



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Beechfield Manor Nursing Home
Name of provider:	Beechfield Manor Nursing Home Limited
Address of centre:	Shanganagh Road, Shankill, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	22 October 2025
Centre ID:	OSV-0000013
Fieldwork ID:	MON-0048687

## About the designated centre

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

Beechfield Manor Nursing Home is a purpose built nursing home located in Shanganagh Road, Shankill Co. Dublin. It is registered to provide accommodation for 69 residents in 67 single and one double bedrooms. Each room is fully decorated and furnished. Residents are encouraged to bring personal belongings and small items of furniture where appropriate. The majority of the rooms have en suite facilities. Professional nursing care is provided to residents 24 hours a day by our dedicated team of qualified registered nurses, headed by our Director of Nursing and supported by Assistant Director of Nursing, two Clinical Nurse Managers, qualified staff nurses and experienced carers, with additional input from catering, housekeeping and laundry staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	64
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 22 October 2025	19:15hrs to 22:00hrs	Laura Meehan	Lead
Thursday 23 October 2025	07:30hrs to 16:00hrs	Laura Meehan	Lead
Wednesday 22 October 2025	20:00hrs to 22:00hrs	Catherine Furey	Support
Thursday 23 October 2025	07:30hrs to 16:00hrs	Catherine Furey	Support

## What residents told us and what inspectors observed

Beechfield Manor Nursing Home is a three storey designated centre, registered to provide care for 69 residents, located near Shankill, Co. Dublin. There were 64 residents living in the centre on the day of the inspection.

Two inspectors conducted an inspection of the centre over two days. Inspectors arrived in the evening of the first day and spent time walking through the centre. Residents were observed to be content as they went about their daily lives. Many residents remained up in the communal areas, some watching TV or simply relaxing. A small group of residents chose to spend the evening near the nurse's station where they engaged in light-hearted joking and chats. Residents were relaxed and familiar with one another and their environment. Many residents were observed enjoying quiet time in their bedrooms and several others were already in bed.

At the commencement of both inspection days inspectors observed the staff handover. This was completed in a dignified and respectful manner with accurate information provided to the incoming staff members. During the morning handover report a member of senior management was present and a brief interactive talk was held with respect to measures which could reduce the incidence of falls in the centre. Staff reported they found these sessions very helpful. Following this, inspectors spent time on each corridor of the centre which contained bedroom accommodation. It became apparent during the morning that the coordination of the breakfast meal was haphazard and did not support the individual choices of the residents. Inspectors did not observe any residents attending the dining room for breakfast. Staff told the inspector that "this is just the way we do it", when asked why all residents were in bed. Staff were observed attending to residents, and some had been assisted to get up and sit out next to their bed for breakfast, but others appeared uncomfortable and were not supported to eat their meal in a dignified way.

Inspectors greeted and chatted with many residents and spoke in more detail with ten residents and four visitors to gain an insight into the lived experience in Beechfield Manor Nursing Home. Residents generally spoke positively about their life in the centre. Some residents commented that they were very well cared for, comfortable and happy living there. Some residents stated that staff were kind and always provided them with assistance when it was needed. One resident told the inspectors "I'm delighted to be here" and another said "They know me well, nothing I ask is ever a bother". Feedback about the food was mixed. Some residents, when asked said they had no concerns with the food. Others were not happy with the portion size or the temperature of the food. One resident said "It is never hot enough, no matter how many times I ask". Another showed inspectors the size of the porridge portion commenting that it was "barely a spoonful". The issues in relation to food and nutrition are discussed in more detail throughout the report.

The provider had completed maintenance work in the centre to improve the environment and communal spaces for residents. For example, the ground floor living room had been decorated in a warmly manner with curtains now decorating window areas and a television had been installed. Residents told the inspector it was nice to have somewhere cosy to sit in the afternoon and evening to just relax after their day. Residents were observed to enjoy a cup of tea in the evening while watching the nine o'clock news. Signage had been displayed to show residents where communal rooms were located including an activity room which was previously used as a storage room.

One resident told the inspector that at times other residents can enter their personal space and this was confirmed by other residents spoken with. They were concerned regarding their personal possessions being damaged or taken. This was highlighted to the provider who made a commitment on the day to discuss this with residents and to address the issue.

There were a number of group activities being completed during the day of the inspection with a number of resident being observed to be offered the choice to attend by staff. A music session was held in one activity room with an art session in the main dining room. Increased signage was available in the main corridors near the nurses station to inform the residents of activities.

Over the course of the inspection a number of residents were observed to spend periods of time in their rooms. Some reported this was their choice, others reported it was due to not liking the activities on offer.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

Inspectors found that there was evidence of a commitment on the part of the registered provider to improve regulatory compliance. However, significant findings, as discussed under the relevant regulations in this report, did not provide assurances that the registered provider had taken all necessary actions to fully ensure the safety and welfare of the residents.

Beechfield Manor Nursing Home Limited is a limited company, who are the registered provider for Beechfield Manor Nursing Home. There are two company directors, both of whom are engaged in the operations of the centre, in the roles of CEO and the group director of operations. The company directors are also involved

in the operation of seven other designated centres nationally, as part of the Beechfield Care Group.

The registered provider has a recent history of poor compliance with the regulations identified over the course of three previous inspections of the centre on 19 February 2025, 3 June 2025 and 6 August 2025. The registered provider had multiple engagements with inspectors, culminating in the issuing of a notice of decision to attach a restrictive condition to the centre's registration, to cease admissions to the centre, until the registered provider demonstrated improvements in compliance with specific regulations and had implemented a revised governance and management structure. The provider made an application to appeal this decision in the District Court. This inspection was conducted to assess if the provider had implemented measures to improve regulatory compliance and to ensure the safety and welfare of residents in the centre.

Inspectors did identify some improvements in the the operations of the centre including in such areas as managing behaviour that is challenging and training and staff development. Notwithstanding these improvements further actions were required in a number of regulations to achieve and maintain compliance. On the day of the inspection the provider had not implemented an effective investigation following a serious incident. Records showed that inaccurate information had also been provided to external agencies relating to the alleged incident. Due to these concerns an urgent action was issued to the provider under Regulation 8: Protection. The registered provider submitted a response to the urgent action plan which was satisfactory.

Additionally, a new area of non-compliance was found in relation to food and nutrition, Regulation 18. This had not been identified by the provider through their auditing and monitoring systems. All mealtime audits had been completed during the dinner-time meal and in the main dining room. No auditing of mealtimes outside of this time or area had been completed to identify areas requiring improvement.

The person in charge was working full-time in the centre, with responsibility for the daily coordination of care and support to residents. She was supported in her role by an assistant director of nursing and two clinical nurse managers. Teams of different staff supported residents' needs, including nursing and healthcare assistants. Social care was supported by a dedicated activities team, and catering, household and maintenance staff further supported residents' needs and provided a comfortable environment for them to live in.

Healthcare assistant staffing levels had increased since the inspection in August 2025 following a staffing review by the provider. The number of residents requiring one-to-one support had reduced and additional staff were made available to ensure that this need was met. A new system of allocation of staff breaks ensured that there was sufficient supervision of residents during these times. Staff were supported in their daily duties by senior colleagues and there was evidence that the CEO and director of operations were maintaining a supervisory presence in the centre since the previous inspection.

## Regulation 15: Staffing

From a review of staff rotas and from speaking with staff and residents, assurance was provided that the registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed needs of the 64 residents living in the centre on the day of the inspection.

However, there was insufficient oversight of the deployment and allocation of staff at mealtimes, to ensure that the organisation and management of the workforce promotes a person-centred approach.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Key training such as fire safety and the management of behaviours that challenge was completed for staff. Staff were supervised by senior staff in their respective roles and there was appropriate on-call management support available at night and at weekends.

However, there was a requirement for ongoing supervision to ensure that all practices in the centre ensured the safety and well being of resident including in the area of food and nutrition and accurate recording within documentation.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Following on from the previous inspections, the provider was in the process of embedding new and enhanced systems of oversight and governance. Continued improvements were required to ensure that all aspects of the service provided were safe, appropriate, consistent, and effectively monitored, for example:

- The arrangements in place to protect residents from harm, investigate incidents and uphold residents' rights continued to require attention, as evidenced by the findings under Regulation 8: Protection and Regulation 9: Residents' rights.
- Inspectors identified serious deficits in the oversight of residents' dietary and nutritional needs, including the provision of poor quality meals and failure to

implement required actions following dietetic review. This is described in detail under Regulation 18: Food and nutrition.

- There was poor oversight of incidents. Statutory notifications to the Chief Inspector were not submitted within the required time frames. This was a repeat finding from the June 2025 and August 2025 inspections.
- Monitoring systems in place were not utilised to identify areas of concerns and to address them in a timely manner.

Judgment: Not compliant

### Regulation 31: Notification of incidents

The registered provider had not ensured that all required notifications and relevant information was submitted to the Chief inspector as required under the Health Act 2007.

Judgment: Not compliant

### Regulation 34: Complaints procedure

A clear complaints procedure was in place and this was displayed prominently in the centre. The record of complaints was reviewed by inspectors. These records identified that complaints were recorded and investigated in a timely way and that complainants were advised of the outcome of their complaint. A record of the complainant's satisfaction with how the complaint had been managed was also documented.

Judgment: Compliant

## Quality and safety

Overall, inspectors found that since the previous inspection, there had been improvements in some areas of the quality and safety of care being delivered to residents. Despite these efforts, inspectors observed insufficient choice at mealtimes and institutional approaches to care and support. This directly led to a service that could not fully deliver individualised, person-centred care which was respectful of residents' rights.

The person in charge ensured that residents had access to a fresh supply of drinking water at all times. Drinks and snacks were available at reasonable times between meals. The inspectors observed the delivery of meals to residents on the morning of inspection. It was evident that food and drinks such as porridge and tea were cold by the time they reached the residents. Residents who did not have swallowing difficulties, or did not require assistance had a choice of options for each meal. This choice did not extend to residents who required food of a modified consistency. At the end of the inspection, senior management provided assurances that a number of changes would be immediately made, including a review of residents' preferences, and the purchase of equipment such as toasters and heated containers for each floor, to ensure that simple breakfast items such as toast and porridge would be served in a warm and appetising way.

Inspectors reviewed a sample of residents' records throughout the inspection which evidenced an overall improvement in relation to residents' individualised assessment and care planning. The majority of records viewed by inspectors evidenced person-centred assessment and care planning. Further oversight of the assessment and care planning system was required to ensure that care plans were developed based on the identified needs of the residents, in a timely manner. This is detailed under Regulation 5: Individual assessment and care plan.

Residents' health and well-being was promoted and there were established pathways to access general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age. Access was available to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these. There was good management of medicines delivery, storage and administration, in line with national guidance for medicines management.

Improvement was also observed in the overall management of restrictive practices within the centre. There was a low use of restraints such as bedrails in the centre. When these were used, they were subject to regular risk assessment. Supporting documentation was in place with regard to the decision making process, in consultation with the resident concerned. There were some alternatives to bedrails, for example, low profile beds, falls reduction mats and sensor alarms available for use, however records did not always evidence if these were trialled before applying a bedrail.

Residents who displayed responsive behaviours were observed to generally be supported in a dignified manner by staff. The incidence of responsive behaviours which had a negative impact on other residents had reduced significantly since the previous inspection. It was clear there was a focus on improving the quality of life of all residents through a thorough review of residents' complex behavioural and social needs, and the senior management team were reviewing the needs of residents to ensure that the centre could meet their specific level of needs. Further improvements were required to fully comply with this regulation, as discussed under Regulation 7: Managing behaviour that is challenging.

The registered provider had taken steps to improve the coordination and delivery of the activities programme, to ensure that residents were provided with opportunities to participate in activities in accordance with their interests and capacities. This included opening up areas of the premises on the lower ground floor for resident use. Inspectors observed that the activities room and sitting room in this area had been redecorated and arranged to support residents to gather in small groups for activities or simply to watch TV or spend quiet restful time in areas other than the large dining room or the resident's bedroom.

Improvements were noted within the premises in relation to the protection of residents' privacy. For example, signage relating to personal details of residents had been removed since the previous inspection. Inspectors found that staff were generally respectful of residents' rights, and it was clear that senior management were in the process of embedding a culture of person-centred, rights-based care and support. Further focus in this area was required to ensure that task-based practices were identified and addressed, to ensure an optimal quality of life for all residents.

## Regulation 18: Food and nutrition

Residents were not provided with sufficient choice at mealtimes. Evidence to support this finding included:

- Residents were not asked in advance of breakfast what their preferred choice for that meal was.
- Residents' breakfasts were served based on an outdated meal preference sheet, some of which had been completed on the residents admission to the centre, and had not been updated.
- Residents on modified-consistency diets had limited meal choices. Order records show they were not asked to choose between the two main meal options and were given only one. Their modified meals also included only one vegetable, compared with two in standard meals.
- All residents' breakfast trays included a glass of orange cordial. No other option of cold drink was offered.

There was an insufficient number of staff available to assist residents at breakfast time. This was evidenced by the following:

- Inspectors observed that some residents were not supported into a comfortable position for eating prior to breakfast being served
- Inspectors observed a resident being served their breakfast at 8:50am. The resident was then left alone and was observed at 9:20am eating part of the breakfast which was now cold. The resident had spilled a drink on themselves. They had not been checked during this time.

Food was not always provided in adequate quantities and was not appetising. For example;

- The portions of porridge observed by inspectors were very small. This was confirmed by two residents who said it was not enough.
- By the time breakfast was served to some residents, it was cold. Breakfast trays were prepared in the kitchen on the ground floor, then transported on trays up to each floor for delivery to residents' rooms. This meant there was a significant drop in the temperature of the food by the time it reached the resident.

The dietary needs of residents, as prescribed by healthcare or dietetic staff were not always provided for. For example;

- A resident's care plan directed that due to a medical condition they must avoid a high-fibre diet, however this resident was observed by inspectors to be served a high-fibre breakfast cereal.
- There was no evidence that residents who were prescribed a high-protein, high-calorie diet, were provided with this diet.
- A resident's care plan directed that due to a medical condition they required six to eight small meals a day. This was not provided.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

There was evidence of effective medication management systems in place in the centre. There were procedures in place for the return of out-of-date or unused medicines. Medicines controlled by misuse of drugs legislation were stored securely and they were carefully managed in accordance with professional guidance for nurses. Staff nurses spoken with were knowledgeable in the area of medications and medicinal products.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents' care plans and found that they were not always updated in line with residents' changing needs. For example,

- a resident with a known swallowing difficulty, who had been recently assessed by a speech and language therapist, did not have this information amended in their care plan. The care plan contained outdated historical information from 2023.

- There were a small number of residents who actively wandered around the centre, who may be at risk of leaving the centre without supervision. No validated assessment tool was used to assess residents who wander. This is important, to determine the individual level of risk for each resident.
- Where a known risk had been identified prior to an alleged serious incident, the residents care plan had not been updated to reflect this or to reflect the consultation with family regarding their concern.
- The food and nutritional needs of residents was not consistently reflected in residents' personal plans.
- There was at times conflicting information relating to residents mobility needs. For example, one resident's plan stated they used a walker when mobilising. However, was observed mobilising independently on the day of the inspection.

Judgment: Not compliant

### Regulation 6: Health care

The medical and nursing needs of residents were well met in the centre. There was evidence of good access to medical practitioners, through residents' own GP's and out-of-hours services when required. Systems were in place for residents to access the expertise of health and social care professionals through a system of referral, including speech and language therapists, dietitian services and tissue viability specialists. An in-house physiotherapy service provided group exercise and individual physiotherapy assessments.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was good overall management of residents with responsive behaviours. Nonetheless, associated care plans did not fully detail the presenting behaviours, what triggers the behaviour, or what de-escalation methods were successful in reducing the behaviours. For example, a resident with a known behaviour whereby they entered other resident's rooms. Inspectors were told that this happened on many occasions, however there was no detail to reflect this in the resident's care plan. This is a missed opportunity to document the behaviour and formulate an agreed, individualised plan of care to minimise the risk of the behaviours occurring.

The management of restrictive practices, primarily the use of bedrails, did not comply with national guidance:

- Records identified that alternatives to bedrails were not always trialled prior to their application
- Records identified that the review and release of bedrails was not always documented.

Judgment: Substantially compliant

## Regulation 8: Protection

Inspectors reviewed an incident which had been notified to the Office of the Chief Inspector by the registered provider, as required. This review, along with supporting documentation and correspondence, showed conflicting details and a failure to identify potential abuse. The investigation lacked sufficient detail, contained inconsistencies, did not fully examine the circumstances, and failed to identify any areas for improvement.

Judgment: Not compliant

## Regulation 9: Residents' rights

Notwithstanding the overall improvements observed since the previous inspection, further improvements were required to ensure that a person-centred and dignified approach to care and support was consistently maintained. Inspectors observed some instances of task-orientated care which does not support residents' rights:

- Residents were not supported to access the dining room for breakfast. This evidenced an institutional approach which was led by staff routines rather than residents' preferences.
- At breakfast time, tea was served to the majority of residents from a two-handled mug. At lunch time, many residents who were capable of using a spoon were served soup in cups. Adapted crockery is only required for those who are assessed as requiring them.
- Staff were observed in the dining room and in residents' bedrooms, standing over residents while assisting them with meals. This does not respect the dignity of residents.
- Staff were observed putting disposable clothes protectors on residents without asking if they wished to wear one. This evidenced a lack of consultation with the resident and does not promote independence.

Residents' right to choice of meals was not fully supported. This is detailed under Regulation 18: Food and nutrition.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 18: Food and nutrition	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Beechfield Manor Nursing Home OSV-0000013

Inspection ID: MON-0048687

Date of inspection: 23/10/2025

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• The DON and ADON have strengthened direct clinical supervision, including daily management walk-arounds, observation of care practices (with particular focus on mealtimes, documentation, and dignity), and immediate feedback to staff.</li> <li>• Targeted training in food, nutrition, and mealtime support has been arranged by Nutricia.</li> <li>• Toolbox talks focusing on residents' rights, choice at mealtimes, accurate documentation, and dignity in care have been completed. Toolbox talks continue weekly and are recorded.</li> <li>• A Clinical Operations Review Checklist has been implemented and is completed weekly by the clinical management team to ensure consistent supervision and early identification of practice deficits.</li> <li>• Findings from audits and supervision are discussed in the morning and evening handovers and separate huddles.</li> </ul>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• A full investigation was conducted on a serious incident following the inspection. All agencies involved were given all information required. The registered provider submitted a response to the urgent action plan as agreed with the inspectors. The external</li> </ul>	

agencies involved were happy to close off the investigation.

- One retrospective (NF01) was submitted pertaining to the identified incident by the inspector.
- Since inspection a revised dining communication sheet has now been implemented and is reviewed and filled in daily as per residents' choice and known preference
  
- A new Clinical Operations review checklist has subsequently been introduced since the inspection and is maintained by the Clinical Management Team (DON / ADON / CNM) to protect residents from harm, investigate incidents and uphold residents' rights.
  
- Ongoing toolbox talks continue to be delivered to support ongoing improvement in staff practices.
  
- Since inspection Menu Audit was completed by an external nutritional company, Nutricia on 11 December 2025, confirming energy and protein requirements are met. Findings are incorporated into ongoing monitoring.
  
- Actions have been implemented to ensure that the residents in Beechfield Manor Nursing Home continue to receive good quality meals, as enlisted under regulation 18: Food and Nutrition.
  
- Management oversight of residents' rights has been strengthened through audits, resident surveys, and observation of practice, with corrective actions documented and tracked.
- Statutory notifications are now reviewed weekly by the PIC and DON to ensure compliance with regulatory timelines.

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Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- A retrospective NF01 notification has been submitted in relation to the identified incident.
- The Clinical Operations Review Checklist includes verification that all required notifications have been submitted accurately and on time.
- Additional training has been provided to the DON / ADON and senior team on statutory notification requirements.

Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> <li>• Residents are now asked daily for their breakfast preference, including food and beverage options, prior to meal preparation.</li> <li>• All meal preference sheets have been reviewed, updated, and reissued. These are now completed on admission and reviewed monthly or sooner if needs change.</li> <li>• Residents on modified-consistency diets are now offered the same menu choices as residents on standard diets, with meals appropriately adapted. Modified meals now include the same number of vegetables as standard meals, unless otherwise directed by dietetic advice.</li> <li>• A choice of cold drinks is now offered at breakfast, including water, milk, fruit juice, tea, or coffee, rather than a single default option.</li> <li>• Staff have received refresher training on: <ul style="list-style-type: none"> <li>• Safe positioning for eating (Toolbox Talks)</li> <li>• Monitoring residents during meals (Toolbox Talks)</li> <li>• Maintaining dignity and comfort (Toolbox Talks)</li> </ul> </li> <li>• Staffing levels and skill mix at mealtimes have been reviewed and adjusted to ensure residents receive timely assistance and supervision.</li> <li>• Portion sizes, particularly for items such as porridge, have been reviewed and increased in line with resident feedback and nutritional guidance.</li> <li>• Breakfast preparation and delivery processes have been revised: <ul style="list-style-type: none"> <li>• Meals are now prepared closer to service time</li> <li>• Insulated covers and hot-holding equipment are used during transport</li> <li>• Residents are offered additional servings if desired.</li> </ul> </li> <li>• Since inspection a revised dining communication sheet has now been implemented and is reviewed and filled in daily as per residents' choice and known preference</li> </ul> <p>• Residents' breakfast continues to be provided as per documented likes and choices and the list updated on 15th October was provided to the inspectors on the day of inspection. Since inspection a new breakfast trolley has been set up with an assortment of cereals, hot drinks, fruit juices and cordials for residents to choose from. A comprehensive resident mealtime survey was undertaken since inspection to seek their input on meals and dining experience. The questionnaire was sought from nominated representatives where residents are unable to participate in the same.</p> <ul style="list-style-type: none"> <li>• Since inspection Dinner and teatime menu was reviewed by Head chef and incorporates residents on modified consistency diets now receive equivalent choice and portion sizes to residents on standard diets.</li> <li>• A new clinical operations review checklist has subsequently been introduced since the inspection and is maintained by the clinical management team to enhance supervision and oversight practices. The DON/ADON in collaboration with the Clinical Management Team has increased the frequency of mealtime audits, with any deficiencies identified actioned and resolved in a timely manner.</li> </ul>	

- Since inspection Menu Audit was completed by an external nutritional company, Nutricia on 11 December 2025, confirming energy and protein requirements are met. Findings are incorporated into ongoing monitoring.
- Since inspection, arrangements have been made by the Person in Charge to organize external training for Food and Nutrition by Nutricia. Further input and feedback have been sought relating to portion control, recording and documentation.
- Since inspection a revised dining communication sheet has now been implemented that highlights the residents on high protein high calorie diet and portion sizes.
- All residents in the Nursing Home continue to be offered six meals a day. Where special consideration is identified by the dietician, same will be implemented and recorded in nutrition and hydration care plan.

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Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- The resident with a known swallowing difficulty, who had been recently assessed by a speech and language therapist, has had the information amended in their care plan.
- Residents identified as wandering have a screening assessment that identifies wandering risk. Since inspection, Dewing assessment has also been added as a second risk assessment.
- Monthly Care Plan Audits are done on an ongoing basis by DON/ADON and any learnings identified are shared and discussed with staff during handovers and huddles to identify gaps in documentation.
- The food and nutritional needs of residents are currently being updated and ongoing changes in residents' food and nutrition care plan.
- Mobility plans are reviewed following physiotherapy input to ensure consistency between documentation and observed practice.

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Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> <li>• Care plans for residents with responsive behaviours now clearly document triggers, behaviours, and effective de-escalation strategies. Since inspection, the resident is now on frequent monitoring, and the care plan reflects that the resident can wander due to their diagnosis.</li> <li>• Following the inspection, a comprehensive review of restrictive devices has been completed, and meeting was carried out on 07/11/2025, to balance restrictive practice vis a vis safety of residents. Post comprehensive review of restrictive devices on 07/11/25, alternatives have been trialed to observe if risk of injury continues to exist for the resident's safety. ADON ensures that implementation of bed rail trial removal is documented, and oversight is maintained by the PIC. This review will be maintained on a three-monthly basis.</li> <li>• All Staff have been educated about the importance of documenting release of bedrails on a consistent basis.</li> </ul> <p>]</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>• A comprehensive safeguarding investigation was completed by the registered provider representative and submitted to the Chief Inspector within required timelines.</li> <li>• The investigation included a full review of events, staff interviews, safeguarding assessments, and learning outcomes.</li> <li>• Immediate corrective actions were implemented, including staff retraining and strengthened safeguarding oversight.</li> <li>• All staff have completed safeguarding training, including detection, prevention, and response to abuse.</li> <li>• Safeguarding practices are now reviewed as part of the Clinical Operations Review Checklist.</li> </ul>	

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Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• The dining room continues to be accessible to all residents as per their choice. Residents continue to have breakfast in the dining room/bedroom depending on their mood and their expressed wishes. Resident surveys specific to mealtimes have been conducted by the PIC to seek residents/nominated representatives' input for their choices and individual preference.</li> <li>• All residents' mealtime assessments have been reviewed to identify who requires adapted crockery. Adapted crockery is now used only where a resident has been assessed as needing it. Residents who are capable of using standard crockery are now supported to do so in order to promote independence and normalised dining experiences. Catering and care staff have been reminded that adaptations should be needs-based and not routine-driven.</li> <li>• Staff have received immediate guidance and refresher training on dignified mealtime support. Staff are now required to sit at residents' level when providing assistance, unless clinically inappropriate. Mealtime support guidance has been incorporated into staff supervision and induction programs.</li> <li>• Staff have been instructed that residents must be asked whether they wish to wear a clothes protector. Residents are now supported to make an informed choice, and alternatives such as napkins or clothing protectors of their preference are offered.</li> <li>• Revised dining communication sheet has now been implemented that includes information like a) Breakfast, dinner and teatime choice, b) Modified cutlery (as required), c) Preferred location for meals, d) Assistance required, e) Consistency of food and fluids, f) Likes, dislikes and allergies. This list is reviewed and filled daily as per residents' choice. Staff continue to empower residents to maintain their ability to participate in their own care as per their current functioning as per assessments/care plan.</li> <li>• Toolbox talk has been delivered on dining room experience and respecting residents' choices and preferences. Staff activities continue to be monitored by the management team for gaps in practice.</li> </ul> <p>]</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	27/02/2026
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Orange	29/10/2025
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Not Compliant	Orange	24/10/2025
Regulation 18(1)(c)(ii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which	Not Compliant	Orange	24/10/2025

	are wholesome and nutritious.			
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Not Compliant	Orange	11/12/2025
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Not Compliant	Orange	23/10/2025
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Not Compliant	Orange	24/10/2025
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	Not Compliant	Orange	12/12/2025

	effectively monitored.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	30/01/2025
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.	Not Compliant	Orange	27/02/2026
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	14/01/2026
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Red	29/10/2025
Regulation 8(2)	The measures referred to in paragraph (1) shall	Not Compliant	Red	29/10/2025

	include staff training in relation to the detection and prevention of and responses to abuse.			
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	18/12/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	24/10/2025