Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Firstcare Beneavin Lodge
Name of provider:	Firstcare Beneavin Lodge Limited
Address of centre:	Beneavin Road, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	29 June 2026
Centre ID:	OSV-0000117
Fieldwork ID:	MON-0049923

About the designated centre

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

The centre offers long and short term care for adults and respite care and convalescence for adults over 18 years old including individuals with a diagnosis of dementia. The designated centre provides 70 beds in a purpose-built premises which is divided into two units: Botanic on the ground floor and Iona unit on the second floor. There is an enclosed courtyard garden which is accessible from the ground floor. The centre is located close to local amenities and public transport routes. There is a large car park at the front of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	62

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 29 June 2026	18:35hrs to 21:55hrs	Aislinn Kenny	Lead
Tuesday 30 June 2026	08:00hrs to 17:00hrs	Aislinn Kenny	Lead
Monday 29 June 2026	18:35hrs to 21:55hrs	Manuela Cristea	Support
Tuesday 30 June 2026	08:00hrs to 17:00hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

This unannounced inspection was conducted over the course of an evening and one day by two inspectors of social services. There were 62 residents accommodated in the centre on the days of inspection.

On the first evening of the inspection, the inspectors were greeted by a clinical nurse manager (CNM) on arrival at the centre. The inspectors walked around the centre and took the opportunity to meet with residents and staff. The person in charge, assistant director of nursing and regional director, returned to the centre when staff notified them that the inspection was in progress.

The centre is set out over two floors, arranged around a secure inner courtyard. The Botanic Unit is on the ground floor, and Iona Unit on the first floor. During the walk around the centre, some residents were seen up and about, relaxing in the communal sitting room and bedrooms or mobilising around the centre supervised by staff. A group of residents were enjoying tea and snacks in the Botanic unit and were observed chatting amongst themselves and with visitors. Residents spoken with told the inspectors that they were well looked after by the staff team and that they enjoyed living in the centre. Visitors also provided positive feedback in relation to the care their loved ones received in the centre. In the Iona unit, inspectors observed that most residents were in bed and eight residents were observed watching TV in the Sunshine lounge. Allocated staff were observed providing one-to-one care to residents who required extra support. Inspectors observed that the use of agency staff in the centre was high. Staff spoken with were knowledgeable about the needs of the residents and the provider had a system of communication in place to ensure both permanent and agency staff members were familiar with residents' preferred routines, likes and dislikes.

The centre was nicely decorated with colourful decorations and decals which provided a bright and cheerful environment. A new seating area had been established in the reception area and was seen to be used by one resident and some visitors throughout the days of the inspection. The centre was overall well-maintained, and the corridors were clean, bright and had appropriate hand rails to facilitate free movement. However, inspectors observed inappropriate storage arrangements in the basement car park increasing the risk of fire.

Beneavin Lodge Nursing Home is situated in the Beneavin campus, which also houses two other designated centres registered under different entities. The underground car park is situated within this campus and was used by staff for all three centres. The storage arrangements observed in the car park posed a risk to the centre based on its proximity to the building. On the first evening of the inspection, the inspectors observed a hoist being charged directly from a makeshift wooden structure which was locked and being used as a maintenance room, as well as various items being stored within the car park such as furniture and electrical

items. An area located next to the maintenance room was also seen to contain various solvents and tins of paint. The following day, inspectors were invited to the inside of the maintenance room, which was now open and it was observed to contain a number of electrical, solvent and flammable items, further creating a risk of fire due to its contents, inappropriate structure and lack of compartmentation. This is discussed further in the report.

On the second morning of the inspection, the inspectors observed residents enjoying their breakfast in their bedrooms or in the communal lounges. A variety of breakfast items were available and were being served to residents as per their preferences. Food appeared hot, and supervision was in place from the catering team to ensure that residents were being served in a timely manner. Most residents had chosen to eat in their bedrooms. Inspectors walked around the centre observing the morning routine for the residents and interactions between staff and residents. Staff were observed knocking on residents' doors before entering and were seen checking in with residents on a regular basis. Throughout the day, the residents in the Iona unit were observed watching television in the lounges and participating in one-to-one activities with staff. Group reminiscence activities were taking place in the communal activities area near the reception, which residents said they enjoyed.

Inspectors observed the mealtimes for residents on both floors. Food served appeared wholesome and nutritious, and feedback from residents was generally positive in relation to the quality and taste of the food. A choice of meals was provided, and condiments were readily available on nicely laid tables. Staff asked residents' permission before applying clothing protectors. Assistance was provided to residents as required, and this was seen to be done in a dignified manner; however, staff working in the Sunshine lounge were seen swapping places while assisting a resident with their meal, and no communication or prior indication was given to the resident.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this unannounced inspection found that the designated centre was well-managed, and that the residents were kept central to the service provided. This was an unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended).

The inspectors followed up on the provider's progress with completing the actions they had committed to in their compliance plan from the last inspection in December

2025, and found that all actions were completed. Notwithstanding, there were further actions required under the following regulations, Regulation 17: Premises, Regulation 28: Fire precautions, Regulation 24: Contracts for the provision of services, Regulation 23: Governance and management and Regulation 9: Residents' rights.

Firstcare Beneavin Lodge Limited is the registered provider for Firstcare Beneavin Lodge. The company is part of the Emeis Ireland group, which is involved in the running of a number of other nursing homes at a national level, and the centre is part of a campus which houses two other nursing homes. A regional director was present in the centre on both days to support the person in charge and met with the inspectors. The person in charge worked full-time in the centre and was supported by a newly appointed assistant director of nursing (ADON), clinical nurse managers and a team of nurses, healthcare assistants, an activities coordinator, administration, household, catering and maintenance staff.

There were sufficient staff on duty on the day of the inspection to support the needs of the residents. The staff were visible within the nursing home tending to residents' needs in a respectful manner. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. A sample of staff files reviewed confirmed that staff were appropriately Garda Síochána (police) vetted before commencing their role. Staff nurses working in the centre had up-to-date NMBI pins (the regulatory body for nursing and midwifery in Ireland registrations).

Staff were provided with mandatory and relevant training to meet the needs of their role. Staff training was closely monitored to ensure all staff completed training requirements, which proved effective in improving staff knowledge and practices.

A review of a sample of residents' contracts for the provision of service confirmed that residents had in place a signed contract of care which outlined the services to be provided and the fees which were to be charged, including fees for additional services. A review of the additional services fees found that residents were being charged for access to standard equipment for manual handling and Internet access, which was not in line with the regulatory requirements as discussed further under the regulation.

Notifiable incidents were submitted to the office of the Chief Inspector of Social services in line with regulatory requirements, and an incident and accident log was maintained in the centre.

There were regular management team meetings which included trending and analysis of allegations of abuse, complaints, and residents' falls. Minutes of these meetings were provided to the inspectors. There was an annual review of the centre for 2025 and a quality improvement plan in place. Meetings were seen to take place with all staff disciplines, and residents' feedback was sought on the running of the centre. Notwithstanding the systems of oversight in place in the centre, there were findings under Regulation 28: Fire precautions that required further assurance from the provider, and an immediate action was issued to the provider on the day of the

inspection to address these. In addition, further assurances were requested to be sent following the inspection.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application to renew the registration of the centre within the required time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a registered nurse working full-time in the centre and met the criteria of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet the residents' needs, taking into account the residents' individual needs and the layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to and had completed training appropriate to their role. There was an ongoing schedule of training in place and training records maintained to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. All members of staff were appropriately supervised and supported to perform their respective roles to the required standards.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained an electronic directory of residents in the designated centre. This directory recorded information required under Schedule 3 of the regulations, including the resident's admission date and contact details for the next of kin and the general practitioner (GP).

Judgment: Compliant

Regulation 21: Records

The inspectors reviewed a sample of four staff files representing a range of staff roles. All staff had valid Garda Vetting in place, which was obtained prior to staff commencing in their roles. Staff files were found to contain requirements as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had insurance documentation which detailed an up-to-date policy was in place, which covered injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The systems in place for the monitoring and oversight of the fire safety had failed to identify the significant fire safety risks identified on this inspection. This was evidenced by;

- An immediate action was issued to the registered provider on the day of the inspection under Regulation 28: Fire precautions in respect of inappropriate storage in the underground car park, and satisfactory assurances were received that corrective action had been taken to address the issues.
- Systems of oversight in place did not identify that staff knowledge with regard to compartment sizes and the evacuation procedures required further improvements to ensure safe evacuation.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The additional charge outlined in the contracts of care and payable by all residents included items such as standard moving and handling equipment and access to the Internet. These items may be available to residents under the GMS/ Hardship scheme, Bed and board weekly fee or other entitlements

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available for review to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, the complaints process, and detailed sufficiently the required information as set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Incident management and incident records were maintained in the centre. A review of a sample of incidents confirmed that notifiable incidents were submitted as required to the Chief Inspector.

Judgment: Compliant

Quality and safety

Overall, the inspectors were assured that residents living in the centre were receiving a good standard of care. There were adequate resources, policies, procedures and supervision to ensure that residents were safeguarded from the risk of abuse. Residents and visitors who spoke with the inspectors were complimentary about the care delivered in the centre. Notwithstanding this, the inspectors identified

that the requirements outlined in the regulations for fire safety, premises and residents' rights were not fully met. This is discussed further under the relevant regulations.

The centre was appropriately laid out to meet the needs of the residents, and residents were observed walking around the wide corridors throughout the days of the inspection. However, storage arrangements in the premises required attention to ensure residents' equipment and other items were stored appropriately, as discussed further under Regulation 17: Premises.

Care planning documentation was available for each resident in the centre. From a sample reviewed, each resident had a pre-admission assessment carried out to ensure the centre could meet the residents' needs. Assessments were completed within 48 hours of admission and care plans were updated within a four-month period or more frequently where required.

Residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received care and support in line with their individual needs. Care plans were developed for these residents, which outlined appropriate de-escalation strategies to guide staff. Staff had up-to-date knowledge to support residents to manage their responsive behaviours.

A restrictive practice register was in place in the centre detailing the restrictions in place for residents; however, while care plans were in place for various restraints, they were not always informed by a risk assessment, as further detailed under Regulation 7: Managing behaviour that is challenging

Mealtimes were facilitated in the dining areas and lounges. Some residents preferred to eat their meals in their bedrooms, and residents said that their preferences were facilitated. Inspectors observed that residents were provided with adequate quantities of food and drink. A choice of meals and snacks was offered to all residents. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted, where required, to ensure their safety and nutritional needs were met.

Medication management and controlled drug records were examined. Comprehensive administration records were maintained as required. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centre's guidelines.

An immediate action was issued to the provider on the day of the inspection following the findings under Regulation 28: Fire precautions to address the fire safety risks identified in the basement and underground car park and compartmentation of some areas as discussed further under the regulation. The provider submitted an action plan following the inspection to address the findings and carried out simulated fire drills as requested by the inspectors on the day.

Regulation 17: Premises

While overall the building was well-maintained, action was required to be taken by the provider to address the following issues identified, which were not in line with Schedule 6 requirements:

- Inappropriate storage arrangements were in place in the underground car park. Equipment for use by residents such as continence wear and catering equipment was stored in areas that were dusty and unclean.
- There was damage observed to the door of store room 242, requiring maintenance.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Choice was offered at all mealtimes, and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. The meals were served hot and in the consistency outlined in residents' individualised nutritional care plans. Residents' dietary needs were met, and there was adequate supervision and assistance provided to those who required it at mealtimes. Regular drinks and snacks were provided throughout the day.

Judgment: Compliant

Regulation 26: Risk management

The centre had a written risk management policy in place which was reviewed regularly.

Judgment: Compliant

Regulation 28: Fire precautions

Significant risks were identified in respect of the management of fire safety, and action was required to be taken by the registered provider.

The registered provider did not take adequate precautions against the risk of fire, and did not provide suitable fire fighting equipment and building services. For example:

- The accumulation of flammable and combustible items noted within two maintenance rooms in the basement included high-risk items such as chemicals, paint and solvents. These were stored alongside combustible items such as building materials and cardboard as well as several items of live electrical equipment. This room was not compartmentalised and appeared to have been erected in a makeshift fashion without concrete walls. This room was located in a high-risk area and was in close proximity to the laundry room. In addition, a hoist was seen charging here on the evening of the inspection, which further contributed to the risk. An immediate action was issued, and the hoist was unplugged before the end of the inspection.
- There were net curtains observed in the smoking room, which created a risk of fire. These were removed by the second day of the inspection, at the request of the inspector.
- Further assurances were required to ensure that the registered provider was operating in line with their fire certificate in relation to the use of the underground car park.

The arrangements in place to ensure the containment of fire and smoke in the event of an emergency were not adequate. For example;

- The hairdressing room contained a 'pocket door' which was not effective to contain the spread of smoke in the event of a fire. The hairdresser room was opening into a bedroom corridor within a large compartment, thus posing a high risk.
- Inspectors were not assured that a storage press located on a corridor within a large bedroom compartment was appropriately compartmentalised.
- A number of cross-corridor doors and fire doors had intumescent strips missing or damaged, which did not ensure effective smoke containment.

Inspectors were not fully assured that all staff working at the designated centre were aware of the procedure to be followed in the case of fire. For example:

- While fire drills were being carried out, staff knowledge regarding the precautions to take in the event of evacuation was inconsistent, and not all staff were aware of the compartmentation of the building. Not all staff talking with inspectors understood the principles of horizontal evacuation, and some were not aware of the size of the compartment, posing a risk that some residents could be left behind in the event of fire. Inspectors requested that simulated night-time drills records be submitted following the inspection.
- There were inconsistencies between residents' PEEPs (personal emergency evacuation plans) and staff's understanding in respect of the best method to be used for evacuating residents in the event of fire.

Inspectors were not assured that the arrangements in place for reviewing fire precautions were adequate. For example;

- The fire safety risk assessment recently carried out did not provide assurance that all risks were appropriately identified and sufficiently mitigated and that the compartment sizes were an accurate reflection of the centre. Furthermore, a fire door audit had not identified that the hairdresser door was not a fire door or that some fire doors had gaps as observed on the inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were stored securely in the centre and returned to the pharmacy when no longer required as per the centre's guidelines. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations and in line with the centre's policy on medication management.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed, appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four-monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While responsive behaviours were well-managed, the use of restrictive practices required improvement to ensure that a risk assessment informed the use of restraints, in line with local policy and best practice guidelines.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were paying on a weekly basis for access to the internet, which was not in line with their right to access the internet.
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
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	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Firstcare Beneavin Lodge OSV-0000117

Inspection ID: MON-0049923

Date of inspection: 30/06/2026

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	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The action plan to remove all storage from the basement has been completed. An external storage container has been installed on the grounds to accommodate storage needs- complete

The centre's floorplan has been updated to identify the onsite storage unit- complete

From 1st July 2026, the basement will be monitored weekly to ensure that no inappropriate storage is placed there. The Director of Nursing (DON) will be responsible for completing and overseeing this ongoing action.

From 1st July 2026, fire drills have been conducted with staff to ensure competence and confidence in fire evacuation procedures. Drills were carried out on a weekly basis for one month and are now being conducted fortnightly to ensure all staff have the opportunity to participate and receive additional training. This ongoing programme supports staff preparedness and compliance with fire safety requirements. The Director of Nursing (DON) is responsible for overseeing and monitoring this action.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
A review of the contract of care has been undertaken with amendments made to ensure items included within standard fees are removed from items listed under Additional Supplementary Charges including basic moving and handling equipment, access to internet and labelling of clothes. These updated contracts will be issued to each new resident from the 22nd of September 2026 and updated contracts will be issued to existing residents by 1st October 2026

All residents will continue to be supported to access equipment or services under their GMS/public service entitlements- complete and ongoing

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The action plan to remove all storage from the basement has been completed. An external storage container has been installed on the grounds to accommodate storage needs- complete

The centre's floorplan has been updated to identify the onsite storage unit- complete

From 1st July 2026, the basement will be monitored weekly to ensure that no inappropriate storage is placed there. The Director of Nursing (DON) will be responsible for completing and overseeing this ongoing action.

The maintenance work to repair the storeroom door will be completed by the 15th September 2026.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The action plan to remove all storage from the basement has been completed. An external storage container has been installed on the grounds to accommodate storage needs- complete

The centre's floorplan has been updated to identify the onsite storage unit- complete

From 1st July 2026, the basement will be monitored weekly to ensure that no inappropriate storage is placed there. The Director of Nursing (DON) will be responsible for completing and overseeing this ongoing action.
Staff have been made aware of the risk of fire in the smoking room and net curtains were immediately removed- complete
An updated fire risk assessment was completed on 20th August 2026 and we await the written report. We will review and address any risks identified in this assessment by 31st October 2026.
All storerooms in the basement have been emptied and put out of use permanently- complete
The Fire Safety Certificate and associated floor plans were sent to the authority on 25th August 2026 to provide additional assurance of compliance.
The door to the hairdressing room has been replaced- complete
All staff have been made aware that the area located on a corridor is not for storage and DON/ADON will ensure this on their daily walkarounds, evidence of the use of fire-retardant paint for this press is held within the Nursing home and the area also has a detector- complete
A full audit is now being completed to check the integrity of all fire doors including intumescent strips and any remedial works will be carried out by the 31/12/2026
From 1st July 2026, fire drills have been conducted with staff to ensure competence and confidence in fire evacuation procedures. Drills were carried out on a weekly basis for one month and are now being conducted fortnightly to ensure all staff have the opportunity to participate and receive additional training. This ongoing programme supports staff preparedness and compliance with fire safety requirements.

All Personal Emergency Evacuation Plans (PEEPs) have been reviewed- complete.

From 1st September 2026, the Director of Nursing (DON) will conduct monthly audits of all PEEPs to ensure they remain accurate, up to date, and reflective of residents' current needs. Audit findings will be communicated to staff on a monthly basis to support continuous learning, reinforce best practice, and promote ongoing improvements in fire safety and evacuation procedures- complete and ongoing

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

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

From 1st August 2026, a new risk assessment for restrictive practice has been implemented in the home and is now completed in full. Education has been completed with staff on the risk assessment to be used going forward. This action is now completed. This will be reviewed by the DON when updating risk register on a monthly basis.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

A review of the contract of care has been undertaken with amendments made to ensure items included within standard fees are removed from items listed under Additional Supplementary Charges including basic moving and handling equipment, access to internet and labelling of clothes. These updated contracts will be issued to each new resident from the 22nd of September 2026 and updated contracts will be issued to existing residents by 1st October 2026.

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	31/12/2026
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.	Not Compliant	Orange	30/09/2026
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of	Substantially Compliant	Yellow	30/09/2026

	the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/09/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/09/2026
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/09/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre	Not Compliant	Orange	30/09/2026

	and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2026
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/09/2026
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident is facilitated to communicate freely and in particular have access to radio, television, newspapers, internet and other media.	Substantially Compliant	Yellow	30/09/2026