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:	Brookvale Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Hazel Hill, Ballyhaunis, Mayo
Type of inspection:	Unannounced
Date of inspection:	28 April 2026
Centre ID:	OSV-0000325
Fieldwork ID:	MON-0050354

About the designated centre

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

Brookvale Manor Nursing Home is a purpose-built single-storey premises located in a residential area, a short drive from the town of Ballyhaunis. The centre is registered to provide long and short-term care for 50 residents, both male and female, over the age of 18 years. Twenty-four-hour nursing care is provided. Residents' accommodation comprises single rooms and double rooms, all of which have full en-suite facilities including a shower, toilet and wash hand basin. Adequate screening to protect residents' privacy is provided in the shared bedrooms. The centre has a variety of communal spaces, and the arrangements provide residents with a choice of quiet areas or spaces where they can socialise. There are two large sitting rooms and a dining room to the front of the building, an additional sitting/activity area centrally located, and a foyer at the front that some residents use to read or see their visitors. Other rooms include laundry facilities, sluice facilities, a kitchen, staff areas, and offices. There is a safe, secure outdoor garden for residents to use, accessible from several points in the building. It is well-cultivated, equipped with appropriate seating, and features a summer house where residents can sit in the shade.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36

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
Tuesday 28 April 2026	08:15hrs to 16:30hrs	Kathryn Hanly	Lead
Tuesday 28 April 2026	08:15hrs to 16:30hrs	Brid McGoldrick	Support

What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also reviewed the compliance plan submitted by the provider to address the non-compliant issues identified during the previous inspection in December 2025.

Inspectors spoke with two visitors and nine residents. Residents spoke of exercising choice and control over their day and being satisfied with the activities available. The majority of residents reported feeling safe in the centre and said that they would have no difficulty talking to staff should they have any concerns. However, inspectors were informed of repeated instances of a resident wandering into another residents' room, leaving them feeling frustrated and annoyed.

It was evident that management and staff knew the residents well and were familiar with each resident's daily routine and preferences. There was a high level of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. Those residents who could not communicate their needs appeared comfortable and content. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner.

Inspectors were informed that breakfast started at 7am and continued until late morning. This supported resident choice and independence by accommodating individual routines and sleep patterns. However, the evening meal was served at 4pm. There was no evidence of residents requesting this early time. Inspectors were informed of plans to reschedule this to later in the evening.

Residents were generally complimentary of the home-cooked food and the dining experience in the centre. However, a small number of residents said that the meal choices and variety were not always to their taste. Residents' dietary requirements were displayed in the main kitchen. However, these did not align with the information recorded in residents' care plans and food being served to the residents. Details of issues identified are set out under Regulation 5; Individualised assessment and care plan.

There were adequate numbers of staff available to assist residents at mealtimes. Several residents required assistance with their lunchtime meal, and the inspectors saw that those who did were provided with it in a respectful and unhurried manner. The meals provided appeared appetising and were served hot.

The centre was surrounded by landscaped gardens with an enclosed courtyard in the centre of the building. Outdoor spaces were well maintained and accessible, making it easy for residents to go outdoors independently or with support, if

required. On the afternoon of the inspection, a group of residents were observed enjoying time in the external courtyard, making the most of the fine weather.

There was a variety of comfortable communal spaces, including three day rooms, a dining room and an oratory, available to residents. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas, were supported by staff throughout the day.

The activity coordinators organised the weekly social activities and entertainment programme. Residents confirmed that they could choice to socialise and participate in activities and there was a varied and flexible activities schedule over seven days of the week. Many of the residents spent their day between two of the dayrooms, where they were observed watching television and partaking in activities such as group exercises and art. Monthly outings were organised and residents told inspectors that they had enjoyed a recent outing to a nearby hotel for afternoon tea.

Bedrooms accommodation was provided in the "Brackloon" and "Carrowreagh" suites, compromising 44 single bedrooms and three twin bedrooms. All bedrooms had en-suite facilities, including a shower, wash hand basin and toilet. However, two vacant bedrooms were being used for storage on the day of the inspection. The provider subsequently confirmed that the stored items had been removed and the rooms had been reinstated for their intended use.

While the centre generally provided a comfortable and homely environment for residents, improvements were required in respect of premises and infection prevention and control, which are interdependent. Environmental hygiene in ancillary rooms, including the main housekeeping room, laundry, kitchen sluice, female changing room and some en-suite bathrooms, fell below an acceptable standard. The provider had identified this and was endeavouring to address the standard of environmental hygiene through a centre-wide deep clean, which had commenced on the morning of the inspection. However, it was a concern that higher risk ancillary areas had not been prioritized over bedrooms in this cleaning program.

Toilets for catering staff were in addition to and separate from toilets for other staff. There were two sluice rooms for the reprocessing of bedpans, urinals and commodes. Two new bedpan washers had recently been purchased.

The location and design of the housekeeping room did not support effective infection prevention and control. The access route was via a room used to store clean consumables and equipment, which posed a risk of cross contamination. Furthermore, wooden shelving and cupboards within the housekeeping room could not be effectively cleaned. Inspectors were informed that this shelving was scheduled to be replaced with non-porous, cleanable shelving.

On the day of the inspection, a large volume of used linen was awaiting washing, and the 'dirty' side of the laundry was congested and not adequately organised. Inspectors were informed that the provider planned to extend the operational hours of the in-house laundry service by three hours daily.

An external storage container was also found to be cluttered and unorganised with excessive supplies of personal protective equipment (PPE) and other consumables. Damage to the flooring was also observed. Inspectors were informed that plans were in place to move surplus supplies to an off site storage location.

Discarded equipment was observed in an external area of the premises, including an old bedpan washer beside the generator. Immediate action was taken on the day of the inspection, and the provider was instructed to move the bedpan washer to a safer location.

Clinical hand-washing sinks were available on the corridors. These complied with current recommended specifications for clinical hand-hygiene sinks. On the day of the inspection, additional wall-mounted alcohol gel dispensers were being installed at the point of care, within bedrooms, to support effective hand hygiene.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection were that some improvements had been made by the provider since the last inspection to enhance the quality and safety of care delivered. Notwithstanding the improvements seen in the area of food and nutrition, inspectors found that the management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored were not sufficiently robust.

The registered provider of Brookvale Manor Nursing Home is The Brindley Manor Federation of Nursing Homes Limited. This centre is part of the Emeis Group of nursing homes. This centre had a clearly defined organisational structure in place, with clear lines of authority and accountability. A person participating in the senior governance and management of the centre on behalf of the provider attended the centre regularly and was present on the day of the inspection.

The person in charge (PIC) was supported in their role by an Assistant Director od Nursing (ADoN), clinical nurse managers (CNMs), and a team of nurses, healthcare assistants, housekeeping, activities, administration, maintenance and catering staff. The person in charge worked full-time in a supervisory role, and supervisory hours were allocated to the assistant director of nursing and clinical nurse managers.

On the day of inspection, there were sufficient staffing levels and an appropriate skill-mix to meet the assessed care needs of the residents.

There were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the person in charge.

The person in charge and the assistant director of nursing had been nominated to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. Staff also had access to specialist infection prevention and control advice and support as required.

A schedule of infection prevention and control audits was in place. The local auditing programme was supplemented by a peer audit undertaken by a Regional Director to validate local findings. A recent audit found disparities between the high levels of compliance in local audits and the findings of the Regional Director's audit. The housekeeping group manager also undertook an audit, which found non-compliances in the standard of environmental hygiene. In response, additional resources had been provided to undertake a facility-wide deep clean. Details of issues identified on the day of the inspection are set out under Regulation 17: Premises.

The provider had reported an incident of an unexplained absence after a resident was reported missing for some time without staff knowledge. A missing persons' policy was in place. A local incident review had been completed, and a number of remedial actions had been recommended. However, a number of these actions, had yet to be implemented nearly four weeks later. Findings in this regard are presented under Regulation 23: Governance and management.

A number of fire safety risks were identified on the day of the inspection. These findings are discussed further under Regulation 28: Fire precautions.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that all staff were up-to-date with mandatory infection prevention and control training.

Records of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation were routinely recorded. The volume of antibiotic use was also monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspectors, it was evident that the registered provider had ensured that the number and skill-mix of

staff was appropriate, having regard to the needs of residents and the size and layout of the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There was inadequate staff supervision and staff knowledge. This was evidenced by:

- A recent missing persons' drill found that staff did not manage the incident in line with the local policy and a repeat drill had not been undertaken.
- Staff were not appropriately supervised to monitor a resident who required enhanced supervision. A resident reported that another resident had entered their room on a number of occasions without permission, causing distress and a breach of privacy. While the concern had been raised with management, the resident said it had not been fully resolved.

Judgment: Substantially compliant

Regulation 23: Governance and management

Systems for monitoring the quality and safety of the service required review to ensure the systems were consistently informing ongoing safety improvements in the centre. For example;

- The provider had not ensured that repeated concerns regarding a resident's privacy and dignity were effectively addressed, as a recurring issue of another resident entering their room without permission remained unresolved.
- The management oversight of the fire safety systems was not adequate as discussed under Regulation 28: Fire precautions.
- Management systems in respect of the managing risk of residents unexplained absences proved as not effective. Recommendations of an incident review carried out following the unexplained absence of a resident in March 2026 did not include mitigating measures outlined in the centre's own policy such as additional supervision and support.
- Oversight of the staff practices in respect of management of residents wandering with purpose and management of missing person was not adequate as discussed under Regulation 16: Training and staff development.

Judgment: Not compliant

Quality and safety

Inspectors found that aspects of the quality and safety of care provided to residents were impacted by inadequate governance, supervision and management arrangements described under the Regulation 23: Governance and management, and in the Capacity and Capability section of this report. The provider had not ensured that the rights of each resident were respected as evidenced by the non-compliance identified with Regulation 9: Residents' rights.

Further action is also required to be fully compliant with Regulation 5; Individual assessment and care plan, Regulation 16: Training and staff development, Regulation 17: Premises, Regulation 27: Infection control and Regulation 28: Fire precautions. These will be detailed under the relevant regulations.

There were no visiting restrictions in place, and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the many communal spaces throughout the centre.

Residents had access to appropriate medical and allied health care support to meet their needs. Residents had timely access to their general practitioners (GPs) and other health and social care professionals such as physiotherapy, speech and language therapy, dietitian and tissue viability. There was a low incidence of pressure ulcer formation in the centre, and wound care practices reviewed were found to be in line with best practice guidelines.

Eleven residents have been admitted to the centre in 2026 to date. Arrangements were in place to carry out comprehensive pre-admission assessments to determine if the centre could meet the long-term care needs of prospective residents. These assessments were undertaken in person by nursing management.

Inspectors focused on resident's elimination (urinary catheter), nutritional and infection control plans. Care plans, based on assessments, were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care planning was good and described person-centred and evidence-based interventions to meet the assessed needs of residents. However, the registered provider had not ensured that there were effective oversight arrangements in place to ensure the assessed dietary needs of all residents were met in line with their care plans. These findings are detailed under Regulation 5; individual assessment and care plan.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to the hospital. This was incorporated into resident's electronic care record. Copies of transfer documents were maintained and contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services. Upon

residents' return or admission to the designated centre, the staff ensured that all relevant information was obtained from the discharging hospital.

The provider had ensured that a comprehensive risk register, which ensured risks related to infectious diseases and antimicrobial resistance were assessed and appropriate controls were implemented. The provider also had a Legionella management programme in place. Water samples were routinely taken to assess the effectiveness of local Legionella control measures.

Inspectors identified some examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of sharps and safe handling and disposal of clinical waste and used linen.

Staff had detected and managed one outbreak of infection in 2026 to date. While it may be impossible to prevent all outbreaks, the low level of transmission and short duration of this outbreak indicated that the early identification and effective management of infection had contained and limited the spread of infection.

Discrete symbols were displayed on bedroom doors to identify residents colonised with MDROs. This approach supported staff awareness and compliance with infection prevention and control measures while preserving residents' privacy and dignity. However, additional and unnecessary infection control posters were also displayed on these doors, which in turn impacted residents' privacy.

While inspectors observed overall some good infection control practices in the centre with respect to antibiotic usage monitoring, some areas where further improvements could be made, including access to PPE, specimen and equipment management, were also identified. These findings are detailed under Regulation 27: Infection control.

Regulation 11: Visits

There were no visiting restrictions in place, and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

The visiting policy outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, access during outbreaks, and arrangements for residents to receive visits from their nominated support persons during outbreaks.

Judgment: Compliant

Regulation 17: Premises

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

- The housekeeping room was accessed via a storeroom containing clean supplies and equipment. This posed a risk of cross contamination.
- While a deep clean of the centre was underway on the day of the inspection, higher risk areas including the housekeeping room, female staff changing room, kitchen sluice and laundry, had not been prioritised. These areas were observed to be unclean and poorly maintained.
- An external storage container containing stocks of PPE and other consumables was cluttered and poorly maintained. This increased the risk of contamination of clean supplies.
- The smoking shelter was in a poor state of repair.
- The window restrictors were not effective. This increased the risk of residents with reduced risk awareness exiting the centre without staff knowledge. While the issue had been identified months previously and new restrictors had been ordered, the provider had not addressed this issue in a timely manner to mitigate the identified risk.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed residents' records and saw that where residents were temporarily absent from a designated centre, relevant information about them was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1), including infectious diseases, antimicrobial resistance and legionella.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018). However, further action was required to be fully compliant. For example;

- The provider had introduced a tagging system to identify equipment that had been cleaned. However, this system had not been consistently implemented at the time of inspection. For example, several shower chairs, which had been tagged as clean, were visibly unclean. In addition, several wheelchairs observed in a store room were not tagged to indicate they had been cleaned after use.
- Personal protective equipment (gloves) was not readily available within the sluice rooms. This may impact the effective application of standard infection control precautions.
- A dedicated specimen fridge was not available for the storage of microbiology samples awaiting collection. This may impact the viability of the samples that require refrigeration.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors observed that adequate measures were not in place to ensure that residents living in the centre were safe and protected from the risk of fire.

- Adequate external signage was not provided for residents and staff to easily identify the location of fire assembly points.
- At one fire exit, the upper part of the door frame was lined with timber panelling. The level of fire resistance of the panelling was not clear.
- Gaps over the allowable tolerance for a fire door were found around the door locks of the majority of bedroom doors. This could impact on the containment of smoke and fire in the event of an emergency.
- Floor plans submitted as part of the renewal of registration did not align with the fire floor plans on display in the centre. The floor plans identified a compartment of 13 beds; however, a fire door was observed in this area which was not on the plans. The fire door had reduced this compartment size. There was ambiguity whether the fire alarm system annotation was aligned with the layout of the building as observed on the day of the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The registered provider did not consistently ensure that residents received care in line with their assessed needs and care plans. For example, a number of residents were prescribed a high calorie diet to support the management of their weight. However, the food was not prepared or served in accordance with these requirements.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GPs routinely attended the centre and were available to residents. There was evidence of ongoing referral and review by health and social care professionals, including tissue viability, speech and language therapy, dietitian, and physiotherapy as appropriate.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider failed to ensure that residents' rights were consistently upheld within the centre. This was evidenced by;

- The management of residents with wandering behaviours required further review to ensure all residents felt safe and adequately supported in their living environment. A resident reported that another resident had entered their room on a number of occasions without permission, causing distress and a breach of privacy. While the concern had been raised with management the resident said it had not been fully resolved.
- Residents reported that the evening meal at 4pm was too early; however, there was no action by the management of the centre completed to support residents' right to choose when they wish to eat.

• Excessive and unnecessary infection prevention and control signage was on display on the bedroom doors of residents' with a history of MDRO colonisation. This may compromise their privacy and dignity.
Judgment: Not 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 23: Governance and management	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Brookvale Manor Private Nursing Home OSV-0000325

Inspection ID: MON-0050354

Date of inspection: 28/04/2026

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:

Since the inspection, additional missing person drills were conducted to strengthen staff knowledge and preparedness in responding to a missing person incident. From 10th October 2026, missing person drills will be completed monthly. The Missing Person Policy and associated procedures have been reiterated and reinforced with all staff, with an emphasis on ensuring that staff are familiar with their individual roles and responsibilities and the actions required in the event of a resident being reported missing- complete and ongoing

Additional refresher training sessions were provided to staff on the appropriate management of residents presenting with responsive behaviours. The Responsive Behaviour Management Policy was reiterated and reinforced with all staff to ensure staff are familiar with the procedures and appropriate interventions to support residents safely and effectively- complete

Additional support measures and enhanced staff supervision was implemented to minimise disturbance to other residents and supporting the needs of all residents exhibiting responsive behaviours - complete

A review and analysis of behaviour monitoring reports have been completed to evaluate the effectiveness of the measures implemented. The analysis demonstrated a significant reduction in the frequency of responsive behaviours displayed. Complete and ongoing

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Additional support measures and enhanced staff supervision was implemented to minimise disturbance to other residents and supporting the needs of all residents exhibiting responsive behaviours - complete

Additional refresher training sessions were provided to staff on the appropriate management of residents presenting with responsive behaviours. The Responsive Behaviour Management Policy was reiterated and reinforced with all staff to ensure staff are familiar with the procedures and appropriate interventions to support residents safely and effectively- complete

A review and analysis of behaviour monitoring reports has been completed to evaluate the effectiveness of the measures implemented. The analysis demonstrated a significant reduction in the frequency of responsive behaviours displayed by the residents. The resident's behaviour will continue to be monitored and reviewed, and interventions will be reviewed- ongoing

By the 31st October 2026, the current signage will be upgraded to clearly identify the wording Assembly Point 1 at the designated assembly point located at the front of the building.
The timber panel has been replaced with a metal panel to enhance fire safety and ensure appropriate fire protection measures are in place- complete
By the 31st October 2026, all fire doors will be audited and any remedial works actioned to ensure they meet the allowable tolerance gap around the door locks in the bedrooms.
By the 31st October 2026, an updated floor plan will be submitted to ensure it correctly identifies the correct compartment size and layout of the building as per SOP and a review will be completed to ensure that the alarm zoning is aligned with the layout of the building.
The requirement for robust oversight on fire safety and facilities maintenance monitoring has been reiterated with the Person in Charge and Regional Director to ensure that all checks are completed thoroughly and in line with policy to identify any issues with the building in a timely manner and to address these proactively- complete

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
By the 31st December 2026, the housekeepers store will be relocated to the storeroom beside room 25/26.

Deep cleaning of all identified high-risk areas, including the housekeeping room, female staff changing room, kitchen sluice and laundry area, has now been completed. All identified remedial works have also been completed to address the areas of concern and maintain appropriate infection prevention and control standards- complete
The external storage area has been fully decluttered, and the flooring has been renovated. PPE and other consumables are now stored appropriately in designated areas to support effective infection prevention and control practices and maintain a clean, safe and organised storage environment- complete
The designated smoking shelter has been repaired, and all identified remedial works have been completed. The area is maintained in a safe, clean and appropriate condition for residents who use the facility- complete
New window restrictors with enhanced safety features have been installed on all applicable external windows throughout the building to enhance resident safety and minimise risk- complete

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The "I Am Clean" labelling system, has been reiterated and reinforced with all staff to ensure consistent implementation. Appropriate management supervision and regular monitoring are in place to assess staff compliance and ensure that the system is being used effectively. In addition to routine cleaning and decontamination of equipment between each resident use, a programme of scheduled deep cleaning of equipment has also been implemented to further strengthen infection prevention and control practices- complete and ongoing

Dani Centre units have been installed in each sluice room to support appropriate infection prevention and control practices. Appropriate PPE, including disposable gloves, is readily available and easily accessible in both sluice rooms to ensure staff can follow standard infection prevention and control precautions at all times- complete

A dedicated refrigerator is in place for the safe and appropriate storage of specimens, supporting infection prevention and control practices and ensuring specimens are stored separately from other items- complete

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
By the 31stOctober 2026, the current signage will be upgraded to clearly identify the wording Assembly Point 1 at the designated assembly point located at the front of the building.
A timber panel has been replaced with a metal panel to enhance fire safety and ensure appropriate fire protection measures are in place- complete
By the 31stOctober 2026, all fire doors will be audited and any remedial works actioned to ensure they meet the allowable tolerance gap around the door locks in the bedrooms.
By the 31stOctober 2026, an updated floor plan will be submitted to ensure it correctly identifies the correct compartment size and layout of the building as per SOP and a review will be completed to ensure that the alarm zoning is aligned with the layout of the building.

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:

Residents care plans have been updated to ensure they reflect their assessed nutritional and dietary requirements. Meals, snacks and fluids are provided in accordance with each residents' individual dietary recommendations. Residents who are prescribed a high-calorie diet receive meals and nutritional options appropriate to these requirements from the kitchen. The system to ensure that kitchen staff are kept informed of any changes or updates to residents' dietary and nutritional requirements has been reinforced to ensure that the correct diet is consistently provided- complete

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Additional support measures and enhanced staff supervision was implemented to minimise disturbance to other residents and supporting the needs of all residents exhibiting responsive behaviours - complete

Additional refresher training sessions were provided to staff on the appropriate

management of residents presenting with responsive behaviours. The Responsive Behaviour Management Policy was reiterated and reinforced with all staff to ensure staff are familiar with the procedures and appropriate interventions to support residents safely and effectively- complete

A review and analysis of behaviour monitoring reports has been completed to evaluate the effectiveness of the measures implemented. The analysis demonstrated a significant reduction in the frequency of responsive behaviours displayed by the residents. The resident's behaviour will continue to be monitored and reviewed, and interventions will be reviewed- ongoing

Infection prevention and control signage has now been standardised in accordance with the facility's policy. Staff have been informed and reminded to avoid the unnecessary or excessive use of infection prevention signage. Appropriate signage will only be displayed when a resident has an active infection or where specific infection prevention and control precautions are required. Signage will be removed promptly when it is no longer required- complete.

Mealtimes have been revised in line with residents' preferences and choices. Lunch is now served between 12:30 p.m. and 2:00 p.m., and evening tea is served between 4:30 p.m. and 6:00 p.m. This flexible approach supports residents' individual routines and promotes a more person-centred dining experience - 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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/10/2026
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	31/12/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/10/2026
Regulation 27(a)	The registered provider shall ensure that infection	Substantially Compliant	Yellow	31/10/2026

	prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
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	31/10/2026
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/10/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/10/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is	Substantially Compliant	Yellow	31/10/2026

	reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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	31/10/2026