



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:	07 November 2025
Centre ID:	OSV-0000323
Fieldwork ID:	MON-0048012

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:	36
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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 7 November 2025	06:15hrs to 13:50hrs	Catherine Connolly-Gargan	Lead
Friday 7 November 2025	06:15hrs to 13:50hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

Overall, this unannounced inspection found that residents were mostly supported to live comfortably in the centre, and staff interactions with residents were person centred.

On arrival, the inspectors were met by a staff nurse and a carer working on night-duty in the centre. The inspectors observed that there was another staff nurse and two other care staff on duty and were told that the staff allocation ensured that while the two staff nurses and two carers worked in pairs, the third care staff monitored the residents' needs for assistance during the night, and was available to respond to residents' needs for assistance without any delays.

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 staff practices, and their interactions with residents. During the inspectors' initial walk around the centre, the inspectors observed that the centre was calm and quiet, and all of the residents were sleeping. Staff were observed gently waking some of the residents to provide necessary personal care. The inspectors noted that staff requested consent from the residents prior to delivering of care and ensured that each resident was left in a comfortable way to support them in returning to sleep. Staff used residents' bedside lights for lighting during care delivery in preference to turning on the main lights in residents' bedrooms, which they said was to promote residents' comfort and minimise disturbance to residents' sleep. Shortly after the inspectors' arrival, the person in charge and the assistant director of nursing attended the centre.

As the morning progressed, a small number of residents were up and dressed, and they told the inspectors that they liked to get up early, and this preference was always respected by staff. Other residents were observed preparing to get up at their own pace, either by themselves or with the assistance of staff. A small number of residents who preferred to get up later in the morning were still sleeping. Most of the residents wanted to attend the breakfast club, and staff were in supporting them to get out of the bed and to carry out their personal morning routines. The breakfast club was available in the dining room, and continued until 11:30 am to ensure all residents could attend if they wished. The inspectors observed that many of the residents chose to eat the scrambled egg and rashers menu option. Residents told the inspectors that they enjoyed the breakfast club each morning. There was enough staff in the dining room to support the residents who needed assistance.

Staff were aware of each resident's individual preferences and routines, and they demonstrated how they ensured that their care reflected residents' individual preferences. The inspectors observed that staff were responsive to residents' needs for assistance and support, including to the cues of residents who experienced difficulties communicating their needs. Residents who spoke with the inspectors

were complimentary in their feedback regarding the service and the standards of care they received. Residents also told the inspectors that staff were kind, respectful and they spent time chatting with them.

There was a staff member assigned with responsibility for facilitating residents' social activity programme. A social activity schedule was displayed, but the text was in a small font, and this information was not clearly visible or accessible to all residents, especially residents in high-support wheelchairs or with vision difficulties. The group social activities were facilitated in the main sitting room. On the day, many of the residents were enjoying the scheduled social activities. However, the inspectors observed that not all residents were participating and chose to watch the other residents taking part. Three residents who preferred to stay in their bedrooms watched their televisions. The social activity coordinator told the inspectors that she planned to visit these residents while a live music session facilitated by a local musician was taking place in the sitting room in the afternoon. However, the records of the social activities required improvements to ensure that all activities and residents' engagements were adequately documented. Additionally, although a second spacious sitting room was available, no residents were observed using it on the day of the inspection. The management and the staff in the centre informed inspectors that the residents preferred to stay in the other sitting room.

The centre's environment, including residents' bedrooms and communal areas, was generally well-maintained and visibly clean. However, the inspectors observed that there was insufficient storage available for residents' equipment, which posed a risk to residents' safety and reduced their circulation space within their environment. There were two sluice rooms in the centre, one of which had a bedpan washing machine in it. Space in both of these rooms was limited, which restricted staff access, and did not adequately support infection prevention and control.

Residents' bedroom accommodation was provided in four twin-occupancy and 35 single bedrooms. The inspectors noted that in three of the twin bedrooms, there was not enough space for a chair beside the residents' beds. Additionally, in two of the twin bedrooms, one resident was unable to access the window without having to enter the other resident's bed space. The inspectors also observed that both residents in the twin bedrooms did not have equal storage space, as space constraints meant that one resident could only have a narrow wardrobe, which provided less storage space than the storage space available in the other resident's wardrobe or in the wardrobes in the single bedrooms.

Many of the residents had personalised their bed areas, especially in the single bedrooms, and residents had suitable space to display their family photographs and other personal items. Residents' lockers were within close proximity to their beds to support them to easily access their possessions when they were in bed.

Residents told the inspector 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 a staff member or their relatives 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's compliance with the regulations was improving; however, although the provider had made progress with completing the actions they committed to in their compliance plan from the previous inspection in June 2025, further improvements were found to be necessary in many of the regulations assessed. Notwithstanding efforts made by the provider to improve the layout and circulation space in the sluice rooms and twin-occupancy bedrooms by changing around the position of the furniture, four twin-occupancy bedrooms continued to impact on residents' rights and quality of life, and the two sluice rooms did not support effective infection prevention and control practices and procedures.

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 inspectors followed up on the actions the provider had committed to take in their compliance plan from the previous inspection in June 2025. Due to the findings on this inspection, the Chief Inspector of Social Services attached a restrictive condition to the designated centre's registration ceasing all admissions until the provider addressed non-compliance's in the governance and management of the centre, staffing, residents' rights, assessment and care planning, and infection prevention and control.

The provider submitted an application to remove the attached restrictive condition on the designated centre's registration and an application to renew the designated centre's registration. Both these applications were assessed by the inspectors as part of this inspection.

The registered provider is The Brindley Manor Federation of Nursing Homes Limited, which is part of the Emeis Group of nursing homes. The local management team are led by a person in charge (PIC), an assistant director of nursing (ADON), and a clinical nurse manager (CNM). The local management team had defined roles and responsibilities, and was supported by a team of nursing staff, health care assistants, housekeeping staff, catering staff, laundry staff, activity staff, an administration team and maintenance personnel. A regional director has oversight responsibility for this designated centre.

The inspectors commenced this inspection at 6:15 am and observed that staffing levels and allocation of staff during the day and at night had improved since the last inspection, and this was positively impacting on each resident's care delivery

standards and safety. This concurred with feedback to the inspectors from the residents, their relatives and staff.

Staff had access to mandatory training, and the training records evidenced that all staff had completed up-to-date mandatory training, in addition to professional development training to ensure that staff had the necessary skills and competencies relevant to their roles in meeting residents' needs. The supervision of staff arrangements had also improved since the last inspection.

The provider had systems in place to audit key areas of the service, and there was some evidence that this process was effective in ensuring that the standards of service delivery in a number of key areas were met. However, the management systems in place had not identified that the design and layout of the sluice rooms and four twin-occupancy bedrooms required improvements. The inspectors' findings are discussed further under Regulation 17: Premises and Regulation 27: Infection Control.

The provider ensured that records that must be maintained in the centre were stored securely and made available to the inspectors on the day of the inspection. However, improvements were needed to ensure that the records of social activities provided to residents and residents' engagements in these activities were completed.

There was a complaints procedure in place, which was made available for residents and their representatives. Complaints were discussed at management and team meetings, and staff were made aware of any improvements that were required.

The provider had arrangements in place for recording accidents and incidents involving residents in the centre and appropriately notifying the office of the Chief Inspector of incidents as required by the regulations.

Regulation 14: Persons in charge

The person in charge is a registered nurse and has the clinical and management experience and qualifications as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff with appropriate skills on duty on the day of the inspection to meet the residents' needs, taking into account the size and layout of the designated centre. An additional healthcare assistant was rostered on duty each day and night. The inspectors found that this action ensured there were

adequate staff available to ensure that there was sufficient staff available to support residents and to respond to their needs without delay.

Judgment: Compliant

Regulation 16: Training and staff development

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

Judgment: Compliant

Regulation 21: Records

The inspectors observed that residents who remained in their bedrooms were in bed sleeping or sitting by their bedsides with little to occupy them apart from watching their televisions. Although the inspectors were told by the staff and management of the centre that these residents had opportunities each day to participate in one-to-one activities with staff or the activity coordinator in the afternoons, adequate records were not available for each resident to confirm that this was happening.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place did not adequately ensure that the service provided was consistently and effectively monitored. While auditing of key-aspects of care and service delivery were taking place and were identifying areas needing improvement, this process was not effectively identifying and addressing improvements needed as follows;

- While the provider had completed the call-bell check weekly, it was based on a single sample of the call-bell response, which did not provide an effective overview of the call-bell responses.
- The storage arrangement and oversight in the centre required a review as discussed under Regulation 17: Premises.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of 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. Additional information as requested was provided by the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place and had been updated in line with 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 knew who they could talk to if they had a complaint and also that they could access advocacy services to support them as needed.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents were provided with good standards of nursing care, and they had timely access to health care in line with their assessed needs. Notwithstanding the improvements made in the quality and safety of the service provided for residents since the last inspection in June 2025, including in assessment of residents' needs and care planning, respecting residents' rights, health care and in infection control and waste management, the provider had not ensured that areas of the designated centre premises met residents' needs. This is a repeated finding from a previous inspection that continued to negatively impact on residents' rights and comfort, and is discussed under Regulation 17: Premises.

The inspectors found, on review of residents' care documentation, that their needs were comprehensively assessed and care plans were mostly completed to a satisfactory standard. However, actions were necessary to ensure a small number of residents' care records were up-to-date and reliably guided staff on their care of residents, and that residents were provided with good standards of clinical nursing care and supports to meet their assessed needs.

Residents had timely access to their general practitioners (GPs), specialist medical and nursing services, including psychiatry of older age, community palliative care and health and social care professionals as necessary. Delays in residents accessing community occupational services were addressed by the provider. A seating assessment was not available from the community occupational therapy services for residents aged under 65 years with specialised seating needs, despite a number of referrals made by the centre. Due to the delay in this service, residents were supported by the staff in the centre who arranged a private assessment to ensure their needs were met.

A varied social activity programme was available to residents. The inspectors observed that residents were generally supported to participate in a meaningful social care programme to meet their needs. Residents were supported to go on outings to places of interest to them in their local community. One resident's day service was discontinued in May 2025, and an alternative suitable service or necessary supports were not made available to support this resident to engage in social activities in the community as they wished. The inspectors were provided with assurances that this resident were being supported by the management team to go into the community in line with their capacities and wishes. Residents could access a safe outdoor area as they wished.

While the centre's premises were generally well-maintained, and ongoing maintenance arrangements ensured that necessary painting and repair of surfaces, furnishings and equipment was being completed in a timely manner, limited circulation space in the sluice rooms did not support ease of access and effective infection prevention control practices and procedures. Furthermore, the layout of four twin-occupancy bedrooms did not meet residents' rights as discussed under relevant regulations in this report.

Since the last inspection, improvements have been observed at the centre to ensure residents are protected from the risk of infection, including effective housekeeping procedures in place to provide a safe environment for residents and staff. Floor and surface cleaning procedures were in line with best-practice guidelines, and cleaning schedules were in place for all areas and completed by staff. Staff were supported to implement the national standards for the prevention and control of healthcare-associated infections. Training was delivered in all aspects of infection control. A staff member had assumed the role of Infection Prevention and Control link nurse and was available to staff for information and support. Staff completed hand hygiene procedures as appropriate and in between the residents' care, and waste was appropriately segregated and disposed of. However, further improvements were required as discussed under Regulation 27: Infection control.

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.

Regulation 17: Premises

Improvement was required of 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. For example:

- The floor space in the two sluice rooms in the centre was limited, and the space available did not facilitate more than one staff member to be in this room at any time. The layout of these two sluice rooms did not support effective infection prevention and control practices in the centre, nor did it support clear separation of clean and unclean processes. A hazardous waste collection bin was not available in one of the sluice rooms. The door in one of the sluice rooms could not be opened fully, and as a result, staff could not easily access the only bedpan washing machine available in the centre, which was located behind the door. In addition, the hand-washing sink in one sluice was located between the bedpan washer and the sluice hopper. The hand-washing sink in the other sluice was located within very close proximity to the equipment cleaning sink. An electrical light switch was located just above a sink, and as such posed a health and safety risk to staff.

The provider had not ensured that the layout and design of four of the twin-occupancy bedrooms met the needs of residents in accordance with the centre's statement of purpose. This was evidenced by the following findings and is a repeated finding from a previous inspection:

- The layout of these bedrooms did not provide sufficient space for each resident to rest in a chair by their bedside without obstructing access to their wardrobes.
- In two of the twin bedrooms, one resident could not access the window without entering the other resident's bedspace.
- The size of the wardrobes in these bedrooms was reduced from those provided for residents in single bedrooms. The inspectors observed that the wardrobes were approximately half or two-thirds of the size of the wardrobes provided in the single bedrooms. In one twin bedroom, an additional unit with drawers was provided for one resident. However, there was not sufficient space in the room for a similar unit with drawers for the other resident's use. This meant that the storage space available for residents' clothing and personal belongings in the twin-occupancy bedrooms was limited and was not equal to that available for residents in the single-occupancy bedrooms.

While the premises were generally well-maintained, there was some improvement required. For example, there was a lack of storage facilities in the centre as follows:

- Equipment was not appropriately segregated. For example, the linen room was also used for storage of mattresses, crash mats, a drip stand and a weighing scale.
- Specialised wheelchairs were stored in the communal areas.
- Parts of the surfaces of two high-support chairs used by residents were damaged and in need of repair.
- Two hoists and wheelchairs were stored in residents' en-suites.
- Used linen collection trolleys were stored in the alcove in the corridors.
- The staff changing room for kitchen staff was also used for the storage of kitchen equipment.
- Medicinal products, such as nutritional supplements, were stored in a large cupboard in a communal sitting room. This storage was not appropriate in the residents' communal room, and there were no records available to ensure these medicinal products were stored at recommended temperatures.

Judgment: Not compliant

Regulation 27: Infection control

Improvement actions were required to ensure that the centre complied with procedures consistent with the National Standards for Infection Prevention and Control in Community Services (2018) and that residents were protected from risk of infection, as follows:

- Blood glucose monitors and venepuncture trays were not adequately cleaned after each use, and the inspectors observed that there was dry blood on the surface of this equipment.
- The sharps bins were not assembled properly, and they did not include a signature and the date of opening or closing to allow for effective contact tracing.
- The location of the hand towel dispenser in a sluice room posed a cross-infection risk. For example, when opened, the hazardous waste bin lid was in contact with the hand towels.
- The surfaces of four high-support chairs used by residents were unclean.
- The inspectors observed that two portable oxygen generators had a green sticker on them advising they were clean and ready for use. However, there was residual water in the humidifier bottles. This posed a risk of cross infection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were not always completed to reflect a comprehensive assessment. For example:

- Residents' care plans were not always informed by validated nursing assessments, such as the residents' risk of developing pressure ulcers. Details of required interventions, such as repositioning schedules and the use of pressure-relieving equipment, were missing from some care plans.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors observed that the pressure-relieving mattresses were not correctly configured to the residents' weights, which can cause discomfort and fail to effectively mitigate the risk of pressure-related skin damage. This was brought to the attention of the person in charge on the day of the inspection, who assured the inspectors that it had been addressed and that the settings were corrected.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Some of the wardrobe space available to some residents in twin-occupancy bedrooms was not comparable in size to that in the single-occupancy bedrooms. Staff confirmed that in the absence of sufficient storage space, the family was bringing seasonal clothing as needed and taking other clothes home. These arrangements did not support residents' right to equal space for their storage.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Actions were necessary by the provider to ensure adequate precautions were in place to protect residents in the event of a fire in the centre. This was evidenced by the following findings;

- An item of cleaning equipment was inappropriately stored in the room where the electrical supply panel was located. In addition, a battery for a hoist was being charged in this room. These findings posed a risk to residents' safety.
- The hairdressing salon door was wedged open and therefore posed a risk that a fire in this area would not be effectively contained.
- Regular and timely simulated emergency evacuation drills were completed. However, the records of the simulated evacuation drills completed did not provide sufficient assurance that the procedure included calling the emergency services.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Brindley Manor Private Nursing Home OSV-0000323

Inspection ID: MON-0048012

Date of inspection: 07/11/2025

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: From 12th January 2026, structured one to one activity logs have been introduced for all residents who spend extended periods in their bedrooms. These logs are completed in real time by care staff and the activity coordinator. From 12th January 2026, daily oversight by the nurse in charge has been established to ensure that planned one to one engagements are delivered and recorded. A review of activity documentation, resident participation, and any barriers to engagement will be completed at Monthly Clinical Governance meetings from 31st January 2026 Individualised activity plans have been updated to reflect each resident's preferences, abilities, and chosen level of participation- complete Additional staff guidance has been provided via our safety pause meetings to reinforce expectations regarding meaningful engagement and accurate record keeping- complete.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: From 12th January 2026, a revised call bell audit tool has been introduced to ensure a comprehensive review of call bell response times. The audit now includes multiple checks across different times of day and staff shifts. This provides a more accurate and representative overview of call bell responsiveness. From 12th January 2026, the nurse in charge will complete daily spot checks on call bell response patterns, with any delays or concerns escalated immediately to management.</p>	

All storage areas have been reviewed and reorganised to ensure safe, appropriate, and compliant use of space- complete.

From 1st February 2026, our updated environmental audit will monitor storage standards, with clear accountability assigned to designated staff members

The centre's governance system has been strengthened through updated audit schedules, improved tracking of corrective actions and this will be reviewed monthly from 1st February 2026 as part of clinical governance meetings.

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Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
By the 30th April 2026, a refurbishment of both sluice rooms will be completed to ensure adequate floor space, safe staff movement, and appropriate workflow for clean and unclean processes.

By the 31st January 2026, the identified electrical light switch will be relocated to a safe position compliant with health and safety requirements.

From 1st February 2026, monthly checks of sluice room layout, equipment access, and waste management will be completed by the in-house management team to ensure full compliance.

By the 31st January 2026, a review of the shared bedrooms and admission criteria for those rooms will be completed to ensure each resident accommodated currently and in the future can sit comfortably at their bedside without obstructing access to wardrobes or personal space.

By the 31st January 2026, a review of wardrobe capacity will be completed to ensure each resident has adequate storage for their personal possessions.

By the 31st January 2026, the PIC will complete individual consultation with residents and families to ensure layouts meet individual needs and preferences.

From 1st February 2026, updated environmental audits will provide regular checks on accessibility, privacy, and adequacy of personal storage.

By the 31st January 2026 a full review and reorganisation of the equipment storage area will be completed to ensure appropriate segregation of clean and used equipment.

By 31st January 2026, a reorganisation of the linen room was completed, removing mattresses, crash mats, drip stands, and weighing scales to appropriate storage spaces.

By the 31st January 2026, a review was completed in relation to the repair, replacement and appropriate storage of high support chairs.

All hoists, wheelchairs and linen trolleys were relocated to a newly identified storage area- completed

Reorganisation of the kitchen equipment storage room and kitchen staff changing room was completed to ensure appropriate usage for both areas.

By the 31st January 2026, the medication room will be reorganised to ensure appropriate storage of nutritional supplements.

From 31st January 2026, a room temperature monitoring chart is in place to ensure appropriate storage temperatures for medical products is in place. This will be monitored by the in-house management team.

All of the above will be reviewed as part of the monthly clinical governance meetings, which will include management walkarounds to monitor storage, layout, and environmental safety.

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Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

From 1st January 2026, a mandatory cleaning protocol for all point of care devices was implemented after each use. Refresher training was provided to all nursing staff during daily handovers and safety pause meetings were conducted for staff on correct cleaning and decontamination procedures.

From the 1st January 2026 daily supervisory checks and IPC audits will be completed to verify compliance.

A replacement plan is in place for any equipment that cannot be effectively cleaned- complete

By the 31st January 2026 all clinical staff will be retrained on correct assembly, labelling, and safe use of sharps bins.

All sharp bins were replaced or reassembled to ensure correct closure, signatures, and opening/closing dates- complete

By the 30th April 2026, a refurbishment of both sluice rooms will be completed to ensure adequate floor space, safe staff movement, and appropriate workflow for clean and unclean processes. This will include repositioning of hand towels to an area that does not pose a risk of cross infection.

A deep clean of all high support chairs was completed by 1st December 2025,

From 1st December 2025, a daily cleaning check was implemented for all resident seating.

Refresher training was provided to staff on cleaning standards for specialised seating by 1st December 2025- completed

From 1st January 2026, a revised cleaning and drying protocol for oxygen equipment, including humidifier bottles was introduced.

All staff received refresher training on correct preparation, drying, and storage of oxygen generators by 11th January 2026

From the 12th January 2026, oxygen equipment checks will be implemented.

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Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: By 28th November 2025, all residents' assessments were updated using validated nursing assessment tools. Care plans were revised to include all required interventions, ensuring staff are clearly guided in meeting each resident's identified care needs. From 1st December 2025, 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.</p>	
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Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: A review of all pressure relieving mattresses was completed by 1st December 2025 to ensure correct configuration. From the 12th January 2026, an updated weekly checklist has been implemented to ensure all mattress settings for all residents using pressure relieving equipment is correct Refresher training has been provided via safety pause meetings for all staff on the correct setup, adjustment, and monitoring of pressure relieving mattresses- completed</p>	
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Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: By the 31st January 2026, a review of wardrobe capacity will be completed to ensure each resident has adequate storage for their personal possessions.</p>	
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Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All equipment was removed from the electrical supply room on the day of inspection. This has now been risk assessed and an alternative position for storage has been identified- completed.</p> <p>A "No Storage" signage on the electrical room door has been implemented. This electrical room has been added to our daily fire safety walkthroughs to prevent future misuse- completed</p> <p>A fire door closure has been added to the hair salon to ensure the risk of inappropriate holding open of the door is eliminated going forward- completed</p> <p>From the 1st January 2026, all fire drills will include the the simulated actions required to provide sufficient assurance that the procedure of calling the emergency services is completed.</p> <p>]</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/04/2026
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/01/2026
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	Substantially Compliant	Yellow	01/02/2026

	effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	30/04/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	01/01/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/01/2026
Regulation 28(2)(iii)	The registered provider shall make adequate arrangements for calling the fire service.	Substantially Compliant	Yellow	01/01/2026
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health,	Substantially Compliant	Yellow	01/12/2025

	personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
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	12/01/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/01/2026