



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:	10 April 2024
Centre ID:	OSV-0000252
Fieldwork ID:	MON-0042028

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 62 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 Prudent Healthcare 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 54 single and four twin rooms, 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:	60
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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 10 April 2024	10:20hrs to 18:10hrs	Catherine Furey	Lead
Thursday 11 April 2024	09:30hrs to 15:00hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

During this two-day inspection, the inspector spoke with residents, staff and visitors and spent time observing care practices and interactions. Residents told the inspector that they were very happy living in the centre, and they praised the staff and management for their care and attention. Feedback gathered from residents and visitors during the inspection was unanimously positive. Overall, the inspector saw that the centre was a nice place to live, and the residents were well-cared for.

SignaCare New Ross is situated on the outskirts of New Ross town in Co. Wexford. The centre is laid out over two floors and is currently registered for 62 beds. There were 60 residents living in the centre at the time of the inspection. The inspector met with the person in charge on both mornings, and toured the entire premises. The premises is generally designed and laid out to meet the needs of the residents. The inspector observed that the centre was clean, tidy and uncluttered, with sufficient space for residents to move around safely. Residents could mobilise from their bedroom to the sitting rooms, the dining room and the oratory. Residents were seen to mobilise independently where possible. It was clear that staff knew the residents mobility status well, and they were seen to provide varying levels of assistance when residents were mobilising, while promoting independence in a safe manner. Visitors were seen to come and go from the centre throughout the day and visits were seen taking place in bedrooms and communal areas as appropriate. Residents confirmed that they could receive visitors at a time of their choosing, and that they could leave the centre with family or friends for trips out.

On both days of inspection, the inspector observed that residents were mostly up and about in the morning, with some residents staying in bed later, as per their preferences. Staff were observed to be divided into teams on each floor and assigned to a group of residents, to assist them with personal care needs in the morning. Staff were busy with their assigned duties, however there was a calm atmosphere maintained in the centre. Staff told the inspector that they had enough time to complete their assigned tasks, and to be able to spend time chatting with residents.

Residents' bedroom accommodation was in 58 single ensuite rooms and four twin-occupancy ensuite rooms. Bedrooms were personalised by residents and their families with familiar objects and items from their homes, and family photographs and memorabilia. Residents had sufficient space to display these items. The four twin rooms, while meeting the minimum size requirements, were not sufficiently configured to allow residents to conduct activities in private. This is discussed further in the report.

There was communal space available for residents' use on each floor, including sitting rooms, an oratory and a quiet room. Residents were seen to avail of all of the spaces available to them. The sitting rooms had plentiful supply of materials for arts and crafts as well as books for residents to read. Residents could freely access

an enclosed garden from the ground floor, and the door was seen to be unlocked during the inspection. Residents told the inspector that they enjoyed sitting out in the garden when the weather was good. The front door to the centre was kept locked for safety purposes as there was a small number of residents who were a safety risk should they leave the centre unaided. Visitors were required to ring the doorbell to access the centre. A number of visitors were seen coming and going during the inspection.

The inspector spoke with visitors who were satisfied with the current visiting arrangements and said that they were welcome to visit at any time. Visitors also told the inspector how happy they were about the level of care that their loved ones received in the centre. A family member of one resident said "We are so grateful to the staff, they made the admission very easy". Another visitor stated that they were very impressed with how responsive the staff were to any issues, stating "we are always kept up-to-date, that gives us a lot of reassurance".

The inspector observed the dining experience in the centre and found that it was enjoyable for the residents. The majority of residents attended the dining rooms on each floor for meals. Residents spoken with were complimentary regarding the quality, quantity and variety of food. This was supported by the observations of the inspector, who noted that the food was attractively presented, and residents requiring assistance were assisted appropriately. The inspector saw that residents were offered snacks and drinks throughout the day. There was a well-organised system to ensure that meals were served from a kitchen directly to residents who chose to eat their meals in their rooms, to ensure it was as hot as possible. Some staff had recently completed an interactive "Dining with Dignity" course, as part of the Virtue groups values project. Staff told the inspector that this course had been very beneficial and allowed staff to see the experience of dining through the residents eyes.

The inspector observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents told the inspector that they were listened to and that staff were kind to them and answered their call bells promptly. A resident described how the prompt action of nursing staff ensured they received appropriate and timely medical care when they needed it. The inspector also observed the interaction between staff and residents who could not verbalise their needs. These interactions were observed to be kind and appropriate. 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.

There was a varied schedule of activities on offer, led by a dedicated activities co-ordinator. These included art, bingo and baking. One resident described how they enjoyed the recent armchair travel session which transported them to Zimbabwe. External musicians also attended the centre regularly. The inspector saw that a number of residents had one to-one activities in their rooms as well as group sessions. Many of the artistic projects undertaken by the residents in the centre were on display, along with many photographs of residents enjoying activities, celebrations and outings. Residents living in the centre had close links with the

community and were facilitated and encouraged to go out with family and friends where possible. Mass was held in the centre and a number of residents prayed the rosary together regularly. Residents told the inspector that there was always plenty for them to do in the centre.

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, undertaken following receipt of an application by the registered provider to renew the registration of the designated centre. The inspector assessed the centre's compliance with regulations and national standards. This inspection found that there was a strong management focus on achieving and sustaining compliance, and providing a safe and effective service for residents. Areas of improvement were identified, and these are detailed further in the Quality and Safety section of the report.

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. The person in charge was also supported by shared group departments, for example, human resources.

The registered provider ensured there was sufficient and safe staffing levels to meet the assessed needs of the residents and to support a full social and activity programme. There was a minimum of two registered nurses on duty at all times. Adequate healthcare assistants, activity staff, catering and domestic staff supported the daily operations in the centre. Use of agency staffing was minimal. Rosters showed that when this was required, it was to support residents who required individual one-to-one care, which was funded by the HSE. Oversight of administration, finances and record-keeping was maintained by clerical staff

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There was a clearly defined management structure in place with identified lines of accountability and authority. All staff that the inspector spoke with were knowledgeable about their roles and responsibilities.

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 the following areas required review to ensure that all risks were identified and actioned. Specific findings are detailed under the relevant regulations in the report;

- Regulation 17: Premises
- Regulation 27: Infection control
- Regulation 28: Fire precautions
- Regulation 29: Medicines and pharmaceutical services
- Regulation 7: Managing behaviour that is challenging

Audits and improvement plans were discussed at the quality and safety committee meetings and at wider staff meetings across all departments, which were held regularly. Minutes of these meetings evidenced a sharing of information, including updates in relation to residents' needs. Staff were given opportunities to feed back on the service.

An annual review of the quality and safety of care delivered to residents in 2023 had been prepared by the person in charge. This included improvement plans for a variety of areas based on the outcomes of audits and reviews conducted during the year. The feedback and views of residents were contained within the review, and it was made available to residents and visitors.

The overall provision of training in the centre was good, with staff being up to date with relevant training modules, such as safeguarding of vulnerable persons, fire safety and infection control. Additional training courses were provided specific to a staff member's role, for example, all domestic staff attended accredited cleaning and chemicals training, and activity coordinators had training in the delivery of dementia-specific therapies.

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. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of registration within the required time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge fulfilled the regulatory requirements relating to the experience and qualifications required for the role, was aware of their responsibilities under the regulations and was known to staff and residents.

Judgment: Compliant

Regulation 15: Staffing

Based on a review of staffing rosters and from observations of the inspector, current staffing levels and skill-mix were adequate to meet the assessed needs of the residents. Staffing levels and whole time equivalents aligned with those described in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Appropriate training had been provided to staff aligned to their specific roles. A review of the training records showed that this training was up-to-date, with a plan in place to ensure that staff remained up to date with relevant training modules.

Tailored inductions were in place across all grades and departments. Performance reviews and appraisals provided opportunities for staff to identify particular learning needs and showed evidence of encouraging overall staff development.

Judgment: Compliant

Regulation 19: Directory of residents

An updated directory of residents was maintained in the centre. This included all of the information as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The records outlined in schedules 2, 3 and 4 of the regulations were stored securely in the centre and made available for the inspector to review. Two qualifications missing from staff files were located on the day and returned to the files.

Residents' records evidenced daily nursing notes with regard to the health and condition of the residents and treatment provided

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance against injury to residents in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

While there was a clearly defined management structure in place, the management systems in the centre required action to ensure the service provided was safe, appropriate, consistent and effectively monitored. Improved oversight of the following areas was required:

- Aspects of the premises including resident's privacy in twin occupancy rooms, as discussed under Regulation 17
- Infection control procedures in the centre, as discussed under Regulation 27
- Safe evacuation of residents in the event of a fire, as discussed under Regulation 28
- Storage of medicines, as discussed under Regulation 29
- Management of responsive behaviours, as discussed under Regulation 7

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre and this contained all of the information as required under Schedule 1 of the regulations.

The statement of purpose was updated following the inspection to reflect some minor amendments to the description of some facilities.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents and accidents occurring in the centre was maintained. Required notifications were submitted to the office of the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and up-to-date in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that residents living in the centre were supported to sustain a very good level of overall health and well-being, evidenced by the provision of high quality nursing and social care. Residents were provided with a quality service and an environment that promoted safety. Improvements were required in relation to privacy in shared bedrooms, medicines management, some aspects of infection control and the management of responsive behaviours. From a fire safety perspective, there was a strong focus on fire safety in the centre, however improvements were required by the provider to identify and manage some fire safety risks.

There was an established system in place to ensure that all areas of the centre were maintained to a high level both internally and externally. All communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. Directional signage was displayed throughout the centre to support residents to

navigate their environment. The centre was clean and there was good oversight of cleaning of the centre by management. This inspection found that while systems to maintain and improve the premises were in process, some issues with the centre's twin bedrooms, as described under Regulation 17: Premises, required attention to fully comply with the regulation.

Staff were seen to adhere to guidelines for the use of personal protective equipment (PPE), and there was a good stock of this available for staff, including enhanced PPE should there be an outbreak of infection in the centre. Procedures for the surveillance of symptoms of infection in residents and staff remained in place. The provider had updated their emergency preparedness plan and included the arrangements to be instigated in the event of an outbreak of influenza and other respiratory illnesses.

The provider also had a number of assurance processes in relation to the standard of environmental hygiene. These included cleaning checklists and the use of colour-coded flat mops and cleaning cloths to minimise the risk of cross-infection. Staff were knowledgeable in the correct procedures to maintain high standards of cleaning and decontamination. Audits of environmental cleanliness were also completed. Notwithstanding the good levels of cleanliness, the inspector identified some areas that required strengthening to ensure that the registered provider complied with the national standards for infection prevention and control published by HIQA. These are detailed under Regulation 27: Infection control.

The health and social care needs of the residents continued to be met to a high level. Records showed that there was a good standard of care planning in the centre. Care plans were person-centred and described the required interventions to meet the residents' needs and preferences. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. General Practitioner's (GP's) attended the centre on a regular basis and there was documented evidence that residents had regular medical reviews. There was evidence of appropriate referral to, and review by, specialist professionals where required, for example, wound specialist nurse, dietitian and chiropodist. Care plans were reflective of specialist advice, for example nutrition care plans were updated in a timely manner following reviews by the dietitian, and the relevant information was communicated to kitchen staff to ensure that the resident's changing needs were met.

There were detailed behaviour support plans in place to guide the small number of residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These plans were designed to minimise the use of restrictive interventions and to promote a restraint-free environment. Staff spoken to were familiar with each resident's individual requirements.

Records showed that when restrictive devices such as bedrails were used, there was evidence of consultation with the resident or their representative, and a signed consent form. The inspector was satisfied that no resident was unduly restricted in their movement or choices due to a lack of appropriate resources or equipment.

Where necessary and appropriate, residents had access to alternatives to restrictive devices, for example, using alarm mats instead of having bed rails raised. An area for improvement in the administration of medications for responsive behaviours was identified, as detailed under Regulation 7: Managing behaviour that is challenging. Overall, the centre was open to adopting a culture of positive-risk taking and person-centred care.

Residents' nutritional needs were being well supported. Suitable foods were provided to cater for residents' preferences and assessed needs, and residents had choices at mealtimes. While overall medication management systems were good, a small number of issues were identified which could contribute to medication-related errors.

Records reviewed by the inspector indicated that fire-fighting equipment in the centre was serviced annually and the fire alarm and emergency lighting system were serviced on a quarterly basis. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Regular fire drills took place and staff spoken with confirmed that they had been involved in simulated fire evacuation drills and were knowledgeable regarding the evacuation needs of residents.

Some bedroom doors were fitted with a magnetic device which allowed the resident to safely hold their door open if they chose to do so. The magnets would release the door on activation of the fire alarm. Improvements were required in relation to the maintenance of fire doors, and arrangements for evacuating residents in the event of a fire; these are detailed under Regulation 28: Fire precautions.

There were facilities in place for recreational activities, and residents were observed participating in individual and group activities. Residents were consulted with about the running of the centre, as evidenced by residents' meeting minutes and confirmed by residents to whom the inspector spoke. An independent advocacy group was available to residents and this information was signposted in the centre for residents' and families information. Visits to the centre were not subject to any current restrictions, and visits were seen to be taking place throughout the day. Residents were supported to go outside and to go on outings with their family members and friends. The management team had identified that further dementia-specific activation was required, to ensure all residents were in receipt of activities that met their specific needs. Some staff members were trained in the provision of dementia-specific therapies and these were included in the weekly schedule of activities.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends and that there was no restrictions placed on visiting.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished. Residents informed the inspector that they were satisfied with the arrangements in place for the laundering, and prompt return, of their clothing

Judgment: Compliant

Regulation 17: Premises

There are four double-occupancy rooms in the centre. These were found not to comply with the regulation as follows;

- The floor space area for each resident did not adequately include the space occupied by a bed, a chair, and personal storage space of that room.
- The layout of the wardrobe facilities and the location of the ensuite door meant that residents did not have the necessary privacy to conduct personal activities in private.
- The privacy curtains tightly enclosed the bedspaces which made them unsuitable for use by residents requiring additional large mobility supports such as hoists for transfer into and out of bed

There was insufficient lighting in one bedroom:

- In one of the rooms, the main ceiling light was located behind the privacy curtain in one bedspace. This bed was also located where the only window into the room was, therefore there was insufficient natural or ceiling light for the other resident. The only light provided to the other resident was a very dim overbed light.

A small number of rooms did not have any lockable facility for residents' use.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared and made available to residents, a guide in respect of the designated centre. This guide included the required items outlined under Regulation 20(2).

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under regulation 26. There was a major incident emergency plan in place, in the event of serious disruption to essential services.

Judgment: Compliant

Regulation 27: Infection control

Notwithstanding the good infection prevention and control practices seen on inspection, some issues were identified which could contribute to the spread of infection in the centre;

- there were areas of wear and tear, worn and chipped furniture which impeded effective cleaning and decontamination, for example, bed rails, hand rails, skirting boards, tables. The flooring in the ground floor dining room was deeply marked and scuffed in areas.
- sluice rooms required review to ensure that there was sufficient racking to store cleaned items appropriately. Bottles and basins were stacked upright and not inverted prior to storing, and there was significant water residue in some of this equipment.
- as part of a fire safety risk assessment, oxygen cylinders had been removed from the nurse's station for storage in a sluice room. The provider had not reviewed this from an infection control viewpoint
- curtains were routinely cleaned on a six-monthly basis, as opposed to the required three-monthly intervals
- a small number of vacuette bottles (tubes for taking blood) were out of date. Additionally, the trolley on which these were stored was not visibly clean.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire door to the pantry on the first floor was not closing effectively. In addition, the brush seal had worn away at one end. This was a high risk area containing a electrical equipment and appliances. Assurance was provided that the registered provider had already identified this deficit during a fire audit, however the required repairs had not been completed.

Evacuation times during fire drills were based on the evacuation of one resident from a bedroom to the nearest compartment. The most recent fire evacuation drills showed that this took two and a half minutes. This is excessive, given that there is one compartment which contains 12 residents. There were no records to indicate that a timed evacuation of this compartment had been conducted. Therefore there was no assurances that residents could be evacuated in a safe and timely manner.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Records showed that the room temperature in the ground floor clinical room, where medicines were stored, was recorded as in excess of 25 degrees Celcius on some occasions. This temperature is not optimal for some medicines. It was noted that the air conditioning unit in the room was not working on the day of inspection.

An insulin pen was inappropriately stored in the fridge despite the manufacturer's guidance stating that it cannot be refrigerated.

None of the three insulin pens in use had a date of opening recorded. This is important as the manufacturer's guidance indicated that each pen had different expiry dates once opened.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Resident care plans were seen to be detailed and person-centred, and were informed by an assessment of clinical, personal and social needs. A comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs. A range of validated assessment tools were used to inform the residents care plans.

Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes within the residents' care needs, reviews were completed to evidence the most up to date changes

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical care. A GP was onsite routinely. Outside of normal working hours an out of hours service was used. Health and social care providers were accessible if required. A physiotherapist attended once weekly to do a group exercise class and individual assessments with residents.

Evidence-based nursing practices promoted good outcomes in the centre. For example, an initiative to reduce incidences of pressure ulcers had been successfully implemented, led by specifically-trained staff. As a result, there had been no pressure ulcers in the centre for over three months.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Despite overall good systems in place to respond to and manage behaviours that challenge, assurance was not provided that residents were consistently responded to in a manner that is not restrictive.

- the centre's policy is to complete an Antecedent Behaviour Consequence (ABC) chart following each episode of responsive behaviour. This was not completed on three recent occasions for one resident.
- on two occasions, a resident had been administered a psychotropic medication used in the treatment of anxiety without sufficient documentation of the rationale for its use. There was insufficient detail recorded in the resident's daily nursing narrative to indicate that the requirement for this medication.

Further oversight of these types of medication is required to ensure that underlying factors for a behaviour are explored, and that all available alternatives to the medication, are trialed prior to administration.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to safeguard residents and protect them from abuse:

- staff spoken with were knowledgeable of what constitutes abuse and how to report any allegation of abuse
- any incidents or allegations of abuse were subject to prompt investigation and review
- all staff had the required Garda (police) vetting disclosures in place prior to commencing employment in the centre
- the centre was acting as a pension agent for two residents. There was secure systems in place for the management of residents' personal finances
- the registered provider facilitated staff to attend training in safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were respected. Residents were afforded choice in their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents meeting minutes, satisfaction surveys, and from speaking with residents on the day.

Social assessments were completed for each resident and individual details regarding a residents' past occupation, hobbies and interests was completed to a good level of personal detail. This detail informed individual social and activity care plans. A schedule of activities were available for residents.

The individual privacy arrangements in multi-occupancy rooms is addressed under Regulation 17: Premises.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SignaCare New Ross OSV-0000252

Inspection ID: MON-0042028

Date of inspection: 11/04/2024

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> <ol style="list-style-type: none"> 1. The double rooms identified during the inspection will be reviewed by the registered provider and will encompass a site visit by the development team to review options in the redesign of these rooms to promote privacy and dignity for the residents. 2. New Furniture has been ordered. An audit has been completed which identified all areas of wear and tear, flooring and furniture in need or replacing. The RPR will put a robust plan in place to address all these areas. 3. Cleaning regimes have been modified to encompass the storage trollies and laundering of curtains on a three-monthly basis. All stock has been checked to ensure that its in date and a regular check by Senior staff has been developed. The oxygen cylinder has been relocated to an appropriate storage place. 4. A fire drill on the 12 bed compartment will be conducted to ensure residents can be evacuated in a safe and timely manner. This drill will be conducted every 3 months. 5. All nurses have been informed to read manufacturers guidelines for insulin pen storage. Insulin pens are now stored in the correct manner. Nurses have been reminded to ensure that the date of opening is put on all insulin pens in use. 6. Nurses have been reminded of our policy on completing ABC charts following each episode of responsive behavior and have received updated training on the rationale for administering a psychotropic medication and the requirement for the administration to be documented in the residents daily nursing narrative. 	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
 The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

1. The double rooms identified during the inspection will be reviewed by the registered provider and will encompass a site visit by the development team to review options in the redesign of these rooms to promote privacy and dignity for the residents.
2. Our electrician has been engaged to install more suitable lighting into the bedroom identified by the inspector. (expected completion 31/07/24)
3. An audit has been conducted by the Director of nursing and lockers have been ordered to ensure that each room has a lockable facility. (expected completion 31/07/24)

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

1. New Furniture has been ordered. An audit has been completed which identified all areas of wear and tear, flooring and furniture in need or replacing. The RPR will put a robust plan in place to address all these areas.
2. Extra racking for the sluice room has been ordered to accommodate more storage of clean items.
3. The oxygen cylinder has been relocated to an appropriate storage place.
4. We have modified our curtain cleaning regime to be 3 monthly.
5. The vacuette bottles that were out of date have been disposed of and the storage trolley cleaned, this is on a schedule for regular cleaning.

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

1. A carpenter has been to take measurements to provide a new door to the first-floor pantry.
2. A fire drill on the 12 bed compartment will be conducted to ensure residents can be evacuated in a safe and timely manner. This drill will be conducted every 3 months.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ol style="list-style-type: none"> 1. We have replaced the air-conditioning unit in the ground floor clinical room – completed. 2. All nurses have been informed to read manufacturers guidelines for insulin pen storage. Insulin pens are now stored in the correct manner – completed. 3. All nurses have been reminded to ensure that the date of opening is put on all insulin pens in use – completed. 	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ol style="list-style-type: none"> 1. Nurses have been reminded of our policy on completing ABC charts following each episode of responsive behavior, this is being monitored by the senior nursing team. 2. All nurses have received updated training on the rationale for administering a psychotropic medication and the requirement for the administration to be documented in the residents daily nursing narrative. The ADON and CNM will review nursing documentation and ABC charts weekly. 	

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	30/11/2024
Regulation 23(c)	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	30/11/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	30/11/2024

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/08/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/05/2024
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	29/05/2024
Regulation 7(2)	Where a resident behaves in a manner that is challenging or	Substantially Compliant	Yellow	31/05/2024

	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.			
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