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:	CareBright Community
Name of provider:	CareBright Company Limited by Guarantee
Address of centre:	Ardykeohane, Bruff, Limerick
Type of inspection:	Announced
Date of inspection:	22 July 2025
Centre ID:	OSV-0005636
Fieldwork ID:	MON-0044371

About the designated centre

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

Care Bright Community Residential care facility was located near the town of Bruff. It was set in lovely spacious gardens which were tended by the gardener, the horticulturalist and any residents who wish to be involved. The centre consisted of three bungalows, each of which was designed to accommodate six residents. The community was designed to recognise people's ongoing right to home and connectedness to their family and community. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential dementia care and palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. There is a gym, hairdressers and Yarn-Cafe in the on-site "HUB". Care Bright employs a professional staff consisting of registered nurses, care assistants, maintenance, housekeeping and administrative staff. There is 24-hour nursing care provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18

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 22 July 2025	09:00hrs to 17:35hrs	Rachel Seoighthe	Lead
Tuesday 22 July 2025	09:00hrs to 17:35hrs	Erica Mulvihill	Support

What residents told us and what inspectors observed

This was an announced inspection which was carried out over one day. Several residents told the inspectors that they were happy living in the centre. Inspectors observed that residents appeared content, and one resident told inspectors that they felt "grateful", as the staff were “so helpful and kind”.

Inspectors were greeted by the person in charge upon arrival to the centre. Following an introductory meeting, inspectors spent time walking through the centre with the person in charge, giving an opportunity to observe and meet with residents in their lived environment.

Located in the village of Bruff, Co. Limerick, CareBright Community provides long term care for male and female residents who are living with dementia. The designated centre is registered to provide care for a maximum of 18 residents and it was fully occupied on the day of inspection. The centre is comprised of three individual bungalows known as Rosewood, Lavender and Butterfly. The bungalows are located a short stroll from a separate building located on the same site, which contain a cafe, a social club and facilities, including a hair-dressing salon and a spa bathroom.

Inspectors observed that the style and layout of the centre supported staff to implement a household model of care. Each home had it's own front door, with a door bell. Each bungalow had a brightly painted, spacious entrance hall which contained decorative furnishings. Walls were decorated with photographs and life stories of the residents and the staff who cared for them. Inspectors were welcomed into one bungalow by a resident who described their home as "gorgeous".

Resident bedroom accommodation in each bungalow consisted of six single bedrooms, with ensuite toilet and shower facilities. Resident communal areas included an open-plan kitchen, dining, living and snug area. There was a utility room attached to each kitchen. As inspectors walked through the centre, it was noted that resident bedroom doors displayed details of significance to each resident. For example, familiar images such as animals and scenery. Resident bedrooms were observed to be clean, tidy and very spacious. Some resident bedrooms were divided into separate living areas, which contained tables, chairs and large televisions. Inspectors noted that the majority of resident bedrooms contained a domestic-style double bed.

Inspectors observed that there was ample storage space provided in each room, which consisted of large movable display units, wardrobes and several lockers. Call bells were provided in every bedroom. Inspectors noted that residents were encouraged to have items of their own furniture, if they wished. Bedroom walls displayed photographs and artwork of significance to the residents. Inspectors observed that resident ensuite shower rooms were clean, and there was sufficient storage space for personal care items. Individual private patios, which offered views

of the main garden, were accessible from each resident bedroom. Each private patio was secured with fencing and decorative hedging. There were patio tables and chairs provided for resident use.

Inspectors observed that each kitchen was fully accessible and resident meals were prepared and cooked in each home. Inspectors were informed that residents were supported to participate in the preparation of their meals, if they wished. Inspectors were greeted warmly by one resident who was making their own breakfast on the morning of the inspection. The resident reported that they were having a 'late breakfast'.

As inspectors walked through the centre, they noted that several residents were walking independently to the social club, while other residents were supported by staff. Residents who did not attend the social club were observed relaxing in the communal sitting rooms, where there was a constant staff presence. Inspectors observed that the communal sitting rooms contained sensory equipment, decorative lighting and water features, which created a calm and relaxing environment.

A lunch-time meal service was observed in the Lavender bungalow and inspectors noted that staff worked hard to ensure the dining experience was a pleasant occasion. Inspectors observed that six residents were seated together at a large dining table, which was decorated with fresh flowers. Staff were present to assist and support residents who required assistance. However, inspectors found that despite this arrangement, the organisation of the meal service resulted in delays in the provision of assistance to several residents.

Inspectors observed that, although all meals were served to the table at the same time, some residents were required to wait longer than others for assistance, as staff were carrying out other tasks. Inspectors observed that one resident was served their lunch at 1:15pm. They required assistance to eat their meal however, inspectors noted that assistance was not given until 1:25pm. When inspectors returned to the Lavender bungalow at 1:40pm, they noted that the resident had eaten half of their lunch and the staff member assisting them was also supporting another resident. By contrast, inspectors observed a well-organised meal service in the Rosewood bungalow, where a smaller number of residents were present.

Overall, the centre appeared to be clean and well-maintained. However, inspectors noted that some areas of the kitchens, including lighting, tile surfaces and equipment storage cupboards, were not cleaned to an acceptable standard.

Residents enjoyed a music activity in the afternoon of the inspection and in the evening time, several residents were observed engaging in an art activity in one bungalow. Residents showed inspectors their artwork and they appeared very content, enjoying cups of tea and biscuits while participating in this activity. Throughout the inspection, staff were seen to be engaging positively with residents. It was apparent that staff knew residents' care and support needs, and preferred communication approaches. Inspectors noted that all staff spoke in soft tones to the residents and interactions were observed to be kind and gentle. One resident told the inspectors that they felt 'safe' living in the centre. There were residents who

were living with dementia who were unable to express their opinions on the quality of life in the centre. However, those residents who could not communicate their needs appeared to be relaxed and content.

Residents were observed moving freely between the houses and grounds. The main garden contained a visitors hub and an animal enclosure where three pygmy goats lived. The centre's pet dog was seen visiting the bungalows throughout the day.

Visitors were observed being welcomed into the centre throughout the inspection. Residents met with their friends and loved ones in their bedrooms or communal rooms. Inspectors heard positive feedback from one visitor who described that they "couldn't be luckier" to have their loved one living in the centre.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an announced inspection by inspectors of social services, 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 followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in January 2024, in relation to risk management, infection control, fire precautions and governance and management.

Inspectors found that the provider was working hard to implement a household model of care, which had a positive impact on the resident's quality of life. While good levels of compliance was identified on this inspection overall, infection control, records, protection and governance and management, were not fully aligned to the requirements of the regulations.

Carebright Company Limited by Guarantee was the registered provider of Carebright Community. The person in charge worked full-time in the centre and they were supported in their role by a senior staff nurse. A team of nurses, care staff, activities staff, catering, house-keeping, laundry, administration, maintenance staff made up the staffing compliment. The senior staff nurse deputised in the absence of the person in charge. Additional operational management support was provided by a general manager.

Inspectors' observations were that staffing levels on the day of the inspection were sufficient to meet the assessed needs and dependencies of residents. There was a registered nurse on duty at all times to oversee the clinical needs of the residents. Training records reviewed demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of residents. Records viewed indicated that the majority of staff were up-to-date with the centre's

mandatory training requirements. Staff also had access to additional training to inform their practice which included infection prevention and control, dementia care and cardiopulmonary resuscitation (CPR) training.

There were regular meetings at local and management level, with records of these being made available for review. There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety. The audit schedule included audits of falls management, medication management and nutrition. Any areas of quality improvement identified through these audits had a corresponding action plan. However, inspectors found that oversight of cleaning was not robust. Records showed that the implementation of monthly cleaning self-audits was established at a department meeting in May 2025, however, these had not commenced at the time of inspection.

The provider had arrangements for recording accidents and incidents involving residents in the centre, and notifications were submitted, as required by the regulations.

A review of complaints management found that all complaints had been appropriately managed, in line with the centres' complaints management policy.

A review of record management in the centre found that staff files and found that they contained all of the required information as set out under Schedule 2 of the regulations. However, some resident records were not stored securely in the centre.

An annual report on the quality of the service had been completed for 2024. The report set out the service's level of compliance, as assessed by the management team.

Regulation 15: Staffing

On the day of inspection, there was adequate staff available to meet the needs of the current residents, taking into consideration the size and layout of the buildings.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by inspectors demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of residents.

Judgment: Compliant

Regulation 21: Records

The registered provider did not maintain records as required under Schedule 3 of the regulations. For example,

- Records containing a daily staff handover and daily personal care records were observed in resident communal areas in one bungalow. These were not securely stored, and therefore easily accessible.

Judgment: Substantially compliant

Regulation 23: Governance and management

Some of the management systems in place did not ensure adequate oversight of the service. For example:

- A review of the environment audits used in the centre found that monitoring of the cleaning in some areas was not fully effective, and impacted on the quality of the care environment.
- The organisation and supervision of the lunch-time meal service was not consistently monitored. This led to delays in a small number of residents receiving assistance with their meals on the day of inspection.
- The systems in place to safeguard residents were not always fully implemented.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider had arrangements for recording accidents and incidents involving residents in the centre, and notifications were submitted as required by the regulations.

Judgment: Compliant

Regulation 22: Insurance

There was an up-to-date contract of insurance in place against injury to residents, and other risks, including loss or damage to a resident's property.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an up-to-date policy in place for the management of complaints. Records demonstrated that complaints documented within the centre's complaint log were managed in line with the requirements of the regulation.

Judgment: Compliant

Quality and safety

Inspectors observed that the interactions between residents and staff were kind and respectful throughout the inspection. Residents' healthcare needs were being met, through access to allied health services and there were frequent opportunities for social engagement. Residents received care and support from a team of staff who knew their individual needs and preferences. Residents who could express a view were complimentary of the care they received. However, the findings in relation to protection and infection control, did not align with the requirements of the regulations.

Measures were in place to safeguard residents from abuse. Staff had completed up-to-date training in the prevention, detection and response to abuse. A safeguarding policy and procedure was in place to safeguard residents from the risk of abuse. The provider did not act as a pension agent for any residents, However, inspectors found that safeguarding policies and procedures were not consistently implemented, in relation to the documentation of preliminary screening assessments for potential safeguarding concerns. This is detailed under Regulation 8: Protection.

There were measures in place to protect residents against the risk of fire. The designated centre had fire-fighting equipment, emergency lighting and a fire detection and alarm system in each bungalow. Residents' support needs were documented in personal evacuation plans (PEEPS) viewed by the inspectors.

Overall, the centre was clean and well-maintained. Each bungalow was noted to be well-lit and warm and the environment was homely and comfortable. Resident accommodation was individually personalised and generally very clean. However, inspectors observed that good standards for infection prevention and control were

not maintained in some areas of the centre, in particular, the resident kitchens. This is detailed under Regulation 27: Infection control.

Inspectors reviewed a sample of residents' care records. A pre-admission assessment was carried out by the person in charge to ensure the centre could meet the residents' needs. Records showed that nursing staff used validated tools to carry out assessments of residents' needs upon admission to the centre. These assessments included the risk of falls, malnutrition, assessment of cognition, and dependency levels. The outcomes of these assessments were used to develop an individualised care plan for each resident, which generally addressed their individual health and social care needs.

Residents were supported to attend a general practitioner (GP) from the local practice and out of hours GP services were available when required. Residents had good access to physiotherapy, occupational therapy, dieticians, tissue viability nursing, palliative care input and speech and language therapy, where required.

Residents were supported to participate in meaningful activities and the weekly schedule included one-to-one therapies, art, live music and garden walks. Residents were supported to maintain links to their community and many residents attended the social club in the nearby café, which took place four days per week. Residents were also supported to go on individual outings, such as shopping trips in the local village. Residents had access to local and national newspapers, internet, televisions and radios in their bedrooms and in the communal areas.

Information regarding advocacy services was available in the centre and discussed at resident meetings. Residents were supported access this service, if required. Records demonstrated that residents were consulted about the operation of the centre through regular meetings and the completion of satisfaction surveys. Minutes of resident meetings showed that relatives attended to represent their loved ones. Meeting records demonstrated that feedback and suggestions from residents were acted upon, where required.

There were flexible visiting arrangements in place. Visitors were observed attending the centre throughout the day of the inspection. Inspectors saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Regulation 11: Visits

There were had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in the communal areas.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had a risk management policy in place. This included the hazard identification and assessment of risks throughout the designated centre.

Judgment: Compliant

Regulation 27: Infection control

Some issues were identified which had the potential to impact the effectiveness of infection prevention and control within the centre and posed a risk of cross infection. This was evidenced by:

- Some areas of the resident kitchens were not cleaned to an acceptable standard.
- Some furnishings, including resident seating, were not clean on inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Individual assessment and care planning documentation was available for each resident in the centre. Care plans contained detailed information specific to the individual needs of the residents.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to attend general practitioners in the local community.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life and palliative care.

Judgment: Compliant

Regulation 8: Protection

The registered provider did not fully ensure that all appropriate and effective safeguarding measures were in place. For example, the centre's own safeguarding policies and procedures were not consistently implemented in relation to the completion of preliminary screening assessments, in a small number of incidents.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There were facilities for residents to engage in recreational and occupational opportunities.

Residents had access to internet, radio, television and newspapers. Residents were supported to exercise choice in relation to their daily routines. Resident meetings were held on a regular basis.

There was an independent advocacy service available to residents living the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 22: Insurance	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for CareBright Community OSV-0005636

Inspection ID: MON-0044371

Date of inspection: 22/07/2025

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
Outline how you are going to come into compliance with Regulation 21: Records: PIC will ensure that all residents identifiable records will be stored securely in a locked cabinet and not accessible in public areas. In place since 23/7/25.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Monthly audits are now being carried out in relation to IPC. Implemented on 12/8/25 and monthly thereafter. Maintenance responsible for cleaning of high areas and light fittings, documented in maintenance book monthly implemented on 7/8/25 and monthly thereafter. 2 mealtime sittings both lunch and suppertime were implemented on 23/7/23 to ensure that residents have a pleasant dining experience in Lavender House. These mealtime sittings will continue going forward.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control:	

Monthly audits have commenced in relation to communal areas and will continue on a monthly basis. Implemented on 12/8/25 Maintenance are now responsible for cleaning high areas and steam cleaning soft furnishings. Implemented on 7/8/25. This is carried out on a monthly basis and recorded

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: A preliminary internal screening assessment will be completed by PIC regarding all incidents going forward and a record kept of same. Implemented on 1/8/25 for all incidents.

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 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	30/11/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	23/07/2025
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	30/11/2025

Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	30/11/2025