



**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:	Beach Hill Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Lisfannon, Fahan, Donegal
Type of inspection:	Unannounced
Date of inspection:	05 June 2026
Centre ID:	OSV-0000320
Fieldwork ID:	MON-0050592

About the designated centre

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

The designated centre is a 48-bedded purpose-built nursing home. Bedroom accommodation consists of 34 single and seven twin bedrooms with en suite shower facilities. The residents' accommodation is arranged in three areas referenced as Camlen, Foyle and Swilly. Assisted toilets and bathrooms are available. Toilet facilities are conveniently located within close proximity to a variety of communal areas, including a foyer/ reception and dining facilities. Residents have access to an outdoor garden. The designated centre's statement of purposes states that the service aims to achieve quality health and social care at all levels through the principles of person-centred care. Service delivery will reflect best practice based on personal choice, research and other available evidence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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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
Friday 5 June 2026	08:45hrs to 15:30hrs	Catherine Connolly-Gargan	Lead

What residents told us and what inspectors observed

Overall, this inspection found that residents were supported to enjoy a meaningful quality of life in accordance with their preferences, and to live comfortably in the centre. Staff and residents knew each other well. Staff respected residents' choices and encouraged and supported them to make informed choices regarding their routines and personal preferences. The inspector observed that staff were perceptive to residents' cues for assistance, and responded in kind, gentle and unobtrusive ways.

On arrival at the centre, the inspector was met by the person in charge. Following brief introductions, the inspector completed a walk around the centre. This gave the inspector an opportunity to meet with residents and staff, to observe practices and to get an insight into the residents' experiences of living in the centre. The inspector spoke with a number of residents, and they said they were very satisfied with the service they received, and complimentary regarding the staff caring for them. The inspector observed that a number of residents were eating their breakfast in the dining room. These residents told the inspector that getting up early, and eating their breakfast in the dining room was in accordance with their usual routines and wishes. Catering staff were observed preparing and serving residents' breakfast in accordance with their individual dietary needs and preferences.

A small number of residents who liked to get up later in the morning were still sleeping, and staff respected their wishes. The inspector observed that the atmosphere in the centre was calm and unhurried, as the staff went about their work assisting other residents with getting up, with their personal care routines and with getting dressed. Staff interactions with the residents were respectful and kind, and staff were observed to use the time when providing care to chat with the residents.

Residents' social activities were facilitated in two sitting rooms and in the reception area, which was spacious and had seating available for residents' use. The reception area was a favourite place for many of the residents to spend time relaxing in. This area was located in the middle of the centre and was a hub of activity. To facilitate residents' preferences to stay in this area, and to ensure that they also had opportunities to participate in meaningful social activities, scheduled social activities were facilitated for them in the reception area. The schedule for the day in the two sitting rooms and the reception area was displayed for the residents' information, and referenced a varied programme of planned activities that had been tailored to suit the residents' interests. Some residents were observed reading the newspapers and others were playing games or doing crossword puzzles. One resident told the inspector that 'they never had so much to do'. Two other residents were looking forward to the live musician scheduled in the late afternoon. Staff were observed mingling among the residents in all the communal areas, and were assisting them

with participating in the activities, carrying out hand massage or spending time chatting with them.

The provider had reviewed the layout of the seven twin-occupancy bedrooms since the last inspection in December 2025, and overall, this ensured that residents could sit by their beds if they wished, move around their bed areas safely, and that their privacy needs were respected.

The residents' lived communal and bedroom environment was visibly clean. Many of the residents had personalised their bed areas, especially in the single bedrooms, with their family photographs, ornaments and other personal items. However, the inspector observed that the surface on some residents' bedroom doors and the door frames were damaged and scored by passing equipment. There was also a number of areas of the flooring in the Foyle Unit that were stained. The inspector was told by the centre's management that a plan was being developed to replace the floor covering in this area.

Residents told the inspector that they were listened to when they expressed dissatisfaction with any aspect of the service they received, and that their concerns were always addressed to their satisfaction. Residents also said that they had opportunities to make suggestions regarding the running of the day-to-day service, and their feedback resulted in positive changes.

The next two sections of the report presents the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered. Areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this inspection found that although the management team and staff were committed to bringing the service into compliance with the regulations, and many of the improvement actions made were demonstrated in improved outcomes for residents, compliance was not sustained in a number of regulations, and further actions and oversight by the provider were necessary to ensure a quality and safe service was consistently provided to residents.

This unannounced inspection was carried out to monitor the provider's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 to 2025 (as amended), and to review the provider's progress with completing the actions committed to in the compliance plan from the previous inspection in the centre in December 2025. The inspection also followed up

on statutory notifications and other information received since the last inspection. The inspector's findings are discussed further in this report.

The registered provider of Beach Hill Manor Nursing Home is The Brindley Manor Federation of Nursing Homes Limited, which is part of the Emeis Group. The local management team consists of a person in charge, an assistant director of nursing (ADON), and two clinical nurse managers (CNMs). A regional manager had oversight responsibility for this designated centre and provided support to the centre's local management team. The local management team was supported in the day-to-day operation of this centre by a team of nursing staff, health care assistants, housekeeping staff, catering staff, laundry staff, activity staff and maintenance personnel.

The provider had governance and oversight processes in place, including systems to monitor the quality and safety of the service. However, these systems were not identifying deficits and effecting necessary improvements in staff supervision, residents' care delivery, inadequate standards of care documentation, and maintenance needed in the residents' lived environment.

While the provider had arrangements in place to ensure that there was an adequate number of staff with appropriate skills available to meet residents' assessed needs, improvements continued to be necessary to ensure staff were appropriately supervised in their roles to ensure they carried out their work to the required standards. Although the provider ensured that staff were facilitated to attend mandatory and a range of professional development training to ensure they had the necessary knowledge and skills to competently meet residents' needs, this inspection found that supervision of staff was not adequate, and this was resulting in deficits in the standards of residents' care and care documentation. This finding posed a risk that residents' needs would not be adequately met.

All required records, including residents' information, were held securely in the centre, and were made available to the inspector as requested.

The provider ensured all accidents and incidents involving residents were appropriately managed in the centre, and that notifications to the office of the Chief Inspector of Social Services were completed, as required by the regulations.

Regulation 15: Staffing

There were sufficient numbers of staff with appropriate skills available to meet residents' needs. Staff were observed to promptly respond to residents' needs for assistance and support. The person in charge assessed and closely monitored staffing numbers and staff skills needed each day to ensure each resident's needs were met.

Arrangements were in place to ensure that any unplanned and planned leave by staff was replaced.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were not appropriately supervised according to their roles to ensure that they carried out their work to the required standards in respect of care plan documentation and the health care needs of residents related to wound care management and pressure-relieving care. This lack of supervision posed a risk of inconsistent standards of care delivery.

Judgment: Substantially compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 were held securely in the centre and were made available to the inspector for inspection. The inspector reviewed a sample of four staff files and found that they contained all information as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Although the provider had systems in place to monitor the quality and safety of the service, improved oversight by the provider was necessary to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. This was evidenced by the following findings;

- Auditing of residents' assessments and care plans failed to identify that residents' care plan documentation was not completed to the required standards and in accordance with the centre's own policies and procedures. This posed a risk that relevant information regarding each resident's care needs would not be effectively communicated to staff, and residents' needs would not be met.
- Clinical oversight of residents' care delivery and care documentation was not effective and did not ensure that residents' hydration, and skin integrity needs were effectively met.

This finding is repeated from the previous inspection.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
Notifications and quarterly reports were submitted as required and within the time frames, as specified by the regulations. A record of all accidents and incidents involving residents in the centre was maintained. Systems were in place to ensure all incidents and accidents involving residents were notified as required.
Judgment: Compliant
Quality and safety
Overall, this inspection found that residents' rights were respected, and they were provided with adequate opportunities to participate in social activities that met their interests and individual capacities. However, further actions were found to be necessary to ensure residents' hydration and skin integrity needs were met, and their care plans documentation were in accordance with required standards and evidence-based nursing practice. Residents had timely access to their general practitioners (GPs) and to specialist medical, health and social care services. Referrals were made promptly and were mostly followed up to ensure that any care prescribed or recommended was implemented in accordance with specialist advice. Actions were necessary to ensure that residents' care documentation accurately detailed recommendations made for residents further to speech and language therapy assessments to ensure communication to staff was effective and the risk posed to residents of adverse outcomes was effectively mitigated. There was evidence that residents' needs mostly met to required standards, and that their health and wellbeing were regularly assessed and monitored using validated nursing assessment tools, including risk of falls, malnutrition and dependency levels. These processes helped to ensure that any deterioration or change in the resident's health was identified and addressed promptly. Residents' care plan information was significantly improved, and residents' care plans mostly detailed with person-centred information to reliably guide staff on residents' care needs in accordance with their individual preferences. However, there were gaps in the standards of some residents' care plan documentation, and as a result, there were deficits found in residents' care delivered to meet their hydration and skin

integrity needs. The inspector's findings are discussed further under Regulation 5: Individual assessment and care plan and Regulation 18: Food and nutrition.

A varied and meaningful social activity programme was facilitated to meet residents' needs on this inspection, and residents could access an enclosed outdoor garden as they wished.

The provider had completed a review of all seven twin bedrooms, and reorganised the bedroom furnishings and bed screens, which improved the layout of and circulation space available in these bedrooms to ensure residents' access and privacy needs were met.

Residents were supported to practice their religion, and clergy from the different faiths were available as residents wished. Residents were supported to speak freely and provide feedback on the service they received. There was evidence that residents' feedback resulted in changes in the day-to-day running of the service.

The provider had measures in place to ensure residents were safeguarded from risk of abuse, and residents told the inspector they felt safe living in the centre.

Staff took a positive and supportive approach to residents who presented 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). This finding, combined with minimal restraint use, supported residents' rights and quality of life.

Regulation 17: Premises

Actions were necessary by the registered provider, having regard to the needs of the residents living in the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations, as follows;

- Grab rails were fitted on only one side of one communal toilet and in a number of residents' en-suite facilities. This posed a risk of falling to residents who needed support with their mobility.
- Parts of the surfaces on a number of residents' bedroom doors and door frames was damaged and paint was missing.
- Areas of the floor covering in the Foyle Unit were visibly stained.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' hydration needs were not adequately met. For example, two residents' fluid intake records did not give assurances that they received the recommended amounts of fluid over two days, as specified in their care plans to meet their hydration needs. The residents' care plans advised staff to administer subcutaneous fluids but did not detail when this action was appropriate. Additionally, there was limited evidence available that the deficit in these residents' fluid intake was effectively identified and appropriately addressed to ensure their hydration needs were effectively met.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed residents' assessment and care planning documentation and found that residents' care plan documentation did not ensure each resident's care needs were identified and accurately detailed to guide safe and effective care delivery.

This was evidenced by the following findings:

- There was insufficient detail in the care plans developed for two residents with colonised communicable infections to guide staff on their care needs and to protect residents from risk of cross infection.
- The recommended treatment plans developed by the speech and language therapist, further to their review of residents with swallowing difficulties, were not consistently and accurately documented in residents' care plans to mitigate their risk of choking. This posed a risk to residents' safety and did not ensure that pertinent information regarding residents' care would be effectively communicated to all staff.
- Two residents' care plans were not regularly reviewed to ensure that the information to meet these residents' care needs was up-to-date and in accordance with their individual preferences regarding their care and supports.

This is a repeating finding from previous inspections.

Judgment: Substantially compliant

Regulation 6: Health care

Nursing practices in relation to residents' care planning documentation, managing residents' hydration needs and bed rail safety assessments did not ensure that residents received a high standard of evidence-based care in accordance with

professional guidelines issued by An Bord Altranais agus Cnaimhseachais. The inspector's findings are discussed further under Regulation 5: Individual assessment and care plan, Regulation 7: Managing behaviour that is challenging and Regulation 18: Food and nutrition.

The air pressure setting on some residents' pressure-relieving mattresses was manually set by staff but did not correlate with these residents' recorded weights. As these pressure-relieving mattresses were used for these residents to prevent pressure-related damage to their skin, this finding posed a risk to their skin integrity.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Although, the person in charge and staff were actively promoting a minimal restraint environment, and there was a low number of full-length bed rails in use, the risk of entrapment was not part the bed rail safety risk assessments for these residents.

Judgment: Substantially compliant

Regulation 8: Protection

The provider ensured that there were up-to-date policies and procedures in place and available to staff to protect residents from abuse. The provider ensured that all staff were facilitated to attend refresher training on safeguarding residents from abuse since the last inspection. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre. Residents who spoke with the inspector said they felt safe in the centre.

All incidents that posed a risk to residents' protection from abuse were recognised, appropriately investigated, reported and effectively managed. Appropriate measures and actions were put in place to safeguard any residents involved in peer-to-peer incidents, including the development of effective safeguarding plans and additional staff resources to ensure risks to any individual resident's safety were identified, managed and effectively mitigated.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected, and they were encouraged to make individual choices about their day-to-day lives in the centre. Following a review of the layout of the twin bedrooms, residents' privacy and dignity were respected. Staff involved in providing care for residents ensured that their privacy was respected. Additionally staff ensured that each resident was provided with sufficient information to support them to make informed personal choices and decisions, and to support their wishes in their positive risk taking.

Each resident's social activity needs were assessed, and a variety of meaningful individual and group activities were available to meet each resident's interests and capacities which positively impacted on the quality of their lives. Residents could access the outdoor garden as they wished.

Residents were supported to practice their religions, and clergy from the different faiths were available to meet with residents. Residents had access to televisions, telephones and newspapers and were informed about and supported to avail of advocacy services, in consultation with them, and as they wished.

Residents were provided with opportunities to be involved in the running of the centre, and their views and suggestions were sought. Residents' feedback on the service provided to them was valued and was utilised to enhance residents' experiences and to inform quality improvements in their lived environment.

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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beach Hill Manor Private Nursing Home OSV-0000320

Inspection ID: MON-0050592

Date of inspection: 05/06/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: From 8th of June 2026, the Person in Charge (PIC) has implemented a structured supervision programme to ensure all staff receive regular supervision appropriate to their roles. From 1st August 2026, the in-house management team will complete routine audits of care plans, wound care documentation, and pressure-relieving interventions to ensure documentation is accurate, up to date, and reflective of residents' assessed needs. From 1st August 2026, staff will receive targeted training from the in-house management team in care planning, wound management, and pressure injury prevention where knowledge and skill gaps are identified. From 1st August 2026, findings from supervision and audits will be discussed with staff during safety pause meetings and during monthly staff meetings. All corrective actions will be implemented promptly to ensure consistent standards of care and ongoing compliance. From the 1st August 2026, all of the above will be monitored during our monthly clinical governance meeting.	

Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A review of the centre's governance and oversight systems was undertaken to strengthen monitoring of the quality and safety of care provided to residents. Completed 15th June 2026. A review of all resident assessments and care plans was completed to ensure that care plan documentation is person-centered, accurate, up to date, and completed in accordance with the designated centre's policies and procedures. Any identified deficits were addressed, and care plans were updated to ensure staff have clear guidance to meet residents' assessed needs. Completed 26th June 2026. A review of clinical oversight arrangements for hydration management, skin integrity, wound care, and pressure-relieving interventions was completed to ensure that residents' healthcare needs are consistently assessed, documented, implemented, and evaluated. Completed 15th June 2026. From the 1st August 2026, staff will receive additional guidance, supervision, and training in care planning and clinical documentation to ensure residents' assessed needs are accurately recorded, effectively communicated, and consistently delivered. From 1st August 2026, audit findings, trends, and learning will be reviewed at governance meetings to ensure continuous quality improvement and ongoing compliance.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: By the 31st August 2026, grab rails will be installed in all communal toilets and residents' en-suite bathrooms where required following an environmental and individual risk assessment, ensuring residents have adequate support to mobilize safely. A maintenance programme is underway to repair and repaint all damaged bedroom doors and door frames, restoring surfaces to a clean, safe, and well-maintained condition. This is planned for completion by the 31st August 2026. By the 30th September 2026, the identified stained flooring will be assessed and either professionally deep cleaned or replaced where necessary to ensure floor coverings are	

clean, in good repair, and suitable for the care environment. The Person in Charge and maintenance team will monitor completion of these works through the centre's maintenance schedule and regular environmental audits to ensure ongoing compliance with Schedule 6 requirements	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: A review of all residents identified as being at risk of dehydration was completed to ensure their hydration needs were appropriately assessed and managed. Completed 30th June 2026. Fluid balance records for residents identified as being at risk were reviewed to ensure that fluid intake is accurately recorded, monitored, and evaluated against each resident's assessed daily fluid requirements. Any identified fluid deficits were addressed promptly in accordance with GP recommendations and the centre's clinical procedures. Completed 25th June 2026 From the 1st August 2026, the Person in Charge (PIC) will implement enhanced oversight of hydration management through regular reviews of fluid balance charts, care plans, and clinical documentation. Residents with identified hydration risks will have their intake reviewed daily by the nurse in charge, with any deficits escalated promptly to the GP or other appropriate healthcare professional in line with the resident's care plan. By the 31st August 2026, staff will receive refresher training on hydration management, accurate completion of fluid balance charts, recognition of dehydration, and timely escalation of concerns.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:	

By 10th August 2026, the PIC will undertake a review of residents' assessments and care plans to ensure they accurately reflect each resident's assessed needs, current clinical recommendations, and personal preferences. All care plans will be updated to provide clear, person-centred guidance for staff to support safe and consistent care delivery.

Care plans for residents with colonised communicable infections will be updated by the 10th August 2026 to include detailed infection prevention and control measures, including the required precautions and care interventions to minimise the risk of cross-infection.

By the 10th August 2026, care plans for residents with swallowing difficulties will be reviewed to ensure that all recommendations made by the speech and language therapist are accurately documented and clearly communicated, including dietary and fluid consistencies, supervision requirements, positioning, and any other prescribed interventions to minimize the risk of choking.

A schedule of monthly care plan audits will be implemented to ensure all care plans remain current, reflect changes in residents' needs, and incorporate residents' preferences regarding their care and support. The Person in Charge and clinical management team will complete routine audits from 1st August 2026.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

From the 1st August 2026, the in-house management team will conduct a review of nursing practices relating to care planning, hydration management, bed rail risk assessments, and pressure area care to ensure compliance with regulatory requirements and current clinical standards.

All nursing staff will receive in-house training on care planning, hydration management, bed rail risk assessment, and pressure injury prevention.

From the 1st August 2026, clinical supervision will be enhanced to support consistent application of evidence-based practice, with regular observation of practice and review of documentation.

By the 10th August 2026, all pressure-relieving mattresses will be checked to ensure air pressure settings correspond with each resident's current weight and the manufacturer's instructions.

The clinical management team will monitor compliance through regular clinical audits,

supervision, and governance meetings, with corrective actions implemented promptly where areas for improvement are identified.

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:

By the 10th August 2026, the PIC will review and strengthen the bed rail assessment process to ensure it aligns with national evidence-based guidance and includes a comprehensive assessment of the risk of entrapment for all residents using bed rails.

By the 10th August 2026, all existing bed rail risk assessments will be reviewed and updated to document individual risks, the rationale for bed rail use, alternative measures considered, and appropriate control measures to minimise the risk of entrapment.

By the 31st August 2026, all nursing staff will receive refresher training on restraint minimisation, bed rail safety, and the completion of comprehensive risk assessments in line with current best practice.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/08/2026
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	30/09/2026
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in	Substantially Compliant	Yellow	31/08/2026

	accordance with the individual care plan of the resident concerned.			
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2026
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	31/08/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/08/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph	Substantially Compliant	Yellow	31/08/2026

	(3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	31/08/2026
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	31/08/2026