staff offered nutritious snacks such as soup, brown bread, biscuits, fresh melon, bananas and yoghurts. Hot and cold drinks were readily available and there was a fresh supply of drinking water available in residents' rooms and communal rooms. A dietitian was available to residents and kitchen staff confirmed that fortified meals were provided where required, for example potatoes were fortified with butter and cream, and desserts were fortified with milk powder.

Cleaning staff were provided with the appropriate equipment and tools to properly clean and decontaminate the environment. Cleaning staff had received training in chemicals management and were knowledgeable about what additional cleaning was required should there be an outbreak of infectious disease. A system was in place whereby colour coded mop heads and cloths were in use for different locations, minimising the possibility of cross- contamination. There was an appropriate number of cleaning staff on duty each day. Staff were observed correctly applying personal protective equipment (PPE) when required and adhering to good hand hygiene practices. While there were clinically-compliant hand hygiene sinks located on two floors of the centre, the hand hygiene sinks in the sluice rooms and some located near the nurse's stations were not of a clinical specification. The provider was exploring options to upgrade these over time. Notwithstanding these good practices in infection control, there were some areas of practice that were not fully aligned with and the National Standards for infection prevention and control in community services (2018). This is discussed further under Regulation 27: Infection control.

Inspectors reviewed a sample of residents' daily notes, individual assessments and care plans. This documentation was held on an electronic system. This review provided evidence that potential residents had a thorough pre-admission assessment completed to determine their suitability for the centre. On admission, a suite of clinical assessments including assessments for risks such as falling, pressure-related skin damage and malnutrition were completed. These formed the

basis for the residents' individual care plan. Inspectors found some areas which required attention, as discussed under Regulation 5: Individual assessment and care plan.

Management ensured that staff were aware of what constituted abuse in the residential care setting and staff displayed good knowledge around different types of abuse that could occur and staff had completed safeguarding training. Safeguarding was discussed at residents meetings, and residents were encouraged to approach staff if they had any concerns. Residents told inspectors that they felt safe and secure in the centre. The provider did not act as a pension agent for any resident. Information about safeguarding and the centre's safeguarding officer was displayed in the centre. Closed Circuit Television (CCTV) cameras were located on corridors with signage displayed regarding this.

### Regulation 17: Premises

The premises were generally well-maintained and suitable for residents' needs. However, the premises did not fully conform to the matters set out in Schedule 6 as follows:

- There was no hand-washing facility in the laundry
- Call bells were in place in all areas used by resident, however they were not always accessible. For example, call bells were accessible from a residents' bed, but when the resident was in their chair they could not reach the bell.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents had a choice of menu at meal times, including residents who required a modified consistency diet. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of high quality food, drinks and snacks at times outside of regular mealtimes.

Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

## Regulation 26: Risk management

The registered provider had updated the risk management policy, however further review was required to ensure that the policy sufficiently included the following required elements:

- a process for the implementation of actions and recommendations arising from serious incidents or adverse events involving residents
- a process for the audit, review and learning from events.

Judgment: Substantially compliant

## Regulation 27: Infection control

Notwithstanding the many areas of good practice in relation to infection prevention and control, further review was required to ensure full compliance with the regulation and national standards:

- The dirty utility "sluice" rooms were used as a storage facility for linen trollies. Bags of dirty linen were also observed stored on the sink unit. The sluice room also contained janitorial sinks which is not appropriate as domestic staff should not enter a sluice room to dispose of water.
- Staff informed inspectors that they regularly decanted the contents of urinals in the residents' ensuite bathrooms and rinsed them in the sinks. This is inappropriate and used sanitary items should be brought directly to the sluice room for cleaning and decontamination.
- Staff were not using appropriate safety-engineered needles, which is best-practice for safe injection technique to minimise the risk of needlestick injury.
- The layout of the laundry did not support the functional separation of dirty to clean laundry. This pose a risk of spread of infection.
- While testing for Legionella bacteria in water samples was completed in July 2025, the required retest had not been conducted.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Inspectors reviewed a number of residents' records. Notwithstanding the detail and accuracy of many records, there was inconsistency in the quality of residents' assessment and care planning records. The findings of assessments were not always actioned and incorporated into the residents care plan:

- An assessment for the risk of malnutrition was appropriately completed for a resident following weight loss. However, the result of the assessment identified that a dietetic referral should be sent. This was not completed in a timely manner, and resulted in a significant delay in accessing this service. The resident's care plan had not been updated to reflect this risk.
- A resident who contracted a specific virus did not have sufficient detail in their care plan to guide the staff to deliver the required care. As a result, there was confusion amongst staff about the residents' requirement for isolation and the use of personal protective equipment
- A resident who smoked did not have their smoking risk assessment updated following a significant smoking-related incident.

Judgment: Substantially compliant

## Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. Examples of this included:

- All staff were up-to-date with training in safeguarding of vulnerable adults
- Garda Síochana (police) vetting disclosures were in place for all staff prior to commencement of employment
- There was strong oversight of resident's personal finances and appropriate systems in place to ensure any monies held in the centre were safeguarded
- The policy on safeguarding was in line with national guidance, and staff were familiar with the different types of abuse and the reporting structures should there be an allegation of abuse made to them, or if they witnessed abuse.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for SignaCare Waterford OSV-0007819

Inspection ID: MON-0040269

Date of inspection: 11/02/2026

## 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>Under Regulation 34: Complaints, compliance to this is actioned.            Under Regulation 17: Premises, compliance to this is actioned.            Under Regulation 27: Infection Control, compliance to this is actioned.            Under Regulation 5: Individual assessment and care plan, compliance to this is actioned.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The provider is committed to ensuring that all complaints are managed in a timely, transparent, and compliant manner, and that learning from complaints is embedded into ongoing quality improvement processes.            Going forward all complaints including verbal will be responded to in writing on closure of the complaint as per the complaints policy.            All complaints in the centre will be closed within the timeframe as per the centres policy            Compliance in this area will continue to be monitored through governance systems, and outcomes will be reviewed at management meetings to ensure sustained improvement</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A handwash sink is now in place in the laundry room.  The staff are reminded daily to ensure that all residents always have access to their call bell.  The centre has portable call bells that can be situated beside residents when residents are sitting in their chairs. A daily observation audit is completed by the clinical team to ensure compliance.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The risk management policy has been updated to ensure that it outlines the process for the implementation of actions and recommendations arising from serious incidents or adverse events involving residents and includes a process for the audit, review and learning form events.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Notwithstanding the many areas of good practice in relation to infection prevention and control, further review was required to ensure full compliance with the regulation and national standards:</p> <ul style="list-style-type: none"> <li>• The dirty utility "sluice" rooms are no longer used to store the "dirty" linen trollies. All bags of dirty linen are transported to the outside appropriate bin at designated times during the day and night.</li> <li>• All three sluice rooms have a janitorial sink; this has never been used to dispose of any fluids. This sink cannot be "dead lagged" as it would increase the risk of legionella in the centre. A sign however has been placed on all three sinks to reflect the above.</li> <li>• All staff have been updated regarding the correct procedure for the decanting of body fluids.</li> <li>• All needles used in the centre are now safety engineered needles.</li> <li>• The inhouse laundry is not used for residents' clothes or bed linen. The laundry contains domestic machines only for washing mops and residents' clothes protectors. However the laundry layout has been reviewed to include a handwash sink and a division</li> </ul>	

line between the washing machines and clothes drier to differentiate "dirty and clean" areas.

- Legionella testing is completed twice a year in the centre. We accept that water sample was not retested following the report in July 2025, this has since been completed. An audit system has now been introduced by maintenance to ensure ongoing compliance with retest of water samples if required.

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Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

As per our policy all residents with a MUST of 2 or above will be referred to dietician in a timely manner.

- All residents with an MDRO have an associated care plan to guide staff regarding the correct IPC procedures. All staff have received updated IPC training with a specific focus on the use of PPE.
- All residents who currently smoke in the centre have an updated smoking risk assessment. Reassessments will be completed following any significant incident.

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## 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	24/04/2026
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	24/04/2026
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification,	Substantially Compliant	Yellow	14/04/2026

	recording and investigation of serious incidents or adverse events involving residents.			
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes a process for the implementation of actions and recommendations arising from subparagraph (d).	Substantially Compliant	Yellow	14/04/2026
Regulation 26(1)(f)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes a process for the audit, review and learning from events.	Substantially Compliant	Yellow	26/04/2026
Regulation 27(b)	The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.	Substantially Compliant	Yellow	27/04/2026
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides	Substantially Compliant	Yellow	13/04/2026

	that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.			
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	13/04/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	14/04/2026