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:	Brindley 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:	11 May 2026
Centre ID:	OSV-0000323
Fieldwork ID:	MON-0050123

About the designated centre

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

The centre was a purpose-built single-storey residential care facility that can accommodate 42 residents who require long-term, respite, convalescent and end-of-life care. It is situated in a residential area. Accommodation for residents was provided in 34 single and four twin bedrooms. Most of the bedrooms have full en-suite facilities with a shower. Ten rooms have an en-suite with a toilet and a wash-basin, and two single rooms have a wash-basin. The centre provides a comfortable and homelike environment for residents. The philosophy of care is to provide a residential setting which promotes residents' rights and independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 11 May 2026	08:30hrs to 15:15hrs	Catherine Connolly-Gargan	Lead

What residents told us and what inspectors observed

Overall, this unannounced inspection found that residents were supported to live comfortably in the centre, as they wished. Staff were aware of each resident's individual preferences and routines, interacted with residents in kind and respectful ways, and ensured that their care consistently reflected residents' individual preferences. Throughout the day, the inspector observed that staff responded to residents' needs for assistance and support without delay. Staff demonstrated that they knew when residents who experienced difficulties communicating their needs needed assistance. Residents were very complimentary in their feedback to the inspector regarding the service they received, and the standards of care and support given to them to meet their needs. One resident said 'I don't need to call for help, staff just know when I need them'.

On arrival, the inspector was met by the person in charge. Following brief introductions, the inspector completed an initial walk around the centre to gain insight into the residents' experiences of living in the centre and to observe staff practices and their interactions with residents. The inspector observed that there was a calm and unhurried atmosphere in the centre as staff went about their work assisting residents with getting up, carrying out their personal care routines and dressing. A small number of residents preferred to get up later in the morning and were still sleeping. Staff were respectful of these residents' choices, and were observed intentionally carrying out their work quietly to ensure residents who liked to sleep on were not disturbed. The inspector observed that a number of independently mobile residents were already in the dining room eating their breakfast, and staff were assisting others to join them. Catering staff served breakfast late into the morning to ensure residents who wished to eat in the dining room were not rushed. While a small number of residents preferred to eat their breakfast in their bedrooms, a number of the residents told the inspector that they preferred to eat and enjoy their breakfast in the dining room. Two residents said they 'loved' the scrambled eggs, bacon rashers and 'buttery' toast. Another resident said that the breakfast meal was cooked how they wanted it and was their favourite meal of the day.

The inspector also observed the residents' lunchtime meal. This meal was also served in two sittings, and sufficient numbers of staff were available in the dining room at residents' mealtimes to support residents who needed assistance. Staff, including catering staff, were observed discussing the menu options with the residents and checking with them to ensure they were satisfied with their meals. The inspector observed that the chef and staff ensured that residents who needed special diets or modification of the consistency of their food and drinks had their meals and drinks prepared as recommended. Residents told the inspector that they could get alternatives to the menu offered on the day, if they wished.

The residents' social activities programme was facilitated in the main sitting room by an assigned member of staff. The schedule for the day was displayed for the residents' information, and referenced a varied programme of planned activities that had been tailored to suit the residents' interests. The highlight of the day was a lively 'cardio-drumming' activity where the residents enjoyed chair exercises while drumming to music on large exercise balls. The social activity coordinator scheduled in visits to a small number of residents who chose to spend time in their bedrooms during the day.

The provider had upgraded both sluice rooms since the last inspection in November 2025. Although space continued to be limited in these rooms, the layout was uncluttered, and staff could access the facilities, including the hand-wash sinks, without obstruction in both rooms. The residents' lived communal and bedroom environment, was well-maintained and visibly clean. However, the inspector observed again on this inspection that there was insufficient storage available for residents' equipment, and storage in communal rooms posed a risk to residents' safety and reduced their circulation space within their environment.

Residents' bedroom accommodation was provided in four twin-occupancy and 35 single bedrooms. Many of the residents had personalised their bed areas, especially in the single bedrooms, with their family photographs, ornaments and other personal items.

Since the last inspection, the provider had reviewed the layout of the four twin-occupancy bedrooms. The inspector observed that this ensured that each resident could rest in a chair, had a locker by their bed, and a wardrobe which they could access for their clothing.

Residents told the inspector that they were always listened to when they expressed dissatisfaction with any aspect of the service they received, and that their concerns were always addressed to their satisfaction.

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

This inspection found that the provider was committed to bringing the designated into compliance with the regulations, and actions completed as committed to in the compliance plan from the last inspection in November 2025 were effective.

This unannounced inspection was carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended. The inspector followed up on the actions the provider had committed to take in their compliance plan from the previous inspection in November 2025. The inspector also followed up on the statutory notifications and other information received since the last inspection.

The registered provider of Brindley Manor Nursing Home is The Brindley Manor Federation of Nursing Homes Limited, which is part of the Emeis Group of nursing homes. The local management team in the centre is led by a person in charge, an assistant director of nursing (ADON), and a clinical nurse manager (CNM). A regional director has oversight responsibility for this designated centre, in addition to an associate regional director, appointed to participate in the management of the centre since the last inspection. The person in charge is supported in the day-to-day operation of the service by a team of nursing staff, health care assistants, housekeeping staff, catering staff, laundry staff, activity staff, an administration team and maintenance personnel.

The provider ensured there were sufficient numbers of appropriately skilled staff available at all times to meet residents' needs.

All staff had access to mandatory training, and the training records maintained by the person in charge evidenced that all staff had been facilitated to complete up-to-date mandatory training. A range of professional development training was provided to ensure that staff had the necessary up-to-date skills and competencies relevant to their individual roles in meeting residents' needs. Actions taken since the last inspection regarding staff supervision to ensure they completed their work to the necessary standards were effective, with the exception of completion of deficits found regarding completion of residents' care documentation.

The provider had systems in place to audit key areas of the service, and there was evidence that this process was generally effective in ensuring that the standards of service delivery in a number of key areas were met. However, the management systems in place were not effectively identifying and effectively managing deficits and risks in the service. The inspectors' findings are discussed further under Regulation 23: Governance and management.

Records that must be maintained in the centre were stored securely and were made available to the inspector on the day of the inspection for review.

The provider had arrangements in place for recording all accidents and incidents involving residents in the centre and for notification of incidents to the office of the Chief Inspector of Social Services as specified by the regulations.

Regulation 15: Staffing

The provider ensured there were adequate numbers of staff with appropriate skills available to meet residents' needs during the day and at night. The person in charge assessed and closely monitored the staffing numbers and skills necessary to ensure each resident's needs were appropriately responded to, and that residents' needs were met.

Judgment: Compliant

Regulation 16: Training and staff development

Although residents' social care needs were met, actions were necessary to improve staff supervision to ensure that staff completed the residents' social care plan documentation to the required standards.

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 for inspection. A sample of staff employment files was found to contain all required information. All nursing staff professional registration records were up-to-date. Records were stored securely, and an up-to-date policy on the retention of records was available.

Actions taken since the last inspection ensured records were maintained regarding the social activities each resident participated in.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place did not adequately ensure that the service provided for residents was safe, consistent, appropriate and effectively monitored. This was evidenced by the following findings;

- Management systems failed to identify that residents' medications were not administered in line with professional guidelines. This posed a risk to residents' safety and had not been identified by the provider's own auditing systems.
- Risks posed to residents associated with the storage of their assistive equipment in the communal areas, due to the provider's failure to provide

sufficient storage space for this equipment in the centre, were not effectively identified and managed.
- The provider had not adequately ensured that the centre's emergency evacuation strategy was effective. This finding is discussed further under Regulation 28: Fire precautions.

Judgment: Substantially 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 as specified by the regulations. All requests for additional information were responded to by the person in charge without delay.

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection were that the quality and safety of the service were continuing to improve. Good standards of nursing care continued to be provided to residents, and the provider had employed regional physiotherapy and occupational therapy supports since the last inspection to improve residents' access to these services. Residents in Brindley Manor Nursing Home benefited from improved access to these health care services, in addition to timely access to their general practitioners (GPs) and other social care professionals.

Each resident's needs were comprehensively assessed on admission and regularly thereafter, and care plans were mostly completed to a satisfactory standard in accordance with each resident's care preferences. Residents were provided with good standards of clinical nursing care and supports to meet their assessed needs.

The provider ensured residents had timely access health care to meet their needs. Delays in residents accessing community physiotherapy and occupational services were effectively addressed by the provider since the last inspection in November 2025.

Residents were encouraged at all levels to be involved in the running of the centre. Residents' views and feedback were valued and used in the operation of the centre. Regular residents' meetings were convened to facilitate this process. There was clear evidence that actions from these meetings were progressed.

Residents were provided with adequate opportunities to participate in a varied and meaningful social activity programme to meet their needs and individual preferences. Residents were supported to go on outings to places of interest in their local community. Four residents aged under 65 years were each individually supported to live their best lives, including opportunities to socialise in their local community. Residents could access the outdoors safely as they wished.

The provider had an effective maintenance programme in place, which ensured that all areas of the centre's premises were well-maintained. However, there was insufficient storage space available in the centre for residents' assistive equipment. This is a repeated finding from the last inspection.

While the provider had a number of measures in place to ensure medication management practices and procedures were safe, actions were necessary to improve the oversight of residents' medication documentation and administration. The inspector's findings are discussed under Regulation 29: Medicines and pharmaceutical services.

Residents were protected from the risk of malnutrition and dehydration. Procedures were in place to ensure residents at risk of dehydration or with unintentional weight loss were closely monitored and appropriately referred for timely review by medical and social care professionals as necessary.

The provider had effective measures in place to protect residents from the risk of infection, including staff training. Cleaning schedules were in place for all parts of the premises and were consistently completed. Arrangements were in place to ensure there was effective oversight of cleaning procedures and staff practices.

Although the provider had measures in place to ensure residents were protected from the risk of fire, further actions were necessary to ensure these measures were effective and that any risks to residents' safety were effectively mitigated. This is a repeated finding from the last inspection.

Staff demonstrated a good understanding of safeguarding procedures and residents' responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector observed that staff responded to residents' cues for additional support and reassurance, as necessary. All restrictive procedures were used in accordance with the National Restraint Policy guidelines.

Regulation 17: Premises

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

- There was insufficient storage space for residents' equipment in the centre. For example, a wheelchair and a commode were stored in a communal toilet. A hoist and a large assistive wheelchair were stored in the residents' activity room. These findings are repeated from the previous inspection, reduced residents' communal space, and posed a risk of injury to residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were regularly assessed and closely monitored. Residents were appropriately referred for assessment by the dietician and speech and language therapist as necessary.

Residents were offered a choice of food menu, and could have alternatives to the options offered if they preferred. Residents' special dietary requirements were effectively communicated to catering staff, and residents' meals were prepared in accordance with their individual preferences, assessed needs and the recommendations of the dietician and speech and language therapists. Fresh drinking water, flavoured drinks, milk, snacks and other refreshments were available and offered at mealtimes and throughout the day to the residents.

Residents' meals were served in two meal sittings in the dining room. A small number of residents preferred to eat their meals in their bedrooms, and their preferences were facilitated. There were sufficient numbers of staff available to provide assistance to residents in the dining room and in their bedrooms at mealtimes. Residents with additional needs were discreetly assisted by staff with eating their meals and drinking fluids as they wished.

Judgment: Compliant

Regulation 27: Infection control

The provider ensured the requirements of Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018) were met. The provider had effectively addressed the findings of the last inspection to ensure residents were protected from the risk of infection. The environment and equipment were managed in a way that minimised the risk of transmitting a healthcare-associated infection. Staff completed hand hygiene procedures as appropriate, and clinical hand-washing sinks were conveniently located for staff use close to the residents' bedrooms. Waste was appropriately segregated and disposed of. Floor and surface cleaning procedures were in line with

best practice guidelines, and cleaning schedules were in place and completed by staff.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate assurances regarding residents' safe evacuation in the event of a fire in the centre were not available as the information in the evacuation drill records was unclear, and did not give assurances that the following procedures and risks were addressed;

- that the evacuation drill consistently simulated the assessed equipment and staff assistance needs of the residents in the area evacuated.
- The roles of each staff member in the simulated emergency evacuation procedure.
- Calling the emergency services was not consistently referenced as being part of the procedure completed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The oversight of medication management in the centre was not sufficiently robust to ensure that residents were protected by safe medicines management practices. This was evidenced by the following findings;

- Nurses were administering medications in a crushed format; however, this was not the format directed by the prescriber.
- The maximum dosage that can be administered over each 24-hour period, or the indication for which was not stated, for medicines prescribed for PRN (as required) administration. This posed a risk of medication error.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care files and found that a number of the care plans reviewed did not contain up-to-date information to guide staff

regarding the interventions required to ensure residents' social care needs were met. For example:

- Residents' social care plans did not have adequate information to guide staff regarding the activities each resident preferred to do and the assistance they required to support them to participate in a meaningful social activity programme.

Judgment: Substantially compliant

Regulation 6: Health care

Nursing practices in relation to residents' medicines management did not ensure that residents received medicines in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais. The inspector's findings are discussed further under Regulation 29: Medicines and Pharmaceutical Services.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The provider ensured all staff had received training to ensure they had the appropriate knowledge and skills to effectively support and protect residents who experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment).

The centre was actively promoting a restraint-free environment. The restraint register was well-maintained in the centre. Any restrictions were implemented following trials of the least restrictive alternatives informed by appropriate assessments and were subject to regular review.

Judgment: Compliant

Regulation 9: Residents' rights

Meaningful activities were available to residents in the centre. Residents' meeting minutes were reviewed, and any concerns identified were actioned and updates given to residents regarding the same. Residents were supported to maintain their

links to family, friends and the community. Independent advocacy arrangements were also available at the centre for those who required them.
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	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brindley Manor Private Nursing Home OSV-0000323

Inspection ID: MON-0050123

Date of inspection: 11/05/2026

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: By the 31st July 2026, careplan training will be arranged for all nurses to ensure they are aware of how to personalize and make care plans more person centered. By the 31st July 2026, all residents will be reassessed and care plans updated to meet residents' individual needs and preferences in relation to activities. By the 31st July 2026, all residents a key to me and activity assessments will be reviewed to ensure that all resident preferences are noted and match their individual care plans. From 1st July 2026, all care plans will be subject to regular review by the clinical management team to ensure they remain accurate, person centred, and fully reflective of each resident's assessed needs and preferences.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: By the 31st July 2026, all medication prescriptions will be reviewed and any missing information will be added to ensure they are fully compliant. By the 14th August 2026, all medications will be moved over to an electronic medication	

administration record system that will assist in ensuring full compliance.

By 1st September 2026, our medication management audit will be reviewed to ensure that it is sufficiently robust to identify any future gaps.

By the 14th July 2026, all storage areas will be reviewed and any items no longer required will be disposed of. This will create appropriate and convenient storage space in the homefor essential resident equipment such as hoists and weighing scales.

From 1st July 2026, the daily clinical manager walkabouts will specifically review storage practices to ensure that staff adhere to agreed processes for safe and appropriate storage and are supported to do so.

By the 30th July 2026, evacuation procedures and fire drills practice in the home will be reviewed by the PIC and Regional Director, in conjunction with the competent person to ensure that residents needs and roles of staff are clearly outlined and referenced during drills and that the simulation of calling emergency services is referenced in all documented fire drills.
Any training needs identified for the PIC or any staff member involved in conduction fire drill will be provided by 30th September 2026.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
By the 14th July 2026, all storage areas will be reviewed and any items no longer required will be disposed of. This will create appropriate and convenient storage space in the homefor essential resident equipment such as hoists and weighing scales.

From 1st July 2026, the daily clinical manager walkabouts will specifically review storage practices to ensure that staff adhere to agreed processes for safe and appropriate storage and are supported to do so.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
By the 30th July 2026, evacuation procedures and fire drills practice in the home will be reviewed by the PIC and Regional Director, in conjunction with the competent person to ensure that residents needs and roles of staff are clearly outlined and referenced during

drills and that the simulation of calling emergency services is clearly explained and practiced with staff so that they are aware of their roles and referenced in all documented fire drills.

Any training needs identified for the PIC or any staff member involved in conduction fire drill will be provided by 30th September 2026.

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 31st July 2026, all medication prescriptions will be reviewed and any missing information will be added to ensure they are fully compliant.

By the 14th August 2026, all medications will be moved over to an electronic medication administration record system that will assist in ensuring full compliance.

By 1st September 2026, our medication management audit will be reviewed to ensure that it is sufficiently robust to identify any future gaps.

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 the 31st July 2026, all residents will be reassessed and care plans updated to meet residents' individual needs and preferences in relation to activities.
By the 31st July 2026, all residents a key to me and activity assessments will be reviewed to ensure that all resident preferences are noted and match their individual care plans.

All care plans will be subject to regular review by the in house management team to ensure they remain accurate, person centred, and fully reflective of each resident's assessed needs and preferences.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
By the 31st July 2026, all medication prescriptions will be reviewed and any missing information will be added to ensure they are fully compliant.

By the 14th August 2026, all medications will be moved over to an electronic medication administration record system that will assist in ensuring full compliance.

By 1st September 2026, our medication management audit will be reviewed to ensure that it is sufficiently robust to identify any future gaps.

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	31/07/2026
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	31/07/2026
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.	Substantially Compliant	Yellow	30/09/2026
Regulation 28(2)(iii)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	30/09/2026

	calling the fire service.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/09/2026
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	30/09/2026
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	31/07/2026
Regulation 6(1)	The registered provider shall, having regard to the care plan	Substantially Compliant	Yellow	30/09/2026

	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.			