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:	Brentwood Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Letterkenny Road, Convoy, Donegal
Type of inspection:	Unannounced
Date of inspection:	14 November 2025
Centre ID:	OSV-0000322
Fieldwork ID:	MON-0047995

About the designated centre

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

Brentwood Manor Nursing Home is a purpose-built single-storey building located in a residential area, a few minutes' drive from the village of Convey in County Donegal. The building is organised into five units named Oak, Ash, Elm, Birch and Rowan. The residents' accommodation, communal space that includes a dining room, sitting areas and toilet and bathroom facilities. There are 36 single and ten twin bedrooms, and all have en-suite facilities that include a toilet, shower and wash hand-basin. There are extensive grounds surrounding the centre, and a smaller safe garden space is accessible to residents. The centre provides care to 56 dependent persons who have problems associated with dementia or other cognitive problems due to brain injury or major illness. The statement of purpose states that the service aims to provide high-quality health and social care for residents through a person-centred care approach.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52

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 14 November 2025	06:15hrs to 12:55hrs	Catherine Connolly-Gargan	Lead
Friday 14 November 2025	06:15hrs to 12:55hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

Overall, this unannounced inspection found that residents were supported to live their best lives comfortably in the centre, and this was reflected in the residents' relaxed and content dispositions. All residents living in Brentwood Manor nursing home were living with dementia and other health conditions that impacted on their cognitive health and welbeing.

On arrival at 6.15am, the inspectors were met by a staff nurse working on night-duty in the centre. The inspectors observed that there was another staff nurse and five care assistants working on night-duty in the centre to ensure that residents' needs were responded to without delay.

Following brief introductions, the inspectors completed a walk around the centre to gain insight into the residents' experiences of living in the centre and to observe practices and staff interactions with residents. The inspectors observed that there was a calm and quiet atmosphere in the centre, and all of the residents were sleeping. Staff were observed quietly walking around the centre, checking on the residents' and where necessary, gently waking individual residents to provide personal care. Consent was requested on each occasion from the residents prior to care delivery, and staff ensured that each resident was left in a comfortable way to support their return to sleep. Shortly after the inspectors' arrival, the person deputising for the person in charge and the assistant director of nursing attended the centre.

As the morning progressed, residents started waking up and getting ready for the day, either independently or with the assistance of staff. Most of the residents liked to eat their breakfast in the dining room, and this preference was respected by the staff. However, on viewing the dining room, prior to the residents entering it for their breakfast, the inspectors observed that the many of the tables, which had been prepared by catering staff with clean crockery and utensils, were visibly soiled with spills, jam and crumbs. On further examination, the inspectors observed that areas of the dining room floor surface and the seats on two chairs were soiled with bodily waste. The inspectors required that the dining room was appropriately cleaned with immediate effect and this action was satisfactorily completed. Breakfast was continued late into the morning to ensure residents were not rushed and could come to the dining room for their breakfast as they wished. There was enough staff in the dining room at all times to support and assist residents with eating their breakfast as needed.

Staff knew the residents well and were aware of each resident's individual preferences and usual routines. Staff clearly demonstrated how they ensured that their care, support and interactions respected residents' preferences. As many of the residents had varying cognitive difficulties, staff were alert to residents' cues and responded with appropriate assistance and support. Residents who spoke with the

inspectors said they were 'happy' living in the centre and that staff were 'very good' to them. A small number of residents' family members who spoke with the inspectors were very complimentary in their feedback regarding the service provided and the standards of care their loved ones received.

The residents' social activity programme was tailored to support residents to enjoy a wide variety of meaningful activities. Varied daily social activities were scheduled in two different sitting rooms in addition to live music sessions and other events in the very spacious dining room. This arrangement ensured residents could choose which social activity they preferred to participate in and ensured that the environment was not crowded. A staff member assigned with responsibility for facilitating residents' social activity programme in each of the sitting rooms. The social activity coordinator planned one-to-one social activities each day for residents who needed additional support or who did not wish to participate in the group activities taking place in the sitting rooms. Items of memorabilia, tactile flowers and butterflies, large colourful prints and furnishings familiar to residents were used to decorate the residents' environment. Activity boards were also fitted on the walls along the corridors. This gave residents visual variety and points of interest in their lived environment as they walked along the corridors.

Brentwood Manor nursing home is a single-storey purpose-built premises. Residents' accommodation is provided on the ground floor level throughout, and arranged into five units called Elm, Oak, Birch Ash and Rowan units. There were no restrictions on residents moving around the centre environment as they wished. Residents' bedroom accommodation comprised of 36 single rooms and 10 twin bedrooms, all of which had en-suite shower, toilet and wash-basin facilities. Many of the residents had personalised their bedrooms as they wished, with their family photographs and other personal possessions, including their art and colourful throws on their beds. However, the inspectors observed that one or both residents' accessibility was hindered in six of the twin-occupancy bedrooms due to the layout of beds and furnishings in these rooms. The inspectors also observed that each resident did not have a comfortable chair in their bedroom to rest on, if they wished, due to floor space limitations. Furthermore, space constraints meant that many of the residents' wardrobes in the twin-occupancy bedrooms were very narrow which limited the storage space available to residents for storage of their clothing and other possessions. In addition, the layout of a number of the twin-occupancy bedrooms did not ensure residents' rights to privacy. These findings are discussed under the relevant regulations in the Quality and Safety section of this report.

The centre's environment, including residents' bedrooms and communal areas, was mostly well-maintained and, with the exception of the residents' dining room, was visibly clean. The corridors were wide, and handrails were in place along all the corridors to support residents with their safe mobility. Grab rails were in place on both sides of the toilets and in communal showers. However, the inspectors observed that there was insufficient storage available for residents' equipment, and equipment was stored along the circulating corridors, which posed a risk to residents' safety and reduced their circulation space within their environment. There were two sluice rooms available in the centre, both of which had a bedpan washing

machine in them. Although space in both of these rooms was limited, the utilities were arranged to ensure the staff were not restricted.

There was a variety of communal rooms provided for residents' use including a large dining room, sitting rooms, three of which were quieter sitting rooms without televisions and a sensory room. There was access, as residents wished, to the enclosed outdoor areas.

Residents told the inspectors that they knew they could make a complaint if they were dissatisfied with any aspect of the service they received, and they told the inspectors that they would speak to their relatives or to staff if they had any concerns.

The next two sections of the report will present 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 the provider ensured residents were, for the most part, kept central to the service provided. The provider submitted an application to renew the designated centre's registration. This application was assessed by the inspectors as part of this inspection. Inspectors found that action was required to ensure that that six of the twin-occupancy bedrooms in the centre meet residents' needs in line with the designated centre's statement of purpose. This was a finding on several inspections since 2023.

This unannounced inspection was completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The inspectors also followed up on the actions the provider had committed to complete in their compliance plan following the last inspection in June 2025, statutory notifications and unsolicited information received since the last inspection. The inspectors' findings are discussed throughout this report.

The Brindley Manor Federation of Nursing Homes Limited is the registered provider of Brentwood Manor Private nursing home. The Chief Operating Officer (COO) was assigned to represent the provider, and attended the inspection feedback meeting remotely with another company director. As the provider is involved in operating several residential services for older people, this designated centre benefits from access to and support from centralised human resources, information technology, staff training and finance departments.

The centre's statement of purpose states that Brentwood Manor nursing home is a dementia-specific nursing home, and the majority of residents living in the centre on the day of this inspection lived with a diagnosis of dementia. Other residents with acquired brain injuries and mental health disorders including seven residents aged under 65 years. The service had additional supports in place for some of these residents and was actively working with the wider community teams to put additional supports in place for others to support these residents' age-appropriate quality of life needs.

The person in charge has been on leave, and a suitable deputising arrangement was in place during the person in charge's absence The person deputising for the person in charge was supported in their role by a regional manager. Local management support for the deputising person in charge was provided by an assistant director of nursing and a clinical nurse manager who both assisted with auditing and staff supervision. The assistant director of nursing is also supernumerary to the staff team caring for residents on a daily basis.

An established governance and management structure was in place, and the provider's quality assurance systems included monitoring and auditing of key clinical indicators, residents' documentation, the environment and infection prevention and control, among others. However, as found on this inspection, oversight by the provider of the cleanliness of the environment was necessary to ensure this system was effective.

The provider had increased the numbers of health care staff available during the day and night, and adequate numbers of appropriately skilled staff were available to meet the increased care and support needs of the resident profile in this centre.

All staff were facilitated to attend up-to-date mandatory training, which included safeguarding residents from abuse and safe moving and handling procedures and annual fire safety training. The person in charge had also ensured that all staff working in the centre were facilitated to attend a variety of professional development training, including training on care and support of residents with responsive behaviours and human rights, to update their knowledge and skills to competently meet residents' care and support needs. However, improved supervision of catering and cleaning staff was necessary to ensure they carried out their role to the required standards.

All notifiable incidents that had occurred in the centre had been reported in writing to the Chief Inspector's office, including a recent influenza infection outbreak, as required by the regulations.

Records were maintained as required by the regulations, and resident and staff records were stored securely in the centre.

An annual review of the quality and safety of care had been completed from 2024 and residents' feedback was used to inform this review.

Regulation 15: Staffing

Adequate numbers of staff with appropriate skills were available to meet the residents' needs, taking into account the residents' individual needs, and the layout of the designated centre. The provider had increased the number of staff available with one additional healthcare assistant rostered over each 24-hour period since the previous inspection. The inspectors observed on this inspection that staff were attentive to residents' needs for assistance and support. An enhanced one-to-one care arrangement was in place for one resident to ensure their safety.

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. The inspectors found that the dining room was prepared for the residents' breakfast but was not cleaned following the residents' evening meal on the day previous to this inspection.

Judgment: Substantially compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 were kept in the centre and were made available to the inspectors. The provider ensured that all records were stored securely, and a policy on the retention of records was available and in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place did not adequately ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored regarding the following findings on this inspection;

- Oversight by management of staff practices was not effective, as discussed under Regulation 16: Training and staff development. As a result of the provider's failure to ensure that staff cleaned the dining room to the required

standards for residents' use, the inspectors identified an immediate risk to the residents' safety from cross-infection due to the nature of the soiling. The provider immediately responded by adequately cleaning the dining room and provided assurances that the risk of recurrence was effectively mitigated.

- The registered provider failed to recognise that the privacy and dignity needs of some residents accommodated in six twin-occupancy bedrooms were not being met. Whilst acknowledged that the provider has made efforts to rearrange the layout of five twin occupancy bedrooms viewed by the inspectors, these actions were not effective, and this inspection found that residents' accessibility, storage, and rights to privacy and dignity in these bedrooms continued to be negatively impacted and were not in accordance with the provider's statement of purpose. This is a repeated finding in the inspection reports since 2023. The inspectors' findings are discussed further under Regulation 9: Residents' Rights, Regulation 12: Personal Possessions and Regulation 17: Premises.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time frames specified by the regulations. The person in charge of the designated centre notified the office of the Chief Inspector of any notifiable or confirmed outbreak of infection, including a recent outbreak of Influenza A infection.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was available and reflected the changes in the regulations. The complaints policy identified the person responsible for dealing with complaints and included a review process, as required. A summary of the complaints procedure was displayed and was included in the centre's statement of purpose. Procedures were in place to ensure all expressions of dissatisfaction with the service were recorded, investigated, and the outcome communicated to complainants within the timeframes specified in the centre's complaints policy.

Residents were supported to make a complaint if dissatisfied with the service they received, and they could access advocacy services to support them as needed.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was absent from the centre, and a suitable deputising arrangement was put in place by the provider. Notifications regarding the person in charge absence and the person deputising in the person in charge role were submitted by the provider to the office of the Chief inspector as required.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents were provided with good standards of nursing and health care. Residents were provided with opportunities to participate in meaningful social activities that were tailored to meet their interests and individual capacities.

While the provider had measures in place to protect residents from the risk of infection, failure to identify that the dining room was effectively cleaned before use by residents posed an immediate risk to their safety from infection. On the day of this inspection, the provider was required to take immediate action to address the inspectors' findings. This action was satisfactory completed, and effective measures were put in place to prevent recurrence.

The centre had recently recovered from an outbreak of influenza infection that affected 40 residents and 27 staff. Although the service effectively controlled infection spread in two previous communicable infection outbreaks in 2025, the management team identified a delay in identifying this outbreak in the initial phase, and learning from their outbreak review was put in place in the management of further infection outbreaks.

The residents' bedrooms and communal living areas were generally maintained to a satisfactory standard, but maintenance was necessary to upgrade paintwork on a number of surfaces. Notwithstanding efforts made by the provider to reconfigure the layout of these twin-occupancy bedrooms by moving the furniture around, the layout and design of six of the twin-occupancy bedrooms viewed by the inspectors continued to negatively impact on residents' safe access around the rooms, storage for their clothing and personal belongings and their rights to privacy and dignity. This is a repeated finding in the inspection reports since May 2023, and the provider has failed to ensure these bedrooms meet residents' needs in line with the designated centre's statement of purpose. The inspectors' findings are discussed

further under Regulation 9: Residents' Rights, Regulation 12: Personal Possessions and Regulation 17: Premises.

Residents' nursing care and support needs were met to a good standard by staff, and residents were facilitated with timely access to their general practitioner (GP) and health care professionals. Residents' care was delivered by staff in accordance with their preferences and in line with their care plans. Residents' care plans were regularly reviewed in consultation with them and/or their representatives.

Residents were provided with opportunities to participate in a varied and meaningful social activities programme to meet their needs. Residents who remained in their bedrooms had equal access to social activities that interested them in line with their individual capacities.

Residents were supported to practice their religion, and clergy from the different faiths were available to residents as they wished. Residents' communication needs were assessed, and they were supported to speak freely and provide feedback on the service they received. Residents had access to televisions, telephones and newspapers and were supported to avail of advocacy services as needed.

Residents approaching the end-of-life received care and comfort based on their specific needs, ensuring their dignity and autonomy were respected while addressing their physical, emotional, social, and spiritual requirements. Care plans were established to support and guide care during this time.

The 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) and demonstrated in the care of these residents that they were actively observing and listening to residents' verbal and non-verbal expressions and clues. The staff members were able to identify triggers and develop the most effective strategies to effectively de-escalate and successfully prevent individual residents' responsive behaviours.

The inspectors have seen that medication management systems were of a good standard and that residents were protected by safe medicine practices. Controlled drugs were stored safely and checked at least twice daily as per local policy. Checks were in place to ensure the safety of medication administration. Medicines were administered appropriately, as prescribed and dispensed. However, some improvements were required in respect of the storage of nutritional supplements.

Regulation 12: Personal possessions

Inspectors noted that residents in some of the twin-occupancy bedrooms had small wardrobes, with clothes hanging space measuring 45cms and 60cms. In some of the bedrooms, the residents also had a chest of drawers available. However, inspectors observed that a chest of drawers was not available for each resident in all twin-

occupancy bedrooms and where available for individual residents, this furniture was not always in the residents' private space or within their reach and control. In one of the bedrooms, the space available for the resident to access their wardrobe and their chest of drawers was very limited by the location of their bed. Staff confirmed that, in the absence of sufficient storage space, the residents' families were bringing in items of seasonal clothing and storing other clothes in their homes.

Many of the residents in twin-occupancy bedrooms did not have suitable surfaces or shelf space to display their personal photographs, if they chose to do so.

Judgment: Not compliant

Regulation 13: End of life

Staff provided end-of-life care to residents, with support from the residents' general practitioner (GP) and the community palliative care service. Residents' end-of-life wishes were assessed and documented regarding their physical, psychological and spiritual care, as well as where they would like to receive care at the end of their lives. Each individual resident's wishes and preferences were regularly updated. Each resident's preference regarding resuscitation status was also assessed, appropriately discussed and recorded. Additionally, residents' families were supported to be with residents at the end of their lives as they wished.

Judgment: Compliant

Regulation 17: Premises

While the premises were generally well-maintained, some other actions were required to ensure compliance with Regulation 17 and the matters set out in Schedule 6 to ensure that the premises promoted a safe and comfortable environment for all residents. For example:

- There was limited storage for residents' equipment available in the centre, and one hoist was stored in the communal area, and another was stored in the corridor.
- Used linen collection trolleys were also stored in the corridors.
- Clean laundry was stored in covered trolleys along the corridors in the absence of a suitable and convenient designated laundry storage area

The provider was not in full compliance with regulations in relation to premises in the designated centre, having regard to six twin-occupancy bedrooms, to provide premises which fully conform to the matters set out in Schedule 6 of the regulations. For example:

- Actions by the provider were necessary to ensure that the layout and design of six twin-occupancy bedrooms numbered 29 A/B, 32 A/B, 40 A/B, 43 A/B, 48/49 and 50/51 were laid out to ensure that each resident has an area of not less than 7.4m2, to include their bed, a chair and personal storage space and will uphold the privacy of residents. For example, a chair was not available in a number of the twin-occupancy bedrooms for each resident to rest by their bedside, if they wished. The opening of bedroom doors was compromised in some rooms owing to the location of a bed.
- These bedrooms presented challenges to residents, particularly residents using assistive equipment, to safely manoeuvre around their beds, and to rest in a comfortable chair by their bedside if they wished. In addition, some of the residents could not safely access their wardrobes as the space between the bed and the wall was tight, or they could not fully open the chest of drawers owing to proximity to the end of the bed. Consequently, the resident also had difficulty walking safely around the bed.
- Furthermore, the limited space between the residents' beds and their screen curtains did not give assurances that the residents' needs for privacy and dignity during personal care and transfer procedures would be respected.
- Some of the surfaces in the twin-occupancy bedrooms required painting and repairs. The inspectors noted that paint was chipped and missing on door frames and on a number of the walls. In addition, the surface on one wall was bubbling.

This finding is repeated from previous inspections in 2023, 2024 and 2025.

Judgment: Not compliant

Regulation 27: Infection control

Actions by the provider were necessary, including immediate action on the day of this inspection to clean the dining room before use by residents to ensure residents were protected from risk of infection, and that the centre was in compliance with Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018). This was evidenced by the following findings;

- On the morning of this inspection, the inspectors observed that the tables in the dining room were prepared by staff with clean crockery and eating utensils for the residents' breakfast meal. However, the tables were soiled with spills and jam since the previous evening meal. Two chairs and areas of the floor were soiled with bodily fluid matter. The inspectors were told that the cleaning staff finished work before the evening meal ended each day, and arrangements were not in place to ensure that the dining room was appropriately cleaned after the residents' evening meal or that the dining room was clean prior to setting up for the residents' next meal. The provider responded immediately to ensure that the room was thoroughly cleaned, and

effective arrangements were put in place to ensure the risk of recurrence was effectively mitigated.

The provider was required to take immediate action to ensure that the dining room was adequately cleaned before use by the residents and this was completed on the day of the inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors observed inappropriate storage of medicinal products, such as oral nutritional supplements, in the dining room. The temperature of the room environment was also not monitored to ensure safe storage of these medicinal products.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed individualised care plans in respect of infection prevention and control for a number of residents, as well as other care plans covering residents' specific care needs, such as personal care, nutrition, mobility, recreational and social care, safeguarding, and restrictive practices, and those care plans included details reflecting the current needs and care interventions required for the residents. Additionally, the care plans were regularly reviewed and updated. There was evidence of discussions with the residents and their nominated representatives regarding their care plans.

Judgment: Compliant

Regulation 6: Health care

Residents were supported by good access to general practitioner (GP) services, along with access to other health and social care professionals such as tissue viability nurse, speech and language therapist, dietitian and chiropodist where required. Where a resident required a review by a medical or health and social care professional, such as the occupational therapist (OT), community neuro-rehab team, or physiotherapist, they received timely access to this care. The professionals'

recommendations were incorporated into the residents' care plans, and the recommended equipment was provided for the resident.

Judgment: Compliant

Regulation 9: Residents' rights

The location of the beds and the bed screen curtains in the twin bedroom did not allow for ease of access by staff to both sides of the beds to carry out personal care and residents' transfer procedures without negatively impacting on residents' privacy and dignity.

Some residents in six of the twin-occupancy bedrooms did not have a chair and so could not choose to spend time at their bedside should they wish to do so.

Compromised space in these six bedrooms also negatively impacted on residents rights to independently access their personal possessions.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Residents' care plans relating to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were reflective of residents' needs, triggers to responsive behaviours and effective person-centred de-escalation strategies. These plans provided clear guidance in the escalation protocol, detailing the steps staff should take to assist residents with their care and support needs.

The centre was actively promoting a restraint-free environment. The restraint register was well-maintained in the centre. Any implementation of restraint followed a trial of the least restrictive alternatives, was informed by appropriate assessments, and was subject to regular review.

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	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Brentwood Manor Private Nursing Home OSV-0000322

Inspection ID: MON-0047995

Date of inspection: 14/11/2025

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 15th November 2025, the supervision of staff was reviewed and strengthened to ensure that each shift has a designated supervisor responsible for overseeing the completion of environmental cleaning tasks.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Housekeeping staff hours have been adjusted to ensure there is adequate staff in place to complete all housekeeping tasks in a timely manner. Completed 17th November 2025 By 30th April 2026, bedrooms 29 A/B, 32 A/B, 40 A/B, 43 A/B, 48/49 and 50/51 will be reviewed to ensure they meet the required 7.4m2 per resident and maintain safe circulation space, privacy and dignity, as well adequate and appropriate access and control of storage of their clothing and personal possessions, in line with each individual residents' needs, will and preferences. In line with condition 4, no new residents will be admitted or transferred to these rooms until this review is complete. From 16th March 2026, monthly audits of shared bedrooms will be conducted to assess privacy, accessibility, and storage adequacy. From 16th March 2026, audit findings will be reviewed at governance meetings and used to inform continuous improvement	

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
By 30th April 2026, bedrooms 29 A/B, 32 A/B, 40 A/B, 43 A/B, 48/49 and 50/51 will be reviewed to ensure they meet the required 7.4m2 per resident and maintain safe circulation space, privacy and dignity, as well adequate and appropriate access and control of storage of their clothing and personal possessions, in line with each individual residents' needs, will and preferences. In line with condition 4, no new residents will be admitted or transferred to these rooms until this review is complete.

Residents and families have been consulted regarding personal storage needs, including seasonal clothing requirements- complete

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Hoists and linen trollies have been removed from communal areas and corridors and relocated to their designated storage areas where they will be located when not in use- completed
An immediate review of bedroom layouts to improve door clearance and to remove obstructions was completed by 15th November 2025.
The maintenance team was engaged to complete immediate painting and surface repair works, which was completed by 31st December 2025.
Residents in all rooms have been provided with a personal comfort chair within their own bedspace- completed.
By 30th April 2026, bedrooms 29 A/B, 32 A/B, 40 A/B, 43 A/B, 48/49 and 50/51 will be reviewed to ensure they meet the required 7.4m2 per resident and maintain safe circulation space, privacy and dignity, as well adequate and appropriate access and control of storage of their clothing and personal possessions, in line with each individual residents' needs, will and preferences. In line with condition 4, no new residents will be admitted or transferred to these rooms until this review is complete.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
On the 14th November 2025, the issue identified in the dining room was addressed and the room was cleaned immediately- complete

All staff were educated at safety pauses to reinforce expectations regarding end of shift cleaning responsibilities- complete

From the 15th November 2025, a review of housekeeping hours were completed and hours have been adjusted to ensure that there is a staff member in place up until 6pm which allows time for an evening clean of the dining room following mealtimes.

From 15th November 2025, the supervision of staff was reviewed and strengthened to ensure that each shift has a designated supervisor responsible for overseeing the completion of environmental cleaning tasks.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
By the 28th February 2026, all medicinal products (including oral nutritional supplements) will be removed from the dining room and relocated to the designated medication storage area.

Regulation 9: Residents' rights	Substantially Compliant

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

By 30th April 2026, bedrooms 29 A/B, 32 A/B, 40 A/B, 43 A/B, 48/49 and 50/51 will be reviewed to ensure they meet the required 7.4m2 per resident and maintain safe circulation space, privacy and dignity, as well adequate and appropriate access and control of storage of their clothing and personal possessions, in line with each individual residents' needs, will and preferences. In line with condition 4, no new residents will be admitted or transferred to these rooms until this review is complete.

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Not Compliant	Orange	30/04/2026
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he	Not Compliant	Orange	30/04/2026

	or she has adequate space to store and maintain his or her clothes and other personal possessions.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	15/11/2025
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.	Not Compliant	Orange	30/04/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/04/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Red	14/11/2025
Regulation 27(a)	The registered provider shall ensure that	Substantially Compliant	Yellow	14/11/2025

	infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	14/11/2026
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/04/2026