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:	Bramleigh Lodge Nursing Home
Name of provider:	Derg Healthcare Ltd.
Address of centre:	Cashel Road, Cahir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	30 January 2026
Centre ID:	OSV-0000204
Fieldwork ID:	MON-0047333

About the designated centre

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

Bramleigh Lodge Nursing Home is registered to accommodate up to 26 residents and the provider is a limited company called Derg Healthcare Ltd. The centre is a detached single storey building, situated close to the centre of Cahir town. It is located within easy reach of the tourist centre of the town and is serviced by nearby restaurants, public gardens, public houses, library and community hall. The stated aims and objectives of the centre include a commitment to providing the highest standards of person-centered care, developing and improving the quality of life in the centre for all residents, and to preserve the autonomy of residents, allowing free expression of opinion and freedom of choice. The residents' accommodation comprises of 14 single bedrooms and six twin bedrooms. A pre-admission assessment is completed on all potential admissions and this assessment determines the suitability of the centre to meet each resident's needs. The centre offers to meet the needs of low, medium, high and maximum dependency residents for long stay, short stay, respite care and convalescent care. The centre caters for both male and female residents requiring support with the following care needs: General care, Dementia care, Respite care, Palliative Care and Acquired Brain Injury Care. All nursing care is provided on a 24-hour basis. Residents medical care is directed by their own General Practitioner (GP). The centre currently employs approximately 31 staff and there is 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, activities, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23

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
Friday 30 January 2026	09:00hrs to 17:15hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in Bramleigh Lodge Nursing Home; however, several residents raised concerns about the food, which they felt required review, as outlined in this report.

The residents spoken with were highly complimentary of the centre and the care received. Residents were highly complimentary of the staff who cared for them, describing them as "super", "friendly", "attentive" and "kind". There was praise of the person in charge, with one resident telling the inspector that the person in charge was "the loveliest person you would ever meet". Residents were complimentary of the activities and entertainment on offer. Visitors spoken with were similarly complimentary of the care received by their loved ones, the communication with them as a family, and the confidence it gave them that their loved ones were being well cared for. The inspector found that staff and management were knowledgeable about residents' needs, and that they promoted and respected residents' rights and choices. The inspector observed numerous compassionate, warm, dignified, and respectful interactions between residents and staff throughout the day of the inspection.

This unannounced inspection was conducted by one inspector of social services over one day. The purpose of the inspection was to monitor compliance with the regulations and review the registered provider's compliance plan following the inspection of 14 January 2025.

During the inspection, the inspector chatted with many residents and had the opportunity to speak in more detail with eight residents and three visitors to gain insight into their lived experiences in the centre. The inspector also spent time observing interactions between staff and residents and reviewing a range of documentation.

The centre was a single-storey building. Its design and layout supported residents' movement throughout the centre, with sufficient handrails to accommodate those using mobility aids. The centre was seen to be appropriately decorated throughout.

There were multiple communal areas available to residents, including a day room, a TV room, a TV alcove, and a dining room. The TV alcove was a small room adjacent to the TV room, which was being used as a sensory room with relaxing music and sensory lighting.

There was an on-site laundry service that laundered residents' personal clothing. This area was noted to be clean and tidy, and its layout supported the functional separation of the clean and dirty phases of the laundering process.

Bedroom accommodation comprised of fourteen single and six twin bedrooms. Seven of the single bedrooms had en-suite facilities, including a shower, toilet, and wash-hand basin. All other bedrooms had a wash-hand basin in the bedroom. There were three communal bathrooms, each with a shower, toilet and wash-hand basin facilities. There was one additional communal toilet for residents' use. Bedroom accommodation had a television, call bell, wardrobe, seating, and locked storage facilities. Residents had personalised their bedrooms with photographs, artwork, religious items, and ornaments. The size and layout of the bedroom accommodation were appropriate for residents' needs. Residents whom the inspector spoke with were pleased with their bedrooms and personal space.

The centre had a small internal courtyard garden accessible from the day room and the corridor outside room 18. This area was clean, tidy, and pleasantly decorated. The provider also had an external smoking area for four residents who chose to smoke. This area, outside the dining room, was seen to have the necessary protective equipment for residents.

While walking the external premises, the inspector observed that six external storage facilities were in use by the centre and were not on the registered floor plans. This matter is discussed under Regulation 17: Premises. Internally, the inspector noted that wheelchairs were stored on bedroom corridors. One wheelchair was observed obstructing a resident who was passing by with a mobility aid. The practice of storing wheelchairs on corridors is discussed under Regulation 28: Fire precautions.

On the morning of the inspection, residents were up and dressed in their preferred attire, appearing well cared for. The centre had an activities programme which took place over seven days. On inspection morning, there were exercises taking place in the day room, followed by games, enjoyed by 12 residents. Refreshments, including soup, tea, coffee, and biscuits, were served mid-way through the morning at 11:00am. After lunch, there was great laughter from the day room as eight residents enjoyed a game of bean bag toss. Some residents were seen relaxing in their bedrooms, according to their preferences. These residents watched television, listened to the radio, or read newspapers and books. All residents who spoke to the inspector expressed satisfaction with the activities programme and the entertainment available. Some residents told the inspector they went into town on their own and enjoyed the trips. Other residents who required support to mobilise safely told the inspector they would like further supported outings.

Visitors were observed coming and going throughout the day, spending time with their loved ones in the multiple comfortable communal areas. Residents and visitors confirmed there were no restrictions on visiting.

Lunchtime at 12:45pm was observed to be a sociable experience, with most residents eating in the dining room. Meals were freshly prepared in the centre's onsite kitchen overseen by the chef. Residents had access to drinking water and other refreshments at meal times and throughout the day. Staff were observed providing discreet and respectful assistance to residents who required it at mealtimes. Residents expressed mixed views on the food served in the centre. While

some residents were complimentary and described the food as "good", others responded neutrally, stating it was "alright" and "middling", while others expressed their dissatisfaction. Residents unhappy with the food expressed dissatisfaction with the quality of the food available at the tea-time meal and the temperature of the food served throughout the day. This feedback to the inspector aligns with feedback from the residents' committee meeting minutes and residents' questionnaires conducted in 2025.

The following two sections of the report present the findings of this inspection regarding the centre's governance and management arrangements 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

Overall, this was a well-run centre with established systems to monitor the quality of care and support provided to residents. It was evident that the centre's management and staff focused on providing a quality service to residents and promoting their well-being. While clear management and oversight structures were in place, some of these systems required strengthening to ensure regulatory compliance, as referenced within this report.

The registered provider had progressed with the compliance plan following the inspection of 14 January 2025, and improvements were identified in many areas, including fire precautions and infection control. Following this inspection, further actions were required concerning a number of regulations as set out in this report.

The inspector followed up on one piece of unsolicited information submitted to the Chief Inspector of Social Services since the last inspection, relating to the care and welfare of residents, upkeep of the premises, food and residents' rights. The overall findings of this inspection indicated that some aspects of these concerns relating to the premises and food were substantiated, and that the provider was required to take action to return to compliance with the regulatory requirements set out in this report.

Derg Healthcare is the registered provider of Bramleigh Lodge Nursing Home. The company comprises two directors, one of whom represents the provider for regulatory matters. While the provider is not involved in the operation of any other designated centre, the company directors are involved in the operation of other designated centres. Both company directors attended on-site to receive feedback at the end of the inspection.

Since the inspection on 14 January 2025, there have been changes in the centre's governance and management, including a change in the person in charge and the

appointment of a new person participating in management, an operations manager. This is a senior manager who supports the person in charge in their operational management and clinical oversight of the centre. The person in charge reported to the operations manager, who in turn reports to the company directors.

Within the centre, a clearly defined management structure operated the service on a day-to-day basis. The person in charge was supported by a clinical nurse manager, a team of nurses, healthcare assistants, housekeeping, catering, activities, laundry, and administration staff. Deputising arrangements were in place when the person in charge was absent.

While staffing levels were appropriate to meet residents' needs on the inspection day, the staff resources available were not in line with those committed to in the staffing plan submitted to the Chief Inspector of Social Services when the centre was registered. The provider had committed to having five whole-time equivalent nurses available. One nursing position had become vacant in the fortnight prior to the inspection, and recruitment efforts were underway to fill this position.

The registered provider had systems in place to monitor the quality and safety of care. There were communication systems in place between the registered provider and management within the centre, as well as between the person in charge and staff. Records of clinical governance meetings held since the previous inspection were reviewed. These meetings discussed key aspects of care provision for residents, including staffing, safeguarding, fire safety, incidents, and audit results. Within the centre, there was evidence of regular staff meetings focusing on key aspects of quality and safety, such as infection control, staff training, health and safety and responsive behaviours. Auditing of key aspects of service provision, including infection control, call bell response times, fire safety and medication management, was ongoing. Notwithstanding the presence of these oversight systems, further action was required to ensure the service provided to residents was safe, appropriate, consistent, and effectively monitored, as the provider's oversight mechanisms had not identified some deficits and risks found during this inspection. These matters are discussed under Regulation 23: Governance and management.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2025. The inspector saw evidence of the consultation with residents and families reflected in the review. Within this review, the registered provider had also identified areas requiring quality improvement.

The inspector reviewed a sample of three residents' contracts and found that they set out the allocated bedroom number and bedroom occupancy. The contracts outlined the services to be provided and the fees to be charged, and referenced other services that residents may choose to avail themselves of at an additional cost, such as hairdressing. While the contracts met many of the requirements of this regulation, Schedule 2, Part 1, in respect of the additional service charge required review as set out under Regulation 24: Contract for the provision of services.

The centre had an up-to-date complaints management policy, which aligned with regulatory requirements. The complaints procedure was displayed prominently in

the entrance hall and in the residents' information guide. No formal complaints had been recorded since the last inspection in January 2025. The provider had recorded verbal complaints on their electronic records management system. While there was evidence of efforts by nurse management to resolve complaints that had arisen in the centre, the inspector found that some action was required to ensure compliance with the regulation, as discussed under Regulation 34: Complaints procedure.

Regulation 14: Persons in charge

The person in charge meets the regulatory requirements. They are an experienced registered nurse with previous management experience and post-registration management qualifications. The person in charge demonstrated good knowledge and understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

Based on a review of the worked and planned rosters and on speaking with residents, it was evident that there was sufficient staff with an appropriate skill mix on duty each day to meet the residents' assessed needs. There was one registered nurse in the centre at night.

Judgment: Compliant

Regulation 23: Governance and management

While the provider had robust management systems to monitor the quality and safety of service provision, some oversight mechanisms required improvement to sustain continuous quality improvement in areas such as complaints management, premises, food and nutrition, fire precautions and care planning, as identified during this inspection, and set out in this report.

Management systems required strengthening to ensure that medication management practices were guided by and fully aligned with the provider’s policies. For example, the inspector observed one incident in which medication administration had been delegated to a healthcare assistant, contrary to the provider's policies.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

While the contracts met many of the requirements of this regulation, Schedule 2, Part 1, in respect of the additional service charge required review to ensure it reflected services available to residents in the centre and did not charge residents for services that they may be entitled to access without charge under the general medical services (GMS) scheme.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Action was required to ensure compliance with the regulation, for example:

- Some records of verbal complaints reviewed in relation to food documented actions taken as referring the complaint to the catering team, but did not provide further evidence that the complaint had been resolved to the satisfaction of the complainant.
- Recurring complaints relating to food that had not been resolved at stage 1 through an early resolution process had not been escalated to the complaints officer for formal investigation, in line with the provider's policy.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents had a good quality of life, where they were encouraged to live their lives in an unrestricted manner, according to their interests and capabilities. The inspector observed kind and compassionate staff treating residents with dignity and respect. Notwithstanding these positive findings, the inspector found that some improvements were required in care planning, food and nutrition, premises and fire precautions to align with the requirements of the regulations.

The inspector reviewed a sample of five nursing records and care plans. There was evidence that residents were comprehensively assessed upon admission to the centre using a suite of evidence-based risk assessment tools to evaluate risks,

including falls, pressure sore development, malnutrition, manual handling needs, and dependency levels. Care plans were developed based on these assessment tools. The care plans viewed by the inspector were person-centred and specific to each resident's needs. While acknowledging these good practices, some action was required to evidence consultation with the resident and, where appropriate, their family during the revision of care plans. This is discussed further under Regulation 5: Individual assessment and care planning.

The premises' design and layout met residents' needs. The centre was appropriately decorated to provide a homely atmosphere. There were secure outdoor areas, which were appropriately maintained. While acknowledging these positive aspects in relation to the premises, some areas required maintenance and repair to fully comply with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

Food was freshly prepared and cooked on-site by the centre's chef. Adequate quantities of food were served. Residents also had access to fresh drinking water and other refreshments at mealtimes and throughout the day. There was adequate supervision and discrete, respectful assistance at mealtimes. However action was required to ensure that food and nutrition were delivered in accordance with regulatory requirements, as discussed under Regulation 18: Food and Nutrition.

The provider had good oversight of fire safety and had taken adequate precautions against the risk of fire throughout the centre. Sufficient arrangements were in place to detect, contain, and extinguish fires. Preventive maintenance for fire detection, fire-fighting equipment, and emergency lighting was conducted at recommended intervals. There was a system for conducting checks of the fire alarm, means of escape, fire safety equipment, and fire doors. Fire doors were observed to be in good working order. Procedures to be followed in the event of fire were prominently displayed for staff and visitors within the centre. Each resident had a personal emergency evacuation plan to guide staff in the event of an evacuation. The designated smoking area was seen to contain protective equipment for residents. Staff had received fire safety training, were participating in regular fire drills, and were knowledgeable about fire evacuation procedures. However, some further actions were required to ensure the safety of residents in a fire emergency, as discussed under regulation 28: Fire precautions.

Regulation 11: Visits

The provider had a written visitor policy as required by the regulation. The inspector observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had several private and communal spaces for residents to host a visitor.

Judgment: Compliant

Regulation 12: Personal possessions

There were arrangements to support residents in accessing and retaining control over their personal property, possessions, and finances. Residents' clothes were laundered on-site. Residents had adequate space in their bedrooms to store and maintain their clothing and possessions, including access to locked storage facilities. Residents who spoke with the inspector stated they were satisfied with the space in their bedrooms, storage facilities and laundry service.

Judgment: Compliant

Regulation 17: Premises

Some action was required to ensure the premises were in line with the statement of purpose and the floor plans for which it is registered. For example:

- The provider was using several external storage facilities on the centre's grounds to store residents' consumables, including incontinence wear, food, cleaning equipment, personal protective equipment, and records. However, these storage facilities were not included in the centre's floor plans.
- A store room on the floor plans, opposite the laundry, was operating as a staff canteen.

These variations with the registered floor plans necessitate the provider to update the floor plans as part of an application to vary condition 1 of the centre's registration.

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance, repair and review to be fully compliant with Schedule 6 requirements. For example, the lighting in residents' bedrooms required review, as the inspector found flickering lighting in three bedrooms, and a further bedroom with some light bulbs blown.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The mealtime experience for residents required review to ensure that food and nutrition were delivered in line with the regulatory requirements, for example:

- Seven residents, who had been sleeping on the morning of the inspection, had not been offered a choice of main meal at 12:45pm on the inspection day. This was confirmed by speaking with catering staff and by examining the menu ordering sheets.
- Residents who required modified textured meals at level 4 (pureed diet) and level 5 (minced and moist diet) were not offered a choice of main meal at 12:45pm or tea-time meal at 4:30pm, as confirmed by speaking with staff and by examining the menu ordering sheets.
- Two residents complained about the nutritional standard of food provided at the tea-time meal. The inspector was not assured that residents were provided with adequate quantities of wholesome, nutritious food at this time. Menus reviewed found an over-reliance on convenience food, such as chips, sausages, goujans and fish fingers.
- For residents who required a level 4 (pureed diet), the inspector observed that these modified-consistency meals were not presented in an attractive or appealing manner. Staff spoken with were unable to identify exactly what the meals consisted of.
- A small number of residents expressed dissatisfaction with the temperatures at which food was served. This feedback to the inspector aligned with feedback from residents' committee meetings and residents' questionnaires conducted during 2025.

Judgment: Not compliant

Regulation 20: Information for residents

A guide for residents was available in the centre. This guide contained information for residents about the services and facilities provided, including complaint procedures, visiting arrangements, social activities and many other aspects of life in the centre.

Judgment: Compliant

Regulation 27: Infection control

The provider had systems in place to oversee infection prevention and control practices within the centre. The centre's interior was very clean. Surveillance of healthcare-associated infections and multi-drug resistant organism colonisation was being undertaken and recorded. The volume of antibiotic use was also regularly monitored. The provider had appointed a trained infection control link nurse to provide specialist expertise, and staff had access to IPC training. A targeted auditing

system was in place to regularly review staff practices and environmental cleanliness.

Judgment: Compliant

Regulation 28: Fire precautions

The provider's arrangements for maintaining means of escape required review, as transport wheelchairs were observed to be permanently stored in corridors along fire exit routes. This posed a potential obstruction to this horizontal escape route.

Arrangements to contain fire required improvement, as a sluice room door was found not to close fully. This meant the door would not close in the event of a fire alarm activation, compromising its ability to contain the spread of smoke and fire in an emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While comprehensive person-centred care plans were developed based on validated risk assessment tools, the inspector found that some action was required to evidence consultation with the resident and, where appropriate, their family during care plan reviews, as seen in two of the five care plans reviewed.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Staff were respectful and courteous towards residents. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by attending residents' meetings and completing questionnaires. The centre offered monthly in-house religious services. Residents had access to radio, television, newspapers, telephones and internet services throughout the centre. Residents also had access to independent advocacy services. There was an activities and entertainment programme provided seven days per week.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bramleigh Lodge Nursing Home OSV-0000204

Inspection ID: MON-0047333

Date of inspection: 30/01/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Actions: • A review of governance and management oversight systems has commenced and is being undertaken by the Operations Manager and Person in Charge to ensure effective monitoring of service quality and safety. To be completed by 15th March 2026. • Audit tools have been revised to strengthen oversight and now include monitoring of complaints escalation processes, mealtime choice and temperature checks, medication administration practices, fire escape route obstruction checks, and documented evidence of resident consultation in care planning. • All nursing and care staff are being re-educated regarding medication management practices, with specific emphasis that medication administration cannot be delegated to healthcare assistants, in line with the provider's policies. Training will be completed by 31st March 2026. • Weekly medication management audits have commenced and will continue for a period of eight weeks, followed by monthly audits thereafter to ensure sustained compliance. • Governance meetings will include a standing agenda item to review food quality, complaints trends, medication management practices and fire safety compliance. This will commence from March 2026. • A quarterly director-level review of audit outcomes and governance findings will be implemented to ensure effective provider oversight and continuous quality improvement.	
Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Actions: • A full review of all admission contracts is being undertaken in consultation with legal advisors to ensure full compliance with Schedule 2, Part 1 of the regulations. Completion date: 31st March 2026. • The additional services section of the contract is being revised to clearly distinguish between services covered under the Nursing Homes Support Scheme (NHSS) and services that may incur an additional charge. • Any references to services that residents may be entitled to access under the General Medical Services (GMS) scheme are being removed to ensure residents are not charged for services to which they may be entitled without charge. • The revised contract template will be issued to all current residents and/or their representatives once finalized and will be implemented for all future admissions.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Actions: • A revised complaints recording template has been implemented from 15th February 2026, which includes documentation of the outcome of the complaint, confirmation of complainant satisfaction, and clear identification of escalation status. • Recurring complaints relating to food and nutrition will be escalated to the Complaints Officer where they remain unresolved within 48 hours, in accordance with the centre's complaints policy. • A monthly complaints audit has been introduced to ensure completeness of documentation, appropriate recording of outcomes, and timely escalation in line with the complaint's procedure. • Staff refresher training on the complaints management policy will be completed by 31st March 2026 to reinforce appropriate documentation, escalation procedures and resolution processes	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Actions:
• Updated architectural floor plans, including all external storage facilities currently in use, will be submitted with an application to vary Condition 1 of the centre's registration. Completion date: 31st March 2026.
• A risk assessment of all external storage areas has been completed to ensure safe storage of residents' consumables, equipment and records, and to confirm compliance with infection prevention and control and health and safety requirements.
• The room identified on the registered floor plans as a storeroom opposite the laundry will be formally redesignated or returned to its registered purpose, and this will be reflected in the revised floor plans submitted to the regulator.
• All flickering lighting and blown bulbs identified during inspection were replaced by 20th February 2026, ensuring adequate lighting in residents' bedrooms.
• A monthly environmental maintenance checklist has been implemented to ensure that premises issues, including lighting and general maintenance, are identified and addressed promptly.

Regulation 18: Food and nutrition	Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
Actions:
• From 10th February 2026, all residents, including those who rise later in the morning and residents requiring Level 4 (pureed) and Level 5 (minced and moist) diets, are offered and provided with a documented choice of two main meal options at both lunch and tea-time.
• Standardised plating guidance has been implemented to ensure modified consistency meals are presented in an attractive and identifiable manner.
• Digital food temperature monitoring logs have been introduced, with daily spot checks by the Nurse Manager for an initial four-week period to ensure meals are served at an appropriate temperature.
• A full four-week menu review is being undertaken in consultation with an external dietetic advisor to ensure menus are nutritionally balanced and meet residents' dietary requirements. Completion date: 15th March 2026.
• The catering team has commenced a reduction in the use of processed convenience foods, with the introduction of a balanced hot tea-time meal option daily.
• The establishment of a Nutrition Committee comprising nursing staff, healthcare assistants, catering staff and resident representatives to review meal service and menu options.
• Food satisfaction has been added as a standing item on the agenda for monthly residents' meetings to ensure resident feedback is actively monitored and acted upon.
• Recruitment of a Head of Catering is underway to provide leadership in the development and implementation of improved meal services, menu planning and quality

oversight.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Actions:
• All transport wheelchairs were removed from corridors immediately to ensure that fire escape routes remain clear and unobstructed.
• A designated wheelchair storage area will be identified to ensure appropriate storage of transport wheelchairs and prevent obstruction of escape routes. Completion date: 31st March 2026.
• Daily fire escape route checks have been added to the nurse shift checklist to ensure corridors and exit routes remain unobstructed.
• The sluice room door identified during inspection was repaired by 20th February 2026 to ensure it closes fully and functions effectively in containing the spread of smoke and fire.
• A weekly fire door inspection has been added to the maintenance log to ensure all fire doors close correctly and remain fully operational.

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:
Actions:
• The care plan review template has been amended to include documentation of resident and family consultation, including signatures to evidence participation in the care plan review process.
• All existing care plans will be reviewed and updated to ensure consultation with the residents and, where appropriate, their family or representative is clearly documented. Completion date: 31st March 2026.
• A monthly audit of five care plans will be undertaken for a period of three months to ensure compliance with documentation requirements and evidence of resident and family consultation during care plan reviews.

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Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/03/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2026
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Orange	10/02/2026

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	10/02/2026
Regulation 18(1)(c)(ii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Substantially Compliant	Yellow	15/03/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2026
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the	Substantially Compliant	Yellow	31/03/2026

	Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/03/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	20/02/2026
Regulation 34(3)	The registered provider shall take such steps as are reasonable to give effect as soon as possible and to the greatest extent practicable to any improvements recommended by a complaints or review officer.	Substantially Compliant	Yellow	31/03/2026
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are	Substantially Compliant	Yellow	31/03/2026

	fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/03/2026