



**Health
Information
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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:	Beech Lodge Care Facility
Name of provider:	Beech Lodge Care Facility Limited
Address of centre:	Kilmallock Road, Bruree, Limerick
Type of inspection:	Unannounced
Date of inspection:	20 March 2025
Centre ID:	OSV-0000408
Fieldwork ID:	MON-0046652

About the designated centre

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

Situated in the village of Bruree, County Limerick, Beech Lodge Care Facility offers long term care, rehabilitative care, respite care and convalescent care for older adults. The age range catered for is 18 to 65+. Our care facility is a 66-bed facility which is made up of 48 single en-suite bedrooms and nine double en-suite bedrooms. There is 24-hour nursing care available from a team of highly trained staff. Our mission is to promote the dignity and independence of residents. The designated centre provides short & long-term care, respite/convalescence and palliative care and care for residents' with dementia. Here at Beech Lodge an individual programme of activities is tailored to each individual resident. Referrals for admission may come from acute or long-term facilities, community services or privately. Private admissions are arranged following a pre-admission assessment of needs including medical background, dietary requirements etc. We aim to provide the best care possible and use a variety of care assessment tools to help us to do this. We also involve both the resident and their representative in this process. We provide a GP and physiotherapy service to all residents. We aim to make dining a social experience. Individual dietary requirements are incorporated into the menu planning process. Catering personnel are trained in the appropriate skills and are supported by the dietitian and the speech and language therapist (SALT). The facility has its own mini bus for the use of residents. There is a monthly residents' meeting to discuss issues ranging from activities, improvements in daily life, the environment and other issues. Activities include: newspapers, exercises, brain games, music, mass, art, baking, hairdresser, bingo, sensory therapy, and much more. We are interested in feedback to ensure that our service is continually reviewed in line with best practice. Visitors are welcome and local community events are accessible.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	64
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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
Thursday 20 March 2025	09:00hrs to 19:25hrs	Rachel Seoighthe	Lead
Thursday 20 March 2025	09:00hrs to 19:25hrs	Fiona Cawley	Support

What residents told us and what inspectors observed

This unannounced inspection took place over one day. On the day of inspection, inspectors observed that residents were supported by a team of staff who were kind and caring. The overall feedback from residents was that they were happy with the care they received and with their lives in the centre. Inspectors heard positive comments such as 'I have been in many places like this, this is by far the best, I couldn't fault the place.' Residents described the centre as 'wonderful' and one resident informed inspectors that 'all is good.'

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

Located in the rural village of Bruree, Co. Limerick, Beech Lodge Care Facility is registered to provide care to a maximum of 66 residents. On the day of inspection, there were 64 residents accommodated in the designated centre. The centre was a purpose-built, two-storey facility. Offices and storage rooms were located on the first floor of the designated centre and resident bedroom and communal accommodation was provided on the ground floor.

The entrance to the centre opened into a reception area which contained several offices and a nurses' station. Seating was provided in the reception and there was an aquarium for resident interest. Noticeboards were displayed showing photographs of past events, information regarding advocacy services, and a programme of activities. Resident bedroom and communal accommodation was located along corridors, leading from the reception area. Resident bedroom accommodation consisted of single and shared bedrooms with ensuite facilities. There were a number of communal rooms available, including several dining rooms, sitting rooms and an oratory.

Inspectors met residents who were relaxing in their bedrooms. Some residents were observed carrying out activities independently, and they told inspectors that this was their preference. Inspectors also spoke with a small number of residents who had been isolating in their bedroom for a number of days, as an infection control precaution. They told inspectors that they were eager to return to the communal areas, when safe to do so. Many resident bedrooms were seen to be personalised with items of significance, such as photographs, artwork and ornaments. Call bells and televisions were provided in all resident bedrooms. Residents appeared to have sufficient storage for their personal possessions, however, inspectors found that a small number of resident wardrobes and some bathrooms cabinets, were cluttered and untidy.

Inspectors spent time observing resident and staff interactions throughout the inspection. Residents were seen socialising together in the 'Dome', which was a large communal sitting room, located beside the reception area. Inspectors found

that the atmosphere in the Dome was lively and welcoming. Many residents were seen chatting together and engaging with staff in the programme of activities provided. Inspectors spoke with several residents who reported that they were content living in the centre. Some residents were observing playing board games, and a small group of residents were noted to be saying the rosary together. There was a staff presence in the communal sitting room at all times. Inspectors also observed some residents enjoying manicures, which were provided by activity staff in a quiet area, outside of the Dome.

Resident bedroom and communal accommodation was also provided in an area called the Daffodil wing, and inspectors spent time walking through this area. Resident bedroom doors were painted in a variety of bright colours, to replicate front doors. Communal rooms were spacious and consisted of a large sitting room which was decorated with bunting and feature wallpaper, which replicated a library. Inspectors observed a large music room and a dining room. Several residents were observed engaging in a ball game and a number of other residents were resting in their bedrooms. The atmosphere in the Daffodil wing was relaxed, and residents appeared to be generally content.

While the centre was nicely decorated and provided a homely environment for residents, some communal areas were not cleaned to an acceptable standard. Inspectors observed that the floor surfaces in the dining rooms were not clean. Inspectors also noted that, although there were two secure, outdoor spaces provided for resident use, they were not well-maintained and one was unfurnished. There appeared to be sufficient storage rooms available in the centre, for resident care equipment and products. However, inspectors observed that some large mobility equipment was being stored in the music room and in the dining room in the Daffodil wing. This impeded access to some areas of the rooms and appeared unsightly.

Resident feedback was generally positive in relation to the quality of food provided. Inspectors observed that the daily menu was displayed in the main dining room. By contrast, the dining experience was of a poorer quality for residents accommodated in the daffodil wing. For example, daily menu was not displayed for residents in this unit. In addition, inspectors observed that lunch-time courses were served altogether on trays to residents living in the Daffodil wing. Inspectors noted that a resident in this unit was not assisted with their meal by staff in a manner which was discreet or promoted social interaction.

Feedback from residents was consistently positive in relation to the care they received from staff, and one resident informed inspectors that 'staff couldn't be nicer'.

Visitors were observed being welcomed into the centre throughout the inspection. Residents were observed meeting with their friends and loved ones in their bedrooms or communal rooms.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how

these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection following receipt of information relating to the safeguarding of residents and the management of complaints. The information was not substantiated on this inspection. This inspection also reviewed the action taken by the provider to address issues of non-compliance with the regulations found on a previous inspection in November 2024, in relation to infection control, fire precautions, the directory of residents, governance and management, notification of incidents and the complaints procedure. This inspection found that, although some action had been taken to complete a compliance plan, individual assessment and care planning, residents' rights, premises, infection control, fire precautions, contracts for the provision of services, the directory of residents, and governance and management did not fully meet the requirements of the regulation. Furthermore, record management systems were not effectively implemented, and although some information was available to view, a number of records relating to resident finances, were not maintained in accordance with regulatory requirements.

Beech Lodge Care Facility Limited was the registered provider for Beech Lodge Nursing Home. There were two company directors, one of whom was involved in the day-to-day operations of the centre. The person in charge worked in a full-time capacity and was supported by an assistant director of nursing who worked in a supervisory role. The assistant director of nursing deputised in the absence of the person in charge. A clinical nurse manager and a team of registered nurses, health care assistants, activity, administration, maintenance, domestic and catering staff made up the staffing compliment. There were a minimum of two registered nurses on duty in the centre, twenty four hours a day.

There were 64 residents living in the centre on the day of inspection. 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 training programme in place for staff, which included mandatory training and training in other areas to support the provision of care. Training records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures and safeguarding residents from abuse.

There were management systems in place to oversee the service and the quality of care, which included regular management meetings within the centre, and records showed that these meetings were used to review key clinical and operational aspects of the service. There was a programme of auditing in clinical care and environmental safety and systems in place to monitor and respond to clinical and environmental risks, were underpinned by a risk management policy.

Records demonstrated that a risk register was maintained. However, a review of the

risk register found that it did not identify some environmental risks seen on the day of inspection, such as the potential for harm caused by easy access to a hot water boiler , in one resident dining room. Inspectors also found that some controls were not implemented effectively. For example, records showed that a risk assessment for the safety of residents using the smoking area in the Daffodil wing was entered into the centres risk register in July 2024. However, risk management controls were not being implemented at the time of the inspection as evidenced under Regulation 28: Fire precautions.

A review of the record management systems in the centre found that records relating to resident finances were not appropriately maintained, and some records relating to residents finances were not kept in the designated centre, as required under Schedule 3 of the regulations. This is discussed further under Regulation 23: Governance and Management.

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. Notifications required to be submitted to the Chief Inspector were done so in accordance with regulatory requirements.

A directory of residents was maintained by the registered provider, however, it did not include all of the requirements of Schedule 3. For example, there were incomplete details in relation to residents' addresses, sex and marital status. This was a repeated finding from a previous inspection.

There were contracts of care in place for all residents, however, the occupancy of resident bedrooms were not recorded on two contracts viewed by inspectors. Furthermore, the bedroom number and occupancy were not recorded accurately, in the contract of a resident who had relocated to another bedroom in the centre. This is discussed under Regulation 24: Contracts for the provision of care.

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 Regulation 34: Complaints procedure.

The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements.

Inspectors reviewed a sample of staff personnel files and there was evidence that all staff had been appropriately vetted prior to commencing their respective role in the centre.

Regulation 15: Staffing

On the day of inspection, there was adequate staff available to meet the health and social care needs of residents living in the centre, considering the size and layout of

the building.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records demonstrated that staff were facilitated and supported to attend training in fire safety, moving and handling practices, and safeguarding vulnerable persons. Staff had access to additional training to inform their practice which included infection prevention and control, restrictive practices and cardiopulmonary resuscitation.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents did not contain all the information specified in paragraph three of Schedule 3 of the regulations for a number of residents. For example:

- the name and address of any authority, organisation or other body which arranged the resident's admission to the designated centre
- the address and telephone number of the residents' general practitioner
- the marital status and sex of the resident
- the cause of death.

This is a repeated finding.

Judgment: Not compliant

Regulation 21: Records

The management of records was not in line with the regulatory requirements. For example;

- The registered provider failed to ensure that all records the pertaining to resident finances were maintained in the designated centre, in accordance with Schedule 3 of the regulations. Records relating to some resident finances, including pension agent arrangements and pension account statements, were not retained in the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

Some of the management systems in place did not provide full assurance that the service was safe and consistent. This was evidenced by:

- The registered provider had not ensured that record management systems were effectively implemented and not all records, set out in Schedule 3 were kept in the designated centre. Records underpinning pension agent arrangements were not available for some residents and the systems to monitor records, to ensure full compliance with the regulations, was poor.
- The system in place to manage risk was not effectively utilised. Not all environmental risks were identified. A risk assessment relating to the safe disposal of sharps devices, recorded in February 2025, stated that sharps bins were mounted securely to the wall, however this control was being not implemented fully, as seen on the day of inspection. Furthermore, a risk assessment in relation to the management of residents with suspected or confirmed infections was reviewed in July 2024. A risk control measure was the establishment of clear protocols, for isolating residents with confirmed infection, or who had been exposed or were suspected of having an infection. Inspectors found that this control was not implemented and isolation precautions observed on the day of inspection were not aligned with public health guidelines.
- There was inadequate management oversight of contracts for the provision of services, premises, infection control and fire precautions.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of contracts for the provision of services:

- Two contracts reviewed did not include the terms, relating to the occupancy of the bedrooms, in which the residents would reside in the centre.
- One resident contract was not reviewed following a change to the terms of their accommodation in the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A review of the complaints records found that complaints and concerns were responded to promptly, and managed in line with the requirements of Regulation 34.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the interactions between residents and staff were kind throughout the inspection. On the day of inspection, residents reported that they were generally satisfied with the care received. Residents had good access to health care services, including general practitioners (GP), dietitian, speech and language and tissue viability services. However, individual assessments and care planning, residents' rights, fire precautions, premises and infection control, did not fully meet the requirements of the regulations.

A sample of residents individual assessments and care plans were reviewed. All residents had a care plan, and there was evidence that residents needs had been assessed using validated assessment tools. However, inspectors found that some individual assessment and care planning documentation did not always contain up-to-date information to guide staff to meet the needs of the residents.

Inspectors found that registered provider did not ensure that residents in shared bedrooms could undertake personal activities. Some residents with complex care needs who required high levels of supervision were accommodated in shared bedrooms, with residents who had lower supervision needs. This resulted in some occasions where residents with lower supervision needs could not undertake personal activities in private.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm and resident's accommodation was individually personalised. However, inspectors identified some areas of the premises which were in a state of disrepair such as wall and skirting board surfaces. Furthermore, the upkeep of the outdoor spaces was not adequate to meet residents needs. In addition, inspectors

found that the privacy of residents could not be not assured in one of the shared rooms, where one occupant of the bedroom was receiving continuous supervision, on a daily basis.

Infection prevention and control measures were in place and monitored by the person in charge. While records demonstrated that there were cleaning schedules in place, inspectors observed that some areas of the centre were not cleaned to an appropriate standard. Resident dining rooms were noted to be unclean and some areas of the centre were cluttered and untidy. This is detailed further under Regulation 27: Infection control.

The provider had a number of measures in place to ensure that residents were protected in the event of a fire emergency. These included regular servicing of fire safety equipment and regular checks of means of escape to ensure that they were not obstructed. However, inspectors observed that adequate precautions were not in place in all areas. For example, a designated smoking area did not have appropriate furnishings and a call bell in place, and fire detection was not provided in an external storage shed. These findings are detailed further under Regulation 28: Fire precautions.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Arrangements were in place for residents to access the expertise of allied health and social care professionals for further assessment. A physiotherapist attended the centre twice weekly.

There were a small number of residents who required the use of bedrails and records reviewed showed that appropriate risk assessments had been carried out.

There was a schedule of recreational activities in place and there were sufficient staff available to support residents in their recreation of choice. Residents attended meetings and contributed to the organisation of the service. Resident satisfaction surveys were carried out. Residents had access to an independent advocacy service. Records demonstrated that resident's meetings were convened and that there was discussion around various topics including access to services, food, and activities. Residents spoken with were complimentary of the staff and the care they provided. Residents had access to television, wifi, radios, books and newspapers. Two members of staff were assigned to provide activities daily. The schedule of activities included exercise programmes, art, music and outings.

Inspectors observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Regulation 11: Visits

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre. Residents could meet their visitors in

private outside of their bedrooms in the communal rooms available
Judgment: Compliant
Regulation 17: Premises
There were areas of the building that did not meet the requirements under Schedule 6 of the regulations. For example; • The residents enclosed garden areas were poorly maintained and no seating was provided in one of the outdoor spaces • Paintwork on the wall surfaces and skirting boards in some resident bedrooms was chipped and scuffed, and some floor surfaces were worn. • Wall tiling was damaged in one resident ensuite bathroom.
Judgment: Substantially compliant
Regulation 27: Infection control
A number of 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: • A large container used for the safe collection of sharps devices was being stored on the floor of a residents ensuite bathroom. • Waste was being disposed of in open bins in one resident dining room, and the floor surface in both dining rooms was not clean. • A microwave in one resident dining room was rusted and visibly unclean. • Foods and drinks stored in one resident dining room were not labelled with a date of opening, this posed a risk as these items may not be safe to consume. • One sluice room were cluttered with laundry skip trolleys and access to the sink and bedpan washer was restricted. • Isolation precautions which were implemented for residents who exhibited respiratory symptoms were not aligned with public health guidance.
Judgment: Substantially compliant
Regulation 28: Fire precautions

The provider did not have adequate precautions against the risk of fire in place. For example:

- A call bell and fire extinguisher were not available to residents who smoked in the porch area of the Daffodil unit.
- Combustibles materials, such as plastics were stored in close proximity to the electrical fuse box in one storage room.
- There was no fire detection in an external storage unit which contained large amounts of combustible products.
- Oxygen cylinders were stored in a caged enclosure located in close proximity to the external boiler house.
- Chemicals and equipment, which may be combustible, were being stored in the external boiler house.

Personal evacuation plans (PEEPS) viewed for several residents were not up-to-date and did not clearly describe the methods for evacuating residents from the centre.

The arrangements in place to ensure that the containment of fire in the event of an emergency was not adequate.

- There was visible damage to the cross corridor fire door at the entrance to the daffodil unit. This could compromise the effective containment of smoke and fire in the event of a fire emergency.
- A fire door was held open in one resident bedroom. This may impede the containment of fire and smoke in the event of an emergency.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of residents' individual assessments and care plans found that some care plans had not been reviewed as required under Regulation 5. This was evidenced by:

- Care plans were not consistently developed, based on an assessment of need, within 48 hours of the residents admission to the centre. A resident, who was at risk of developing pressure ulcers, did not have a care plan developed within 48 hours following admission. A care plan was developed seven weeks after admission.

A sample of care plans reviewed were not updated to reflect the current, assessed needs of the residents, for example:

- Care plans, which had been developed for three residents who were assessed as being at risk of malnutrition, were not updated in a timely manner to reflect the care interventions required to support their needs. This meant that staff did not have up-to-date information to guide the residents care.

- Care plans, which had been developed for one resident who was at risk of falling, did not contain up-to-date information regarding the residents mobility status.

Inspectors found that comprehensive assessment of need were not always completed, and consequently, appropriate care plans were not developed. For example:

- Care plans which had been developed for one resident described that they had a cognitive impairment. However, this information was not recorded as part of the residents initial comprehensive assessment and it did not align with any cognitive assessments completed for the resident since their admission to the centre.

Judgment: Not compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals and services to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider did not ensure that residents may undertake personal activities in private. For example:

Some residents with complex care needs who required high levels of supervision were accommodated in bedrooms with residents with lower supervision needs. This resulted in times where residents with lower supervision needs could not undertake personal activities in private.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Beech Lodge Care Facility OSV-0000408

Inspection ID: MON-0046652

Date of inspection: 20/03/2025

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 19: Directory of residents	Not Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: • A full audit of the existing Directory of Residents has been conducted to identify any missing or incomplete information. – Completed on 10/04/25. • Compliance with Regulation 19 will be included in monthly internal audits conducted by the governance team, and corrective action will be taken where needed – Commenced from 21/03/25. • Relevant staff have been retrained on the legal requirements of Regulation 19 to ensure understanding of what must be recorded and maintained – Completed on 27/03/25. • Consideration will be given to incorporating the directory into the centre's electronic resident record and monitored regularly as part of the weekly Clinical Governance meetings – scheduled for decision on 19/06/2025.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • Immediate audit of all required records was conducted - Complete. • Resident financial documents not currently stored in the centre will be retrieved, securely filed, and maintained as per requirements-commenced from 21/03/25. • Beech Lodge Care Facility has established management systems to ensure the secure, transparent, and accountable handling of resident finances, particularly in cases where the facility is appointed as a pension agent. These systems include: - A new operations manager, who started on 14/04/25 has been assigned of assisting with the management of resident finances under the supervision of the Person in Charge	

and the Registered Provider, well-defined financial procedures that detail the processes for receiving, storing, recording, and spending funds, secure maintenance of all financial records, with periodic audits conducted to ensure accuracy and transparency-commenced from 21/04/25.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- Resident financial documents not currently stored in the centre is being retrieved, securely filed, and maintained as per requirements– commenced from 21/03/25.
- A new Operations Manager commenced in post on 14/04/25 (following the inspection) who is tasked with operational matters and strengthening systems around risk management, records, contracts of care, premises and fire precautions.
- The risk register has been reviewed and updated and aspects of this register is now being audited to ensure that controls are effectively implemented in practice – commencing from 21/03/25.
- A weekly environmental walk-through has been commenced to proactively identify risks, led by the ADON or senior nurse – commenced from 21/03/25.
- Staff have been retrained on isolation protocols and have access to the current public health guidance at each nurses' station – complete.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

- The three contracts identified on inspection have been reviewed and updated in consultation with residents and their family – Complete
- An audit of contracts for the provision of services will be conducted monthly by the administration team –commenced from 24/03/25.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: • Maintenance has cleared and cleaned all outdoor areas, installed seating for residents and included raised flower beds - Complete. • A rolling programme of redecoration and upgrading works will commence in each bedroom, when there is a vacancy to enable temporary relocation of residents while works are in progress. Residents will be consulted on their preferences of colours and fabrics –commenced from 31/03/25.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • Sharps container on bathroom floor was immediately removed and was secured in appropriate clinical area - Complete. • Open bins in dining area replaced with closed-lid clinical waste bins - Complete • Deep clean both dining rooms, replaced microwave; implemented cleaning audit checklist - Complete. • Retrained staff on food safety protocols and implemented “date opened” labelling policy - Complete. • Reorganized layout and non-essential items removed from sluice room - Complete. • Staff have been retrained on isolation protocols and have access to the current public health guidance at each nurses’ station – Complete.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Residents and staff have been reminded that the only designated smoking area is in the Buttercup corridor. Daily walkarounds will ensure that there is no smoking in the Daffodil porch – complete. • All combustible materials from the storage room and boiler house have been relocated to an alternative fire-safe storage location - complete. • Fire detection system (heat/smoke detector) in the external storage unit was installed - complete. • Oxygen cylinders have been relocated to an alternative storage area away from ignition	

sources - complete.

- A full audit of all Personal evacuation plans (PEEPs) has been conducted and these are now up-to-date, clearly describe the evacuation method and will be updated at a minimum of every 4 months or in line with changing resident needs – complete.
- Cross corridor fire door has been repaired or replaced as per fire safety specifications - complete.
- Staff were re-educated on fire door protocols. Daily walkaround audits by senior nurse management will monitor this practice and provide on-the-spot feedback to individual staff if any breaches are noted – complete.
- Refresher fire safety training provided to all staff and monthly fire safety audits are continuing – Complete.

Regulation 5: Individual assessment and care plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

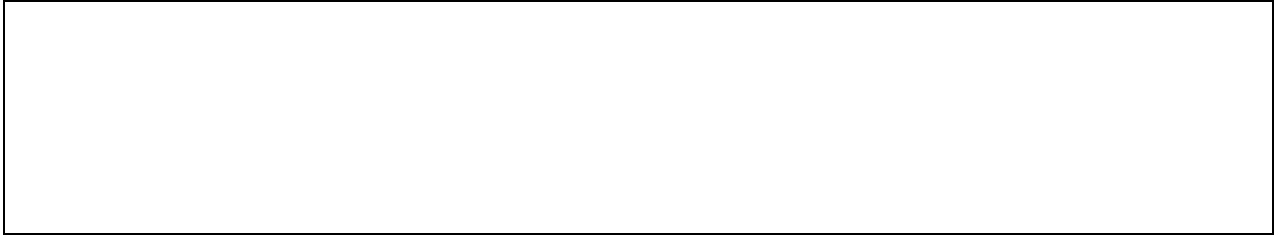
- All assessments and care plans have been reviewed in line with inspection findings and regulatory requirements. Any deficits have been addressed – complete.
- All nursing and care staff have received refresher training on care planning and regulatory requirements under Regulation 5 - complete.
- Admission checklist has been reviewed and updated to ensure timely assessment and care planning to be completed within the 48hrs timeframe - complete.
- Assessments and care plans are reviewed as part of the weekly KPIs and clinical governance meetings and deficits are immediately actioned – complete.
- Monthly audits of assessments and care plans continue – complete.

Regulation 9: Residents' rights

Substantially Compliant

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

- A resident with complex needs has been relocated to a single occupancy room. This resident and nominated representative were consulted during this process to ensure any transfers were handled respectfully and in line with personal preferences. – Complete.
- Admissions criteria and the placement of residents with complex needs in shared rooms has been reviewed and updated – 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 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	30/04/2025
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Not Compliant	Orange	10/04/2025
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	30/06/2025
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	15/04/2025

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	30/03/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	15/04/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of	Not Compliant	Orange	15/04/2025

	fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2025
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, 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.	Substantially Compliant	Yellow	17/04/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/03/2025
Regulation 5(4)	The person in charge shall formally review, at	Not Compliant	Orange	31/03/2025

	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.			
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	06/05/2025