



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

Issued by the Chief Inspector

Name of designated centre:	Brookhaven Nursing Home
Name of provider:	Brookhaven Nursing Home Limited
Address of centre:	Donoughmore, Ballyraggett, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	09 December 2025
Centre ID:	OSV-0000207
Fieldwork ID:	MON-0048979

About the designated centre

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

Brookhaven Nursing Home is situated in the village of Ballyragget, seven kilometres from the town of Durrow, Co. Kilkenny. The centre is registered to accommodate 71 residents, both male and female. It is a two-storey building but resident's accommodation and facilities are located on the ground floor; the staff changing facilities are located upstairs. Residents' accommodation comprises of single and twin bedrooms with en-suite shower and toilet facilities, two dining rooms, an activities room, sitting rooms and a sun room. There are comfortable seating alcoves throughout the centre and toilet facilities are strategically located for residents' convenience. Residents have access to five enclosed garden areas with seating and walkways. Other facilities include the main kitchen and a laundry. Brookhaven provides full-time nursing care for people with low to maximum dependency assessed needs requiring long-term residential, palliative, convalescence and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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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
Tuesday 9 December 2025	10:10hrs to 17:30hrs	Mary Veale	Lead
Tuesday 9 December 2025	10:10hrs to 17:30hrs	Laura Meehan	Support
Tuesday 9 December 2025	10:10hrs to 17:30hrs	Bernadette McDonald	Support

What residents told us and what inspectors observed

This was an unannounced one-day inspection of the centre carried out by three inspectors, six weeks after a previous inspection in October 2025. This inspection was scheduled to ensure that the provider was taking action to address significant concerns about the care of residents and findings of non-compliance identified during previous inspections in September and October 2025.

On arrival to the centre, some residents were observed sitting in communal areas and walking the corridors. The centre was decorated with Christmas decorations and had festive music playing in the reception area. Most areas of the centre were warm; however, the conservatory was found to be cold.

Inspectors observed that most communal areas now contained furniture such as armchairs and tables. However, inappropriate items continued to be stored in the visitor's room in Kilminan wing. Improvements were noted to some of the residents' bedrooms, which were observed to be decorated in a homely manner. Further work was required to ensure that all bedrooms were decorated with residents' personalised items or have decorative paintings, so as to create a pleasant environment.

Brookhaven Nursing home is located on the outskirts of the village of Ballyraggett in Co. Kilkenny. The centre comprised of a two-storey building. The centre was registered to accommodate 71 residents, with 55 residents living in the centre at the time of inspection. The first floor contained the centres administration office, staff changing facilities and a storage area. The location, design and layout of the centre were generally suitable for their stated purpose. The outdoor spaces included inner courtyards from each wing, which were readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required.

The inspectors spent time observing staff and residents' interactions. Larger groups of residents were observed sitting together in the day room of the Attannagh wing participating in arranged activities. Small groups of between four and five residents were observed sitting in the lounge in Kilminan wing and the sitting room in Rosconnell wing, watching the television and engaging in conversation with staff.

The inspectors observed the dining experience at lunch-time in both the Ash and the Oak dining rooms. Since the previous inspection improvements had been made to the accessibility of the menu for residents, which was displayed for the residents in both dining rooms. Residents informed inspectors they now had an awareness of their choices when it came to mealtimes. The inspectors observed that the meals appeared appetising and were served hot. Residents spoke positively about the food and confirmed that they were always afforded a choice and provided with an alternative meal should they not like what was on the menu.

Adequate numbers of staff were available to support residents during mealtime. Residents who required additional assistance during mealtimes, were provided with assistance in a respectful and dignified manner. Inspectors observed that residents were offered clothes protectors by staff; while most residents chose to use napkins some did opt to use clothes protectors.

Overall the general environment including residents' bedrooms, communal areas, toilets and bathrooms appeared visibly clean. Efforts had been made to de-clutter the centre. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. Staff had access to dedicated housekeeping rooms for storage and preparation of cleaning trolleys and equipment. Despite these improvements, further action was required to comply with infection prevention and control. This is discussed further under Regulation 27.

The centre provided a laundry service for residents. All residents' whom the inspectors spoke with on the day of inspection noted that there had been improvements in the laundry system. Residents were happy with the laundry service and reported that items of clothing did not go missing since the previous inspection. Residents confirmed that their bed linen now contained a top and bottom sheet.

Residents had access to a timetable of activities and the timetable had been reviewed since the previous inspection. Over the course of the inspection, residents were observed attending a live-streamed Mass, an exercise session and Bingo. The inspectors observed staff and residents having good humoured banter throughout the exercise and Bingo sessions. Since the previous inspection flower arranging and a pamper morning had been introduced to the activities timetable. Residents told the inspectors they had enjoyed a festive afternoon event for the turning on of the Christmas lights in the centre. Despite these improvements, further action was required to ensure activities were meaningful for all residents in particular for residents who could not partake in group activities. Two residents told the inspectors that communication was difficult with staff due to the language barrier. This is discussed under Regulation 9: Residents' rights.

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

Capacity and capability

The regulatory compliance of this centre was found to have deteriorated significantly when the centre was inspected in September with inspectors finding that residents were not in receipt of safe care commensurate with their needs. In response to the findings of the September inspection and a follow-up inspection in October 2025 a notice of proposed decision to stop admissions to the centre was issued. Through compliance plans and warning meetings, the registered provider gave repeated

commitments to take the required action to bring the designated centre into compliance. In December 2025, as a result of the provider's failure to address the non-compliance's. This inspection was carried out to ensure that the registered provider had adhered to commitments given to improve the care of residents as set out in compliance plans and at meetings.

The findings of this inspection were that the provider had made some progress in improving the care of residents however further action was required as non-compliances persisted in the areas of care planning, the protection of residents, upholding residents rights, the premises, and governance and management.

Inspectors reviewed unsolicited information received by the office of the Chief Inspector. The information received pertained to concerns regarding the governance and management of the centre, the organisation and management of the staffing resources, and delays in care provided to residents. This information was found to be substantiated on this inspection.

Brookhaven Nursing Home Limited is the registered provider for this centre. At the time of inspection, there were four directors in the company. The centre is part of a group of five nursing homes and had access to group resources, such as finance, human resources and facilities management.

Since the October 2025 inspection, the person in charge (PIC), the assistant director of nursing (ADON) and the clinical nurse managers (CNM) had all left the centre. There was a new PIC and a new CNM in post and the provider was in the process of recruiting an ADON. Inspectors were also informed that a second CNM post would be filled in January 2026. There had been an increase in the number of registered nurses, health care assistants and activities personnel working in the centre since the October 2025 inspection. On the day of inspection, the PIC was supported by a clinical nurse specialist from another centre within the group. Since the October 2025 inspection, the group had recruited a chief governance, risk and compliance officer within the management structure. This senior governance team allocated to the centre was reviewing the management systems in place for the monitoring and oversight of the quality and safety of the care provided to residents.

The provider was in the process of strengthening the management systems to identify risks and drive quality improvement in the areas of care planning, health care, protection, residents' rights, premises, infection control and fire safety. The inspectors reviewed records of governance meetings, and staff meetings which had taken place since the October 2025 inspection. Agenda items included changes to staffing, training, audits, and clinical risks. Inspectors also reviewed the results of audits carried out in the centre since the previous inspection, including audits of falls, the use of restrictive practices, infection prevention and control processes and medication management practices. Notwithstanding this improvement, inspectors found that further work was required to ensure that the implementation of care planning, safeguarding systems, residents rights, end-of-life care, the management of the premises were consistent, effectively monitored and sustained. This is discussed further in this report under Regulation 23: Governance and management.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspectors followed up on incidents that were notified since the October 2025 inspection and found these were managed in accordance with the centre's policies.

Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was a minimum of two registered nurse on duty at all times for the number of residents living in the centre.

However, while staffing levels were adequate for the number of residents accommodated, management and supervision of staffing required further improvements. This impacted the quality and safety of care provided to residents. This is addressed under Regulation 16: Training and staff development and Regulation 23: Governance and management.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider did not ensure that effective systems were in place for the appropriate supervision of staff to ensure the assessed needs of residents were supported. For example the supervisory processes in place did not ensure that :

- Call bells were consistently responded to in a timely fashion
- Safety pauses were consistently implemented and recorded
- Actions required to keep residents safe such as those identified through "safety pauses" were completed
- Staff did not consistently adhere to the registered providers own polices such as the procedures to follow to support a resident at end of life.
- Some supervisory practices observed by inspectors were not commensurate with a culture that was focused an openness, transparency and improving the care of residents.

Judgment: Not compliant

Regulation 23: Governance and management

While there were sufficient staff working in the centre on the day of inspection to meet the needs of the residents, the provider was required to maintain staffing in

line with the statement of purpose, Brookhaven Nursing Home Limited was registered against. For example:

- While there was an ongoing recruitment process for staffing the centre. Rosters viewed by the inspectors evidenced that there were staff vacancies across the catering and healthcare assistant divisions.

Although Brookhaven Nursing Home Limited was reviewing the structures to put into place effective management and oversight systems that ensured the service provided is safe, appropriate, and effectively monitored. Further actions were required to ensure that the system of governance and management in the centre was strengthened. For example:

- The management systems to monitor, evaluate and improve the quality of the service were reactive in nature. Systems of oversight in place to monitor and respond to issues of concern found by the inspectors on inspection in September and October 2025 required further strengthening, particularly in relation to care planning, safeguarding, residents' rights, the premises, and infection prevention and control. These issues are discussed further under Regulation 5: Individual assessment and care planning, Regulation 8: Protection, Regulation 9: Residents rights, Regulation 13: End of life, Regulation 17: Premises, and Regulation 27: Infection control.
- While the provider had an audit schedule in place, tracking and trending of audits were not taking place to identify emerging themes, such as improvements relating to care and care planning.

The provider had failed to implement an effective investigation following an incident of serious concern in a timely manner to ensure any immediate action required was implemented.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Quality and safety

The inspectors found that the provider had made some improvements in general in the delivering of nursing care. However, gaps in the oversight of governance and management were impacting on the quality of life and the safety of the residents. On this inspection, further improvements were required to comply with care planning, healthcare, protection, residents' rights, end-of-life care, the premises, and infection control.

The inspectors viewed a sample of residents' notes and care plans. There had been some improvements in the standard of care planning, but further improvements were required to ensure that they were person-centred and updated to guide safe and effective care. Details are presented under Regulation 5: Individual assessment and care plan.

Since the previous inspection the provider had engaged with GP practices to ensure that residents had access to medical care during day times hours. Residents had improved access to general practitioners (GPs) from local practices. Residents also had access to specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required.

Works to repair the centre's heating system continued to take place since the previous inspection. Improvements were required to the premises are outlined under Regulation 17: Premises.

On this inspection, the centre in general and the equipment were found to be clean. Issues pertinent to infection prevention and control are set out under Regulation 27.

Residents had adequate space to store their personal possessions and belongings. Residents had access to a wardrobe, drawers and a bedside locker in which to store all of their belongings. Laundry was provided in the centre for residents, and some residents chose to have their clothing laundered at home.

Some improvements were found in residents' rights since the previous inspection. All communal areas were now available to residents. The activities programme had been reviewed, a fortnightly pampering session had been added and residents had attended a remembrance mass and a fashion show in the centre since the previous inspection. The attendance at the monthly residents' meeting had increased. A staff allocation board and information board were available to residents in the reception area. Information regarding advocacy services was displayed in the centre. Residents had access to local and national newspapers, the Internet, televisions, and radios. The management team had commenced communication with residents and families to offer a Christmas dinner experience for the festive season. Notwithstanding these improvements, further action was required to provide activities for residents who did not attend group events and to improve communication between residents and staff. This is discussed under Regulation 9: Residents' rights.

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents' clothes were laundered in the centre, and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 13: End of life

Further action was required to ensure that residents received appropriate care and comfort which addressed their physical, emotional, social, psychological and spiritual needs. This was a repeat finding from previous inspections. For example:

- Not all residents had access to palliative care or end-of-life measures from a holistic person-centred perspective and in a dignified manner.
- The end-of-life wishes of residents and their representatives were not clearly set out within personal plans including their spiritual and psychological needs.
- When the oratory was in use, a review of measures was required to ensure the environment was respectful to all residents. This included noise levels in the immediate location, access to the area without impacting others and a system to notify visitors and residents that the room was in use.

Judgment: Not compliant

Regulation 17: Premises

The registered provider did not ensure the premises of the designated centre were appropriate to the needs of the residents and in line with the statement of purpose (SOP). For example:

- The conservatory was not accessible to residents the day of the inspection due to the cold temperatures in this room. This was despite plug in radiators being available for use.
- There was evidence of inadequate storage measures within the centre. For example, a wooden frame for parties continued to be stored in a visitors room, alongside a document shredding container. A shower chair was stored in sitting room.

Parts of the premises did not conform to the matters set out in Schedule 6 of the regulations, for example, but notwithstanding;

- There was significant wear and tear, and damage to the walls beside beds and to the door frames of some bedrooms.
- One of the two toilets adjacent to the Oak dining room remained out of order, and had been since prior to the September 2025 inspection.

This was a repeated finding on the previous two inspections.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents expressed overall satisfaction with food, snacks and drinks. Residents had access to fresh drinking water. Choice was offered at all mealtimes, and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. Residents' dietary needs were met. There was adequate supervision and assistance at mealtimes.

Judgment: Compliant

Regulation 27: Infection control

The provider did not meet the regulatory requirements and the National Standards for infection prevention and control in community services (2018). Poor practice was observed in the area of infection control. For example:

- The house keeping room in Kilminan wing did not have a hand-wash basin. The inspectors were informed that a hand-wash basin had been purchased and would be installed on arrival to the centre.
- Flooring was damaged and was difficult to clean in parts of the centre. This posed a risk of cross-contamination as staff could not effectively clean the floors.
- A bedpan machine was not working on the morning of the inspection and had not been reported by staff. The bedpan was observed in working order by the inspectors on the evening of inspection.
- Limited hand hygiene continued to be observed from staff.

These were repeated findings from previous inspections.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans to ensure the needs of each resident are assessed, and an appropriate care plan is prepared to meet these needs. For example:

- Care plans viewed required review to ensure a specific and person-centred approach to care was provided. A sample of care plans viewed was not sufficiently detailed or person centred to guide staff on the care of residents.
- Where a resident had requested additional support for mobilising, the measures taken to support this were not documented within their personal plan.
- Where a resident had been referred for multi-disciplinary support, the recommendations were not present in the plan.

Judgment: Not compliant

Regulation 8: Protection

A serious incident had been notified to the office of the Chief Inspector of Social services by the registered provider in August 2025. At the time of this inspection, the investigation had not been completed. In the interim, while awaiting the completion of the investigation the registered provider was unable to identify or describe any changes that had been implemented to minimise the risk of recurrence of similar incidents. This had been highlighted to the provider at both previous inspections in 2025.

This was a repeat finding from the September and October 2025 inspection, which had yet to be addressed by the provider despite the serious nature of the allegation.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' right to exercise choice was not always upheld by the registered provider. For example;

- Residents had restricted access to the conservatory. The room temperature of this room was cold over the course of the inspection. This was a repeated finding from the previous inspection.
- There was an overall lack of meaningful activities available for residents in the centre who could not partake in group activities. For example, there were no activities provided for residents who stayed in their bedrooms.

Residents' right to dignity was not upheld by the registered provider. For example;

- A review of the volume of the radios in communal spaces was required as the location of the radio in the Ash dining room was very loud and was observed to disrupt the dining experience for the residents sitting close to the radio. This was also observed on some corridor spaces at intervals during the day
- Residents reported difficulties in verbal communication and understanding some staff when communicating their needs. Staff were observed using terminology to describe tasks to residents, which may lead to confusion for residents.
- A number of residents informed inspectors that not all staff spoke English when performing personal care.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Not compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Brookhaven Nursing Home OSV-0000207

Inspection ID: MON-0048979

Date of inspection: 09/12/2025

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Immediate actions have been implemented to continue strengthening supervision and oversight within the centre.</p> <p>An enhanced supervision framework is now in place, with increased daily oversight by the management team, including a CNM rostered in a supernumerary capacity seven days per week to provide consistent clinical oversight. This includes direct supervision of staff, observation of practice, and the provision of on the spot guidance and feedback to support safe, consistent and person-centred care.</p> <p>A new call bell monitoring system has been upgraded and introduced, with weekly audits undertaken. Audit outcomes are reviewed and shared with staff through the following various platforms (safety pauses, handover, staff meetings) to support improvements in response times.</p> <p>Safety pauses are now conducted on each shift and are led by the management team, including the DON, ADON and CNM. These provide structured clinical oversight, and all actions identified are recorded, monitored and followed up to ensure completion.</p> <p>Targeted re-education has been provided to staff in relation to adherence to organisational policies and procedures. This includes specific training in end-of-life care, which is now incorporated into mandatory annual training. Residents identified as end-of-life are subject to increased management oversight to ensure care is delivered in line with policy.</p> <p>A culture of openness, transparency and continuous improvement is being reinforced through increased management presence, structured communication, and ongoing supervision.</p> <p>Ongoing oversight is maintained through regular audits, spot-checks, weekly review of</p>	

key performance indicators, and governance review to ensure sustained compliance and improved outcomes for residents.

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Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

Immediate actions have been implemented to strengthen governance and management systems within the centre to ensure the service provided is safe, appropriate and effectively monitored.

The Registered Provider acknowledges the findings. Recruitment processes are ongoing to address identified vacancies across the healthcare assistant and catering departments. Current staffing levels are aligned to the assessed needs of residents and current occupancy levels, and a full review will be undertaken to ensure staffing levels are in line with the statement of purpose as occupancy increases.

Governance and oversight systems have been reviewed and strengthened to ensure a more proactive approach to monitoring and improving the quality of care. Improvements implemented in relation to care planning, safeguarding, residents' rights, end-of-life care, premises and infection prevention and control are outlined under the relevant regulations (Regulation 5, 8, 9, 13, 17 and 27).

The audit system has been enhanced to include improved tracking and trending of findings to identify patterns, inform quality improvement initiatives, and ensure timely response to areas of concern.

In relation to incident management, processes have been strengthened to ensure all incidents are appropriately reported, reviewed and investigated in a timely manner. Clear accountability has been established, with oversight by the PIC, and a structured root cause analysis approach is in place to ensure learning is identified and actions are implemented promptly.

Ongoing monitoring will be maintained through governance meetings, audit review, and supervision to ensure sustained compliance and continuous improvement within the centre.

Regulation 13: End of life	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life: Immediate actions have been implemented to strengthen end-of-life care practices within the centre and to ensure a holistic, person-centred approach to care delivery.</p> <p>A review of all residents' end-of-life care plans has been undertaken by the PIC and ADON to ensure that individual wishes, including physical, emotional, social, psychological and spiritual needs, are clearly documented and regularly reviewed in consultation with residents and their representatives.</p> <p>Access to palliative care services has been enhanced, with timely referral pathways in place to ensure residents receive appropriate specialist support where required. Five nurses completed CARU training in February to support and empower staff in the delivery of palliative, end-of-life and bereavement care. In addition, end-of-life care training has been incorporated into mandatory annual training for nursing staff, with oversight by the PIC.</p> <p>Oversight arrangements have been strengthened, with increased management review of residents identified as end-of-life to ensure care is delivered in line with assessed needs and organisational policy.</p> <p>The use of the oratory has been reviewed to ensure it is respectful and accessible for all residents. Measures implemented include clear signage when the room is in use, guidance to staff regarding noise levels in the surrounding area, and consideration of residents' access to the space to ensure dignity and respect at all times.</p> <p>Ongoing monitoring will be maintained through audit, supervision and governance review to ensure sustained improvement and compliance.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The heating system in the conservatory has been repaired and the room is now maintained at a comfortable temperature and fully accessible for resident use.</p> <p>A review of storage practices has been undertaken. Items previously stored inappropriately have been removed, and additional external storage solutions have been acquired and are now in use to ensure adequate and appropriate storage capacity. This ensures that communal and visitor spaces remain suitable and clutter-free.</p>	

Repairs to the toilet adjacent to the Oak dining room have been completed, and the facility is now fully operational.

A programme of maintenance and redecoration is in place to address areas of wear and tear, including damage to walls and door frames. Protective measures, including bed buffer pads on headboards, have been installed to prevent further damage.

The provider has strengthened oversight of premises management through regular environmental audits and planned preventative maintenance schedules. The PIC will ensure that all areas outlined in the statement of purpose are accessible to residents on a daily basis, and any required works or upgrades will be communicated to residents in advance.

Ongoing monitoring will be maintained through audit and governance review to ensure sustained compliance and a safe, comfortable environment for residents.

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Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

A review of the housekeeping facilities in Kilminan wing has been completed, and appropriate hand-washing facilities have now been installed to support effective staff hygiene practices.

Damaged flooring has been identified and reviewed by contractors, with quotations currently pending. The works will be prioritised for completion following the conclusion of current priority remedial works within the centre, to ensure all surfaces are compliant and fully cleanable.

The bedpan washer has been repaired, and processes have been reinforced with staff to ensure that any equipment faults are promptly reported and addressed.

Targeted hand hygiene re-education has been provided to all staff, with a renewed emphasis on compliance with best practice. Hand hygiene audits and observational checks have been increased, with findings shared with staff to support improved practice.

An IPC practitioner course has been identified for a staff member and will commence in April 2026 to further strengthen infection prevention and control knowledge and oversight within the centre.

Oversight of infection prevention and control has been strengthened through regular environmental audits, equipment checks, and enhanced supervision of staff practices.

Ongoing monitoring will be maintained through audit and governance review to ensure sustained compliance and to minimise the risk of cross-contamination.

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Regulation 5: Individual assessment and care plan

Not Compliant

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

A comprehensive review of care plans has been undertaken by the PIC and ADON to ensure they are individualised, clearly describe residents' needs, and provide sufficient guidance to staff in delivering consistent, person-centred care.

Where residents require additional support, including with mobility, care plans have been updated to clearly outline the specific interventions and supports required.

Processes have been strengthened to ensure that recommendations from multidisciplinary team referrals are incorporated into care plans in a timely manner and are clearly documented to guide staff practice.

The physiotherapist reviews residents twice weekly and provides updated recommendations to the team, which are incorporated into residents' assessments and mobility care plans.

Oversight arrangements have been enhanced, with regular audits of care plans and increased supervision by the management team to ensure compliance with regulatory requirements.

Ongoing monitoring will be maintained through audit and governance review to ensure sustained improvement in the quality and accuracy of care planning.

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Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The Registered Provider acknowledges the findings.

Learning from the investigation has been identified and is being communicated to all staff to inform practice and reduce the risk of recurrence.

Safeguarding measures have been strengthened, including increased supervision of staff practices and enhanced oversight by the management team. The local management team has dedicated daily protected time on the floor to promote and support resident safety.

All staff have received refresher training in safeguarding and the prevention, detection and response to abuse to ensure awareness of their roles and responsibilities.

Governance arrangements have been strengthened. The PIC is responsible for ensuring all incidents are appropriately reported, reviewed and investigated. A root cause analysis process is now embedded to ensure a structured approach to identifying contributory factors and implementing corrective actions. Learning from incidents is disseminated to the team and monitored for implementation.

Ongoing monitoring will be maintained through audit, supervision and governance review to ensure sustained compliance and the safety of all residents.

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Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Registered Provider acknowledges the findings. Learning identified has been shared with staff to support improved practice and ensure that residents are supported in a respectful, person-centred manner.

The conservatory is now fully accessible to residents following the upgrade of the heating system, ensuring residents have access to all areas as outlined in the statement of purpose.

The activity programme has been reviewed and enhanced by the Activity Coordinator to reflect residents' preferences and choices. A weekly activity schedule is developed and reviewed with oversight from the PIC to ensure the provision of meaningful and appropriate activities. Residents who prefer to remain in their rooms are supported with one-to-one activities in line with their individual preferences.

The activity team are scheduled to attend bespoke training on 06/05/2026 to further support engagement with residents, including those living with dementia, through sensory stimulation, gentle exercise and music.

Staff have been reminded of the importance of effective communication and respectful interactions, including the requirement to communicate in a manner that is inclusive of residents at all times. This is monitored through ongoing supervision and management presence on the floor.

Staff supervision and oversight have been strengthened, with increased management presence in the centre. The local management team has dedicated daily protected time on the floor to engage with residents and staff, supporting a culture that promotes dignity, respect and responsive care.

Governance arrangements have been enhanced to ensure that residents' rights are consistently upheld, with ongoing monitoring through supervision, audit and regular review.

Ongoing monitoring will be maintained to ensure sustained compliance and positive outcomes for residents.

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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 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.	Not Compliant	Orange	01/03/2026
Regulation 13(2)	Following the death of a resident the person in charge shall ensure that appropriate arrangements, in accordance with that resident's wishes in so far as they are known and are reasonably practical, are made.	Not Compliant	Orange	01/03/2026
Regulation 16(1)(b)	The person in charge shall	Not Compliant	Orange	16/02/2026

	ensure that staff are appropriately supervised.			
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.	Not Compliant	Orange	01/02/2026
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.	Not Compliant	Orange	30/03/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	01/03/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe,	Not Compliant	Orange	16/02/2026

	appropriate, consistent and effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Not Compliant	Orange	28/02/2026
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	28/02/2026
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	16/02/2026
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	31/01/2026
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in	Not Compliant	Orange	30/03/2026

	accordance with their interests and capacities.			
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	16/02/2026