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:	Brabazon House
Name of provider:	The Brabazon Trust
Address of centre:	2 Gilford Road, Sandymount, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	24 April 2025
Centre ID:	OSV-0000017
Fieldwork ID:	MON-0046106

About the designated centre

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

Brabazon House Nursing Home is a 51-bed centre providing residential and convalescent care services to males and females over the age of 18 years. The service is nurse-led by the person in charge and delivers 24-hour care to residents with a range of low to maximum dependency needs. Admissions are primarily accepted from people living in the sheltered accommodation apartments in Brabazon Court and Strand Road, although direct admissions to the centre are accepted, in exceptional circumstances, subject to bed availability. The building is an original Edwardian House (circa 1902) that has been extended and refurbished while retaining some of its older features. It is located in a quiet road just off the Strand Road close to the strand and Dublin Bay. Local amenities include nearby shopping centres, restaurants, libraries and parks and also the strand. Accommodation for residents is across two floors. The centre contains 40 single bedrooms of which 34 have en-suite facilities. There are also three twin and two three bedded rooms. Communal facilities include assisted shower bathroom and toilets, dining room, two sitting rooms, an activity room, sensory room and a library. There are small rest areas situated on the ground floor at reception and on the first floor outside the hairdressing room which residents and visitors can enjoy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48

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 24 April 2025	09:30hrs to 18:00hrs	John Greaney	Lead
Thursday 24 April 2025	09:30hrs to 18:00hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

This was a one-day unannounced inspection. There was a friendly and welcoming atmosphere in the centre, and staff were observed to be helpful and respectful towards residents. The overall feedback from residents was that they were happy living in Brabazon House. Residents spoken with were very complimentary of the staff, referencing their friendliness and responsiveness to requests for assistance. One resident said that "the staff here are excellent" and another resident said "I'm really well cared for and everyone is very helpful". Inspectors also availed of the opportunity to speak with some visitors and the feedback was also very positive. One visitor stated that "I've been coming here for over a year and all I've ever witnessed is kindness".

Access to the grounds of the centre from the main road is through a gate with a keypad controlled lock that can be opened remotely by staff from within the centre. Once on the grounds, access to the centre is through a locked door that was answered by a resident and a member of staff. The entrance to the centre opened into a small reception area where some residents choose to spend time observing comings and goings to the centre. This area also contains a library that is suitably furnished and contains a large number of books. The library is also used by residents to spend time with their families, away from the larger communal areas.

On arrival, inspectors were greeted by a member of the nursing staff. The person in charge (PIC) was not present in the centre due to scheduled training but did arrive later in the morning to facilitate the inspection. The person designated to be in charge of the centre in the absence of the PIC was on an unplanned day off. Following a brief opening meeting with the General Manager inspectors took a tour of the centre.

Brabazon House is located close to Sandymount Strand in Dublin and is registered to accommodate 51 residents in 39 single, three twin and two triple bedrooms. It is a two storey premises with bedroom accommodation on both floors. Thirty five of the bedrooms have en suite facilities, some of which have a shower, toilet and wash hand basin while the others have toilet and wash hand basin only. The remaining nine bedrooms have a wash hand basin in the room. There are adequate shower, bath and toilet facilities at suitable locations for those residents that do not have en suite facilities.

Three of the bedrooms have a small number of steps leading to the rooms but also have chair lifts, to support residents with a mobility impairment access these rooms. There is a condition attached to the registration that residents accommodated in these rooms must have ongoing professional assessments to confirm they can safely use the steps or chair lifts. Inspectors confirmed that these assessments have been completed at a minimum of four monthly intervals.

For operational purposes the centre is divided into eight different areas; Lower Pax,

Lower Albert, Lower Brabazon and Lower Kerr are on the ground floor; and Upper Pax, Upper Brabazon, Upper Albert and Upper Kerr are on the first floor. All of the communal space is on the ground floor and comprises a day room, a lounge, a dining room, a library and an activity room. There is a hairdressing salon on the first floor.

Residents have access to secure outdoor space through a door leading from the sitting room. This door was locked on the morning of the inspection and the door could only be opened using an electronic keypad. Inspectors were informed that sometimes this can be locked in the morning, particularly if the the weather is cold or damp. This inspection was conducted on a warm sunny day and once the door was opened, it remained open throughout the day. The garden was suitably furnished with garden furniture, nicely landscaped and was an inviting place for residents to spend time, should they so wish. A low fence had recently been erected to form a boundary between the garden of the designated centre and a garden used by residents of the adjacent sheltered housing. Inspectors were informed that residents were free to access the adjacent garden under the supervision of staff.

There is a large temporary structure to rear of the designated centre that is used as a dining room for a service that is not part of the designated centre. This structure is attached to the designated centre and is accessible through a door from the dining room. The kitchen of the designated centre is used to provide meals for this service. Inspectors observed meals being provided to the service users in this structure. It was also observed that all visitors to the designated centre arrived via the main front door where there were two visitors' books used to record all visitors to the centre. One of these books was designated for people visiting from sheltered housing and the second book was used for all other visitors.

Resident bedroom accommodation is provided on both the ground and first floors while communal areas are all on the ground floor. Communal areas consist of a large sitting room, a dining room, a lounge and a library. Two of the bedrooms on the first floor have their own sitting rooms. The main sitting room was also used as a dining room and inspectors observed that 16 residents had their lunch here on the day of the inspection. Inspectors observed that the mealtime in both the centre's dining room and sitting room was a relaxed and social occasion for residents. The food served on the day of the inspection appeared wholesome and nutritious. Staff were available to provide discreet assistance and support to residents with their meals.

There was a high degree of personalisation of bedrooms with family photographs and memorabilia. A number of residents had brought in pieces of furniture from their homes. Call bells and televisions were provided in all resident bedrooms and they appeared to have sufficient storage for their personal possessions in their rooms.

The centre was generally decorated to a high standard. Some improvements were noted from the last inspection, such as a new carpet on the main corridor. One of the shared bedrooms had been reconfigured to support the privacy of both residents in the room. New hand washing facilities had been installed in the laundry to

support good hand hygiene practices. Despite these improvements, further improvements were required. An area of floor covering on the corridor leading to the dining room was significantly damaged and would be difficult to clean effectively. The carpet in the lounge had a significant amount of staining. There was a hole in the ceiling of a bathroom through which a stopcock was visible and while bathrooms were generally clean, some were in need of deep cleaning due to evidence of the beginnings of mould developing in some corners of tiled surfaces.

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

Overall there were good governance and management arrangements in place. Some improvements had been made since the previous inspection, and some required further steps to ensure their completion. Some areas reviewed by inspectors required the provider to make improvements to fully meet the regulations, including in relation to staffing, training and development, and governance and management.

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 (as amended) and to ascertain if areas identified for action following the most recent inspection conducted in June 2024 had been addressed.

Brabazon House is owned and operated by The Brabazon Trust, which is the registered provider of the designated centre and is also a registered charity. The Brabazon Trust also own and operate sheltered housing adjacent to the centre and many of the residents living in Brabazon House transition from these facilities to the nursing home when their needs increase. There is a clearly defined management structure in place with identified lines of accountability and responsibility. The centre is governed by a management committee and the chief executive officer (CEO) is accountable to the chairperson of the committee. The director of nursing is the designated person in charge of the centre and has oversight of the clinical care of residents. There is a general manager that provides operational oversight of non-clinical issues. Both the person in charge and general manager report to the CEO.

The person in charge is supported in the role by two clinical nurse managers, both of whom are supernumerary and generally work opposite each other, providing clinical oversight over seven days of the week. Management are supported by a team of staff nurses, healthcare assistants, activity coordinators and maintenance

staff. The registered provider had outsourced housekeeping and the catering to an external organisation.

There was a clear management structure in place. The management team were well known to the residents. There were structures in place to oversee the operation of the centre, which included regular management meetings. The meeting records showed that allocation of resources were discussed on a regular basis, and actions were taken to address areas that required improvement. For example, issues around access to the centre had been addressed, and work was progressing to ensure fire safety measures were in place throughout. An annual review has been completed for 2024, and it included a quality improvement plan for 2025, which included a focus on staffing levels. Through resident meetings, and a resident survey, feedback was provided from residents that they wanted to see improvements in relation to the meals provided. The general manger explained the engagement with the kitchen staff, and confirmed that this area had been addressed. Most residents spoken with said they enjoyed the meals and snacks provided.

An area that remained outstanding related to fire safety arrangements. The marquee in the garden is attached to the designated centre. The provider committed to providing evidence that the fire safety arrangements around this temporary structure, adjoining the designated centre, had been reviewed and signed off by a competent person. This information had not been made available to inspectors, and no records on site during the inspection provided assurance the assessment had been completed.

The provider offered a range of training courses to staff, including elder abuse, dignity training, manual handling, managing challenging behaviour, dementia care, restrictive practices, and also advocacy. Most staff had competed the training and refresher courses required by the management team. While there was a system in place to identify when refresher training was required, it had not been identified that maintenance staff, and agency staff working in the kitchens and housekeeping roles had not completed safeguarding training.

Regulation 15: Staffing

Morning staffing levels were leading to some delays in care, and staff allocated for activities were supporting residents in giving drinks and supervising those with mobility needs, due to other staff supporting other residents with morning care needs. An example of this was call bells ringing for extended periods.

Judgment: Substantially compliant

Regulation 16: Training and staff development

While the nursing and health care staff in the centre had completed training relating to safeguarding vulnerable adults, there were no records to confirm that other staff in the centre had completed the training, including the maintenance team, and agency staff working in the kitchen and undertaking cleaning duties.

Judgment: Substantially compliant

Regulation 23: Governance and management

While there were arrangements for oversight of the centre, some areas of the service required more focused oversight. For example;

- some poor findings in audits had not been addressed. For example, an audit on pressure area care had given low scores of compliance with processes in March, however, the inspectors findings were similar to the audit with no improvements made.
- quality of care was impacted by available staffing levels, for example morning care routines, and activities programmes for residents
- sign off relating to the fire safety arrangements for the centre, and adjoining marquee remained outstanding. This remained outstanding from the previous inspection.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. These clearly outlined the room the resident occupied and additional charges, if any.

Judgment: Compliant

Regulation 3: Statement of purpose

Condition one requires the centre to be operated in line with the statement of purpose. The statement of purpose, against which the centre is registered, committed to three whole time equivalent (WTE) staff designated for the facilitation of activities for residents, however, there are only two staff in place.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

A selection of policies and procedures were read by inspectors. All had been reviewed in the last three years, and were available to the staff for reading. Overall the policies were seen to be followed in practice by the staff and management team.

Judgment: Compliant

Quality and safety

Overall, this was a centre where residents expressed satisfaction with the standard of care received from staff that were familiar with, and responsive to, their needs. Action was required in care planning, monitoring residents following a fall, the ongoing maintenance of the centre, and the provision of activities in accordance with each resident's interests. These are detailed under the respective regulations in this report.

Inspectors viewed a sample of care plans. Residents were assessed prior to admission to ascertain if the centre could meet their needs. A number of residents transitioned from the adjacent sheltered housing, when it was determined that they could no longer live independently. Care plans were underpinned by accredited assessment tools to assess each resident's needs including, risk of falling, assessment of malnutrition, risk of pressure related skin damage and the support needed to ensure their safe mobility. While many of these care plans were personalised, a number of care plans had information in them that did not reflect the resident's current condition, which posed a risk that residents would not receive care in line with their assessed needs. This will be discussed further under Regulation 5: Individual assessment and care plan.

Inspectors spoke with staff and looked at care plans with regard to managing responsive behaviours. Staff displayed good awareness of residents needs and preferences and how best to assist each resident. There were no residents living in the centre that presented with significant responsive behaviours. The use of restrictive practices was limited to the least restrictive measure and the implementation of this was done after appropriate multidisciplinary review.

Residents had access to health and social care professional support to meet their needs. Residents had a choice of general practitioner (GP) who attended the centre as required and requested. A referral system was in place for residents to access health and social care professionals such as dietitians, physiotherapists, psychiatry of late life and end of life care services. From the sample of files reviewed, it was

evidenced that recommendations from health and social care professionals were implemented to improve residents' health and well being. Residents preferences in relation to areas such as end-of-life care were recorded, with support provided in the centre where required from the end-of-life team. While residents generally received a high standard of nursing care, action was required in relation to the ongoing assessment of residents following a fall. This is discussed further under Regulation 6 of this report.

Inspectors observed that management and staff made efforts to ensure residents' rights were respected and upheld. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice in their daily lives and routines. Residents could retire to bed and get up when they chose. While a review of the staff roster indicated that there were sufficient staff available, a review was required of staff utilisation to ensure that residents were supported to pursue recreational activities of their choice. While staff were designated to oversee the programme of activities, it was observed that these staff were also responsible for supervising residents in the sitting room and assisting them with drinks. More focus was required on the recreational programme to support residents participate in activities that are meaningful to them. This is outlined further under Regulation 9 of this report.

The provider had a number of measures in place to ensure that residents were protected in the event of emergencies, such as fire. These included regular servicing of fire safety equipment, such as the fire alarm and emergency lighting and regular checks of means of escape to ensure they were not obstructed. Staff spoken with by inspectors were knowledgeable of what to do in the event of a fire. While acknowledging these good areas of practice, additional measures were required to confirm that residents could be evacuated in a timely manner in the event of fire. A marquee structure placed outside the exit from the main dining area was impacting on the space outside the exit door. While there was a space for evacuees to exit the dining room, this space also formed part of the exit from the marquee. This could cause congestion, and impact on the evacuation procedure as it differs from that of the marquee. The Marquee itself and the activity within the marquee may also impose a fire safety risk to the residents within the adjoining nursing home. These findings are detailed further under Regulation 28: Fire precautions.

Residents had the opportunity to meet together and to consult with management and staff on how the centre was organised as evidenced by the minutes of resident meetings. Satisfaction surveys were also carried out with residents. While discussion with management and residents indicated that issues raised were addressed, action plans were not always completed to confirm that this was done.

There was an ongoing programme of maintenance in the centre. Carpet on the main corridor had been replaced since the last inspection. The floor covering in other parts of the centre, however, had not been replaced despite a commitment in the compliance plan following the last inspection that this would be done. This is discussed further under Regulation 17 of this report.

The provider had systems in place to ensure residents' nutritional status was

effectively monitored. Staff were knowledgeable regarding the nutritional needs of individual residents. Residents who were assessed as being at risk of malnutrition were supported by appropriate health and social care professionals when necessary.

Regulation 17: Premises

Action was required, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- while the floor covering in some areas of the premises was recently replaced, floor covering in other areas, particularly on the corridor leading to the sitting room was significantly worn and damaged. Also, the carpet in one of the sitting rooms had significant staining.
- while the centre was generally clean, there were some areas, particularly communal bathrooms, that required further attention.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action is required to ensure that all residents are protected from the risk of fire and that the registered provider has adequate arrangements in place for evacuating residents in the event of a fire. For example:

- personal emergency evacuation plans (PEEPs) did not accurately reflect the supports required by all residents in the event of a need to evacuate in an emergency
- records of fire drills conducted by staff of the centre did not contain adequate detail of the mode of evacuation simulated during a fire drill for all residents within a compartment
- there was a penetration in the ceiling of one of the bathrooms that could potentially compromise fire compartmentation in the event of a fire.
- assurance was not available to confirm that the adjoining marquee did not negatively impact on the fire safety arrangements within the designated centre, and the evacuation procedures from the dining area.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was required in relation to assessment and care planning to ensure that it supported staff provide care in accordance with each resident's assessed and changing needs. For example:

- the skin integrity care plan for one resident did not reflect the fact that a wound had healed
- the medication care plan for a resident was not updated to reflect their current wishes in relation to the administration of medicines.

Judgment: Substantially compliant

Regulation 6: Health care

Action was required in relation to the ongoing assessment of residents following an unwitnessed fall and following falls resulting in suspected head injury. Records of neurological observations were not always maintained in accordance with the centre's own policy and evidence-based practice

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Staff had received training in responsive behaviours and care plans showed person centred management of responsive behaviours. Use of restrictive practices was in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that all reasonable measures were taken to protect residents from abuse. The policy in place covered all types of abuse and it was being implemented in practice. The inspector saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse. The provider was not pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

The provision of activities observed by inspectors on the day of inspection did not ensure that all residents had an opportunity to participate in activities in accordance with their interests and capacities. Inspectors observed residents playing a balloon game in the morning, in which many did not show a high level of interest. There was a movie in the afternoon and many of the residents appeared disinterested.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Brabazon House OSV-0000017

Inspection ID: MON-0046106

Date of inspection: 24/04/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Morning staffing levels have been reviewed and are allocated and concentrated on providing the necessary care needs and support for residents. An additional Activities person is being recruited in line with the Statement of Purpose. There is an increased emphasis on resetting call bells on attendance by staff.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All training for Clinical staff has been facilitated as per requirement. Training for 'safeguarding residents' is being completed by other team members, including catering, housekeeping and maintenance staff, that were outstanding. All trainings necessary are being scheduled, facilitated and recorded.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

All audits are completed by the Clinical Nurse Mangers (CNM). The outcome of the audit is now reviewed, action plans are put in place for intervention based on the recommendations and reviewed in the following month to monitor improvement. This is overseen by the PIC for compliance and any discrepancies in the findings are discussed in staff meetings. Learnings on the importance of keeping records relevant and up to date are implemented.

Staffing levels on each floor have been reviewed based on the dependency levels and time spent for each resident for morning care. Six Health Care Assistants (HCA) on each floor are assigned to provide quality care and to complete morning care in a timely manner. This also aids the staff to attend to the call bells promptly.

Extensive works across the centre have been completed by an external contractor, including the replacement of 27 fire doors. All necessary remedial works—such as repairs, adjustments, and sealing—have been completed to ensure the works meet required fire safety standards. Confirmation that all doors are in compliance with BM TRADA standards has been received. We are working with architects on the design of a new structure to replace the adjoining marquee. This will be signed off regarding fire safety arrangements for the centre.

We have engaged our Fire Safety Providers whose competent fire safety officer has completed a visual inspection of the fire safety enhancements made in the centre and is reviewing all contractor certification to finalise sign-off. As part of their recommendations the wooden structure will be removed and there will be clear separation between the designated centre and the marquee. This work is scheduled to be completed for sign off by the Fire Safety Officer on Tuesday 19th August 2025.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
Staffing levels have been reviewed and an additional staff member will be appointed to the Activities Team, as per the Statement of Purpose (3 WTE). This will facilitate the staff in conducting meaningful activities for all residents in the centre.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The floor covering on the corridor in the area leading to the Dayroom has already been

replaced.

Deep carpet and other fabric cleaning is carried out every 6 months in the communal areas, corridors and rooms. The carpet in one of the sitting rooms has been deep cleaned and is regularly cleaned as required.

A full review of all communal and other bathrooms is being carried out and any necessary attention will be provided.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All residents are assessed for their mobility levels. A manual handling chart and Personal Emergency Evacuation Plan has been devised for each resident for use in times of emergency. A PEEP folder is maintained and the CNM assigned to be responsible in keeping records up to date is checking monthly.

The CNM assigned for Fire drills and Evacuation drills is linking up with the Property Services Manager to conduct the vertical evacuations in a chosen compartment. The report will reflect on the mode of evacuation and fire safety equipment used to evacuate each resident in that compartment in the event of fire.

A new fire-rated hatch has been installed to address the ceiling penetration in the bathroom and ensure the integrity of fire compartmentation.
As referenced under Regulation 23, a new structure is being designed with our architects to meet all fire safety standards. Construction is being scheduled. In the meantime, our fire consultant will confirm satisfactory fire escape arrangements for the designated centre.
Following the recommendations of the competent fire safety officer, there will be clear separation from the designated centre of the temporary structure. This work is scheduled to be completed for sign off by the Fire Safety Officer on Tuesday 19th August 2025.

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:
All residents are assigned to an individual named nurse in order to complete assessments and care plans. These are reviewed 4 monthly, so that the care plans reflect the current

status of the resident. Assessments and care plans are reviewed and changed as the condition or the needs of the resident change. The nurse responsible to close the wound assessment when it is healed is also responsible to close the care plan.

The medication care plan for one of the residents that had not been updated, was reviewed and updated. This now reflects the current wishes of the resident.

The clinical nurse managers monitor and audit assessments and care plans thereby supporting the nurse and to ensure that the records are updated. The nurses are given allocated time to review the resident's assessments and care plans to reflect the current status of the residents.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The protocols to be followed for an unwitnessed fall are strictly monitored. The neurological observations are made half hourly for the first two hours and then followed by recording of vital signs at least two or more observations in a day in the next 48 hours.

The CNMs and PIC follow up on any incidences, monitors the resident and ensures that all clinical observations, including neurological observations are made and reported to the respective GPs, as per the policy of the nursing home, and that the residents receive safe treatment appropriate to their presenting condition.

Following an unwitnessed fall and a suspected head injury the protocols to be followed are strictly monitored. The neurological observations are made according to the centre's policy for safe treatment of the resident. Staff Nurses are given the necessary training to follow the protocol.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
There is a schedule of meaningful activities for the residents for every day. The Activities Team update the list of activities for each week. An additional Activities staff member is being recruited in line with the Statement of Purpose.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/09/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/07/2025
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	03/07/2025
Regulation	The registered	Not Compliant	Orange	31/08/2025

23(1)(d)	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/07/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/07/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/08/2025
Regulation 03(1)	The registered	Substantially	Yellow	30/09/2025

	provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Compliant		
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	30/06/2025
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Yellow	31/07/2025
Regulation 9(2)(b)	The registered provider shall	Substantially Compliant	Yellow	30/09/2025

	provide for residents opportunities to participate in activities in accordance with their interests and capacities.			