



**Health
Information
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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:	Brookfield Care Centre
Name of provider:	Brookfield Care Centre Limited
Address of centre:	Leamlara, Cork
Type of inspection:	Unannounced
Date of inspection:	17 June 2026
Centre ID:	OSV-0000206
Fieldwork ID:	MON-0050227

About the designated centre

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

Brookfield Care Centre is a purpose built premises, which commenced operation in 2003. The centre is situated in a rural location close to the village of Leamlara in Co. Cork. It can accommodate 63 residents in a variety of single bedrooms, some of which are en suite. Some of the en suite facilities contain a shower, toilet and wash hand basin and others contain a toilet and wash hand basin only. The centre is located on large landscaped grounds with adequate parking for visitors and staff. Residents have access to a number of secure outdoor areas with raised plant beds and garden furniture. The centre comprises three distinct units, each of which has bedroom accommodation for 21 residents and are self contained with their own communal and dining space. One of these units is designated as a dementia specific unit and access to this unit is through a coded door lock. The centre provides long-term accommodation to residents over the age of 18 years but predominantly to residents over 65 years of age. Residents are cared for by a team of nurses and healthcare assistants with the support of ancillary personnel. Residents can retain the services of their own GP.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	62
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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
Wednesday 17 June 2026	08:00hrs to 16:15hrs	Siobhan Bourke	Lead
Wednesday 17 June 2026	08:00hrs to 16:15hrs	Ella Ferriter	Support

What residents told us and what inspectors observed

This was an unannounced inspection to monitor regulatory compliance. The overall feedback from residents, who spoke with the inspectors, was that they were happy with the standard of care and kindness they received from staff working in the centre. During the day, the inspectors met with many of the 62 residents living in the centre and spoke to 20 residents and six visitors in more detail. The inspectors spent time observing daily life in the centre to gain an insight into the lived experience of residents in Brookfield Care Centre. Residents told the inspectors how they were "treated very well" another, that staff were "exceptional" and "would do anything for you." Another resident told an inspector that it was a "wonderful place."

The inspectors arrived early in the morning and followed the centre's signing-in procedures. The person in charge and the assistant director of nursing were out in the units, at this time supervising and communicating with staff. The inspectors sat and listened to the handover between the night and day staff in two of the units. The information shared between staff was comprehensive and detailed regarding residents' wellbeing during the night shift and their plans for their day.

Brookfield Care Centre has residents' accommodation and communal areas on the ground floor with 63 single rooms. Over half of the residents' bedrooms had ensuite toilets and showers, while 16 had ensuite toilets. The remaining bedrooms all had wash-hand basins. There was an adequate number of shower and toilet facilities in the centre for residents whose rooms did not have ensuites. The centre was divided into three units; namely the Glenaboy Unit, the Blackwater Unit and Owenacurra Unit with accommodation for 21 residents in each unit. The Owenacurra Unit was designated as a dementia friendly, for residents living with dementia.

Residents' bedrooms were observed to be clean, and many bedrooms were personalized with personal items of significance, such as ornaments and photographs. Some residents had brought furniture from their own homes. The inspectors saw that paintwork on some bedroom walls and woodwork in bedrooms were marked and chipped and required repair. There was a programme of ongoing fire safety works in progress at the time of the inspection, whereby reduction of the compartment sizes in the centre was in progress. The inspectors saw that the paintwork on many of the centre's corridors required attention as it had been impacted by this programme of works to improve fire safety in the home. While new fire doors had been installed in some of the units, three sets of fire doors were awaiting installation in one of the units. The management team assured inspectors that once the fire safety works were completed and the fire doors installed, painting of these areas would be completed. These will be discussed further in this report.

The reception area was staffed seven days a week, by a receptionist, who greeted visitors and chatted with residents during the day. A few residents liked to spend their day in this area, watching the activity in the centre and reading the papers.

There were communal areas in each unit with three dining rooms, day rooms and a bright sun room that opened out to the courtyard area. Residents were seen accessing this area frequently during the day. Residents living in Owenacurra could also freely access the well-maintained courtyard area near the unit. There was a secure garden in the Glenaboy Unit, that had outdoor seating and raised beds. However, staff had to assist residents to access this area as the door was locked. Residents told the inspectors how they loved to watch the variety of birds that fed from the bird-feeders in the centres' outdoor spaces. All the communal rooms were nicely furnished with home-style furniture and comfortable seating.

There was a calm and welcoming atmosphere in the centre. The inspectors spent time observing staff and residents' interactions. Residents sat together in the communal rooms chatting, listening to music, or simply relaxing. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays with attending to residents' requests and needs. There were many positive interactions between staff and residents, as residents chatted with staff during their walks around the centre or when receiving care. Residents who spoke with inspectors said that they felt safe, and that they could speak with staff if they had any concerns. There were several residents who could not give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

Residents gave very positive feedback regarding the choices and quality of home cooked food available to them. During the morning, residents enjoyed their breakfasts in the dining rooms or in their bedrooms. There were a choice of cereals, scrambled eggs and boiled eggs and menus available offered residents a full Irish breakfast, if they so choose. Residents told the inspectors that their breakfast was served hot.

The inspectors saw that residents were offered drinks, fruit and snacks in the morning and afternoon snacks rounds and there was a snack menu available in residents' rooms. The three dining rooms offered residents a sociable dining experience and the daily menu was displayed on tables in the dining room. There was a choice of two options available for the main meal. Jugs of water and cordial were available for residents. Where residents enjoyed an alcohol beverage with their meal, this was also offered to them. The inspectors saw that the chef came to the dining rooms to check if residents were satisfied with their meals during lunch.

Friends and families were facilitated to visit residents, and the inspectors observed many visitors in the centre throughout the day. Visitors who spoke with the inspectors were happy with the care and support their loved ones received.

Residents who spoke with inspectors said they were very happy with the activities programme in the centre. There was a schedule of activities available over seven days of the week. In the morning, the inspectors saw residents go for walks with

staff or the physiotherapist. Following this, many of the residents sat and watched mass live streamed on the large television and said their prayers together. Local volunteers attended the centre at this time to serve holy communion to the residents.

The physiotherapist led an exercise class in the main day room before lunch, while the activity staff attended the Owenacurra Unit to facilitate ball games with residents there. In the afternoon, an external musician attended the Owenacurra Unit and staff danced with residents, which appeared to be good fun. A resident told the inspectors how they loved the baking sessions, that were held once a week and described the scones they baked the previous day as delicious.

Residents' views and opinions were sought through resident meetings and satisfaction surveys. It was evident that action was taken by the management team in response to issues raised by residents. Residents had access to advocacy services.

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

Capacity and capability

This was an unannounced inspection, carried out by two inspectors, over one day, to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013 (as amended). The inspectors also followed up on the findings of the previous inspection. The findings of the inspection was that the systems in place to ensure residents were supported to have a good quality of life were effective, however the systems in place to ensure oversight of fire safety in the centre required action as outlined further in the report.

The registered provider for Brookfield Care Centre is Brookfield Care Centre Ltd. The registered provider company has two directors, one of whom is the registered provider representative. It is part of the CareChoice group, which has a number of designated centres throughout the country.

There are clear lines of responsibility and accountability in the centre. The onsite management team comprises a full-time director of nursing who is the person in charge. They are supported by a team of two assistant directors of nursing and three clinical nurse managers. The management team within the centre is supported by a national management team of quality, finance, facilities and human resource staff.

The number and skill mix of staff was found to be appropriate to meet the assessed needs of the 62 residents living in the centre on the day of inspection. The inspectors were informed that there was ongoing recruitment to replace five health

care assistants who had recently resigned from their role; they were awaiting Garda Vetting Disclosures before they could start in their roles. Gaps in the health care rosters were filled with nursing staff and the onsite team doing extra shifts and agency staff where required.

There was good oversight of mandatory training in the centre by the management team and staff were supported to attend training in manual handling, fire safety, management of responsive behaviour, safeguarding of vulnerable adults and infection prevention and control. Extra fire warden training had been provided to staff in view of the fire safety works that were ongoing in the centre. One of the assistant directors of nursing had attended facilitator training on detecting clinical deterioration in residents and was in the process of rolling this training out to the rest of the care team.

An inspector reviewed a sample of four staff files and found that all bar one met the requirements of Schedule 2 of the regulations, whereby a staff member's qualifications were not in their file. This was addressed on the day of inspection. There was a policy and procedure in place regarding the management of complaints. A review of the complaints log found that complaints were recorded, investigated and managed in line with regulatory requirements. An inspector reviewed the records of incidents that occurred in the centre and it was evident that incidents were reported to the office of the Chief Inspector within the required time frame. The provider ensured that there were systems in place to ensure communication with staff was effective through regular staff meetings, daily handovers and safety huddles with the management team.

There was close monitoring of clinical risks to residents such as weight loss, skin integrity and infections. Through monitoring of falls in the centre and in response to a noticed increase in falls in January 2026, the management team implemented a falls committee, with input from the physiotherapist, who attended the centre twice a week. From a review of minutes of these meetings, it was evident that all residents with falls were reviewed by the physiotherapist and plans put in place to reduce the risk of recurrence. A reduction in falls was noted in the following months. The centre experienced one outbreak of viral infection in December 2026 and this was managed in line with the centres' contingency plan and was confined to one unit. A detailed outbreak report was developed following this to ensure any learning could be shared should another outbreak occur.

The inspectors saw that there was a schedule of audits in place to monitor the quality of care provided to residents. This schedule included medication management, falls management, nutrition, end of life care, wound care, call bell response times, privacy and dignity and dining experience. Overall, all the inspectors found that the high levels of compliance with the audits of residents' nursing and social care were reflected in the findings of the inspection.

However action was required to ensure effective systems were in place with regard to the fire risks identified in the centre. While fire drills were undertaken in the centre, the inspectors were not assured that simulation of the centre's largest compartment were simulated cognisant of when staffing levels were at their lowest

for example at night. An immediate action was issued to the provider on the day of inspection and records of the drill were submitted following the inspection. Assurances were provided that regular fire drills would continue to ensure residents could be evacuated in a timely manner. These and other findings are outlined under Regulation 23; Governance and management.

A comprehensive annual review of the quality and safety of care provided to residents in 2025 had been prepared, in consultation with residents and was available for review.

Regulation 15: Staffing

The number and skill mix of staff working in the centre was appropriate to meet the assessed needs of the 62 residents living in the centre on the day of inspection. There was a minimum of three registered nurses on duty at all times. The provider was in the process of recruiting five health care staff for the centre to replace a number of staff who had left. From a review of rosters, these staff were replaced with nursing staff or agency as required. An extra staff member was rostered as part of the mitigation against the ongoing fire works in the centre. However, the inspectors saw that there were gaps in the rosters for this role as outlined under Regulation 28; Fire precautions.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors found that staff were provided with training appropriate to their role. There was good oversight of the uptake of mandatory training by the management team. From a review of training records and from speaking with staff, it was evident that staff were supported to attend both in-person and online training appropriate to their role. There was a good system in place for supervision of staff by the person in charge, assistant directors of nursing and the clinical nurse managers. The assistant directors of nursing were rostered over the seven days of the week and a clinical nurse manager was rostered as part of the nursing complement at night to ensure staff supervision at all times.

Judgment: Compliant

Regulation 21: Records

The inspectors saw that records were stored securely in the centre. From a review of a sample of staff files, all staff records reviewed indicated that garda vetting disclosures were sought prior to a staff member commencing employment. One staff file reviewed did not contain some of the staff members qualifications, this was actioned on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

Action was required with regard to the management systems to ensure the service is safe, appropriate and effectively monitored with regard to fire safety as evidenced by the following;

- Oversight of the controls put in place with regard to fire safety required strengthening as there were gaps on the roster for the fire safety warden at night to ensure extra staff were in place to safely evacuate residents in the event of a fire.
- Drills to simulate evacuation of the largest compartment in the centre when staffing levels were at their lowest were not undertaken frequently enough to provide assurance that residents could be evacuated in a timely manner. An immediate action was issued on the day of inspection to complete this and submit to the office of the Chief Inspector. This was actioned by the provider.
- Oversight of risk with regard to the ongoing fire safety issues in the centre required review as the risk register on the day of inspection did not have records of appropriate risk assessments in place; this was submitted following the inspection.
- The compliance plan time lines submitted by the provider following the previous inspection with regard to fire safety works completion date in the centre had not been met.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector in accordance with the requirements of legislation in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre. Residents who spoke with the inspectors were aware how to make a complaint. An inspector reviewed a sample of complaints and found that the outcome was recorded and whether the complainant was satisfied with the outcome. There was a process in place for review of complaints where the complainant requested this. There was evidence that complaints were responded to in a timely manner and actioned. For example, complaints regarding the timeliness of return of residents clothes from the onsite laundry had been reviewed and actioned to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

Residents living in Brookfield Care Centre were supported to enjoy a good quality of life and were in receipt of a high standard of care. Residents' needs were being met through good access to health care services and good opportunities for social engagement. It was evident that residents received person-centred and safe care, from a team of staff who knew their individual needs and respected their choices. However action was required with regard to the management of fire safety in the centre as detailed under Regulation 28 Fire precautions.

There was evidence of good access to medical care with regular medical reviews by general practitioners (GP). Residents' weights were being assessed monthly and weight changes were closely monitored. Each resident had a nutritional assessment completed using a validated assessment tool. Residents also had access to a range of other health professionals such as an in house physiotherapist, speech and language therapists, and dietitians. Residents were appropriately referred to speech and language therapy and dietitian as required, and their recommendations implemented. The inspectors saw that residents who required assistance with eating and drinking were provided with this in a timely manner.

Residents' records reviewed evidenced that residents received a good standard of evidence-based nursing care. This was detailed in the daily progress notes and the individualised plans of care. A review of a sample of residents' records evidenced that residents were assessed using validated tools and care plans were initiated within 48 hours of admission to the centre, in line with regulatory requirements.

There was an ongoing initiatives to reduce the use of restrictive practices in the centre, through continuous assessment of residents' needs. The inspectors saw that alternatives to bed rails such as low beds and crash mats were in use. Where restraints such as bed-rails were in use, appropriate risk assessments were undertaken and documented in residents' care plans. The inspectors saw that while residents could freely access the courtyard in the Owenacurra Unit and from the sun

room in the centre, the door leading out of the day room to the secure outdoor area in Glenaboy was locked and required staff to assist residents to go outside. This is outlined under Regulation 7; Managing behaviour that is challenging.

Residents who spoke with the inspectors reported feeling safe living in the centre. Staff were provided with training on safeguarding vulnerable adults and were aware how to raise any concerns. There were robust systems in place for managing residents' finances. Staff, who spoke with the inspectors, were knowledgeable with regard to the care needs of residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The registered provider ensured that alternatives to bed rails such as low beds and crash mats were in use to reduce the number of restrictive practices in use in the centre in line with national policy.

Overall, the inspectors saw that the premises was well maintained and there was a rolling programme of maintenance in place supported by the maintenance team in the centre. Furniture such as armchairs and tables had been replaced in the Owenacurra Unit and were replaced with brightly coloured comfortable seating for residents and their visitors. The reception area and sun room were decorated to give the centre a homely feel. Some bedrooms and paintwork in the centre's corridors required repainting, due to the ongoing fire works in the centre, as outlined under Regulation 17: Premises.

The fire safety folder was examined and fire safety in the centre was underpinned by a fire safety policy that was available for staff guidance. Records of daily and weekly checks of the emergency exits and fire alarm testing were maintained. Extra checks of fire safety were conducted through out the building by the nominated fire wardens day and night. Staff, who spoke with the inspectors, were knowledgeable regarding fire safety procedures in the centre. Records maintained evidenced that there was a preventive maintenance schedule of fire safety equipment and the fire alarm and emergency lighting were serviced in accordance with the recommended frequency. Personal emergency evacuation plans were in place for each resident and updated on a regular basis. The inspector saw that work was ongoing regarding replacing fire doors and ensuring adequate fire compartments in the centre. Controls put in place to mitigate the fire safety risks in the centre were not consistently implemented as outlined under Regulation 28; Fire Precautions.

Residents' rights were promoted and respected by staff and management working in the centre. A team of activity staff ensured residents had access to meaningful opportunities for social engagement in line with their capabilities and interests. Residents' views on the running of the centre was sought through residents' meetings that were held every month and residents' surveys.

Regulation 11: Visits

Visitors and residents confirmed with the inspectors that there was no restrictions on visiting and they were satisfied with the arrangements in place. Residents could meet with their visitors in the sun room or in their bedrooms and in the communal areas in the centre.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance, and review to be fully compliant with Schedule 6 requirements, for example:

- paintwork and wood work in some residents' bedrooms were marked and scuffed.
- walls along the corridors required repainting following the completion of works to improve the fire safety standards for the centre as there were new fire compartments and new fire doors being installed as outlined under Regulation 28; Fire precautions.
- The sealant around the sink in the visitors toilet was visibly stained, this hand hygiene sink was in the process of being replaced on the afternoon of the inspection.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspectors saw that residents had a choice of food for breakfast, lunchtime and evening meals in the centre. Residents who spoke with the inspectors gave very positive feedback on the choices and quality of food provided to them. The inspector saw that residents who required assistance were attended to in an unhurried and dignified manner. There was close monitoring of residents' weights and residents were appropriately referred to speech and language therapists and dietitians when required.

Judgment: Compliant

Regulation 28: Fire precautions

While it was evident that there was ongoing fire safety works in progress at the time of inspection, delays in these works meant that all the required works, had not been completed in line with the compliance plan submitted by the provider following the previous inspection of the centre. As evidenced by the following;

- Three sets of fire doors in the Owenacurra Unit were yet to be installed following completion of the attic fire compartmentation in the unit.
- Fire compartmentation in the Glenaboy Unit was not yet completed
- Fire stopping works were ongoing with 80% of this work to be completed.

The inspectors were not assured that simulations of evacuations were being conducted regularly in the centre to ensure the largest compartment in the centre could be evacuated when the staffing levels were at their lowest. An immediate action was issued on the day of inspection for a simulation of evacuation of residents from the largest compartment with night-time staffing levels. This was submitted to the office of the Chief inspector following the inspection. Assurances were provided that these drills would be continued on regular basis to ensure staff could evacuate residents safely.

An extra staff member was rostered as fire warden for the night time period to mitigate the fire safety risks, while the fireworks were ongoing in the centre. From a review of the rosters over the two weeks prior to the inspection, it was evident that gaps in the roster for two nights over this period. This was a risk that there may not be enough staff available to assist with evacuation should a fire occur in the centre.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Controlled drugs records were maintained in line with professional guidelines. The inspectors observed nursing staff administering medications in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of six care plans and saw that residents care plans were developed within 48 hours of admission to the centre, using validated assessment tools. Care plans were found to be very person centred with sufficient

detail to direct care. Care plan reviews were completed every four months to ensure care was appropriate to residents' changing needs.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that there was a good standard of evidence based healthcare provided to residents living in the centre. Residents had access to local GP services, who attended the centre weekly or more frequently as required. Allied health professionals also supported the residents living in the centre. A physiotherapist was onsite reviewing residents on the day of inspection. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The door leading out of the day room to the secure outdoor area in Glenaboy was locked. Therefore, residents had to request staff to go outside. This was a restrictive practice and did not promote residents' independence.

Judgment: Substantially compliant

Regulation 8: Protection

The provider ensured staff were provided with training on how to safeguard vulnerable adults. From speaking with staff, it was evident that staff were aware how to raise concerns and recognise signs of abuse. Residents reported feeling safe in the centre. The provider was a pension agent for six residents and had robust systems in place for managing residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that residents' rights and choices were respected and supported by staff and management working in the centre. There was a good focus

on ensuring residents had access to meaningful facilities for occupation and recreation. Residents views on the running of the service were sought through monthly residents meetings and surveys. It was evident from a review of minutes of residents' meetings that appropriate action was taken by the management team in response to issues raised by residents. Residents had access to advocacy services as required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	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 Brookfield Care Centre OSV-0000206

Inspection ID: MON-0050227

Date of inspection: 17/06/2026

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 gaps identified in the night fire warden roster were addressed immediately following the inspection. Ongoing oversight is in place to ensure appropriate fire warden coverage is maintained on all night duty rosters to support the safe evacuation of residents in the event of a fire. The Person in Charge completes regular roster spot checks to monitor compliance. • A fire evacuation drill of the largest compartment was completed, and monthly evacuation drills are now in place to provide ongoing assurance. The required risk assessments, including a specific assessment for the largest compartment in the centre, were completed and submitted following the inspection. The centres fire drill programme has been updated to include monthly evacuation drills, including night-time and minimum staffing scenarios, with regular evacuation of the largest compartment. Records and outcomes of each drill are reviewed by management to identify learning, confirm staff competency, and ensure any required improvements are implemented, monitored, and embedded into practice. • Revised compliance plan with completion timelines were submitted to the regulator on the day of the inspection, with progress continuing to be monitored against the updated actions and agreed timeframes.		
Regulation 17: Premises		Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:		
• An ongoing preventative maintenance programme is in place to address cosmetic wear and tear, with repairs and redecoration completed on a planned basis to ensure the environment remains clean, well-maintained, and homely for residents.		

• Repainting of the walls along the corridor will commence once the fire safety upgrade works have been fully completed- timeline for completion of this work is 31/10/2026. • Installation of a new clinical hand wash sink in the visitor's bathroom to support effective infection prevention and control practices was completed on the day of inspection.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • A detailed revised fire safety works programme was submitted to the regulator on the day of the inspection by the registered provider, outlining updated timelines for the completion of all outstanding fire safety works and the circumstances that necessitated the revision of the original completion dates- revised completion date is now 16/10/2026. • New compartmentation works, including the construction of fire walls above the ceiling and the installation of the required fire door sets at Ground Level, are now fully complete in all areas. • The new compartment lines have been formed to reduce compartment sizes in each unit. • One fire door in the Blackwater Unit requires replacement due to a manufacturing defect. A replacement door has been ordered and will be installed upon delivery. • Fire stopping works are due to commence shortly with a reviewed date for completion of these works on 16/10/26. • In the interim, robust control measures have been implemented to maintain resident safety. Ongoing oversight of the night fire warden roster ensures appropriate staffing levels are always in place to support the safe evacuation of residents in the event of a fire. All staff have completed fire safety training, are aware of their roles and responsibilities, understand the evacuation procedures, and are competent in the safe use of evacuation aids where required. • Monthly evacuation drills of the largest fire compartment are completed under night duty staffing levels to provide ongoing assurance that residents can be evacuated safely and within the required timeframes. • Fire safety risks continue to be actively monitored through regular governance oversight and risk assessment until all fire safety works have been completed.	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:	

- The door leading from the day room to the secure outdoor area in the Glenaboy Unit was reviewed following the inspection. A butterfly symbol keypad system has been installed, with the access code displayed in an accessible manner for residents. This enables residents to independently enter and exit the secure courtyard, promoting residents' independence and autonomy while ensuring appropriate safety measures remain in place.

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	31/10/2026
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	19/06/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	16/10/2026

	suitable building services, and suitable bedding and furnishings.			
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 and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	19/06/2026
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.	Not Compliant	Orange	19/06/2026
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	27/07/2026