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:	Beach Hill Manor Private Nursing Home
Name of provider:	Beach Hill Manor Private Nursing Home
Address of centre:	Lisfannon, Fahan, Donegal
Type of inspection:	Unannounced
Date of inspection:	04 September 2025
Centre ID:	OSV-0000320
Fieldwork ID:	MON-0048155

About the designated centre

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

The designated centre is a 48-bedded purpose-built nursing home. Bedroom accommodation consists of 34 single and seven twin bedrooms with en-suite shower facilities, located in three distinct areas: Camlen, Foyle and Swilly. Assisted toilets and bathrooms are available, and spacious communal areas, including a foyer/ reception and dining facilities. Residents have access to outdoor facilities. The philosophy of care is to create a home for residents who are valued and cared for with dignity and respect.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 September 2025	06:50hrs to 14:45hrs	Catherine Connolly-Gargan	Lead
Thursday 4 September 2025	06:50hrs to 14:45hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

This inspection was unannounced and carried out over one day. The inspectors spent time talking with the residents, their visitors, and staff working in the centre during both the day and night. The inspectors also observed care practices, staff interactions with residents and residents' lived experiences in the centre. Residents told the inspectors that their needs were met without delay and that staff were always caring and respectful towards them. Feedback from visitors spoken with concurred with what residents said.

The inspectors commenced this inspection at 06:50 am and were met by a staff nurse working on night duty. Shortly after the inspectors' arrival, the person in charge attended the centre, and the regional manager arrived later in the morning. The inspectors completed a walk around the centre on their arrival and observed that although most of the residents were in bed sleeping, some were starting to wake and get up. Six residents were up and dressed and were either sitting in the reception area or making their way with staff assistance to the dining room for breakfast. Residents were offered cereal, toast and tea or coffee, which was being prepared for them from approximately 7 am in the main kitchen by a carer on night duty. The inspectors were told and observed on review of the staff duty roster that catering staff were not available until 8 am. As a result, the cooking of the porridge and other cooked breakfast options was not available to residents who preferred to have breakfast before 8 am.

Most of these six residents who spoke with the inspectors said that they liked to get up early for their breakfast, and this preference was always respected by staff. One resident told the inspectors that they 'liked to start their day early'. Another resident said they enjoyed 'the quietness of the dining room in the early morning'. The inspectors noted that the other three staff were busy assisting residents who were awake and wished to get up, but there were delays in staff responding to residents' call-bells for assistance. The delay in responses to attend to residents' calls for attendance continued during the late morning, as some residents' call-bells were ringing for periods of up to five to seven minutes. The inspectors noted that there were two staff nurses and four healthcare assistants rostered on night duty, and two staff nurses and nine healthcare assistants available on the day of this inspection.

The inspectors spent time observing residents' routines and how their needs were met by staff throughout the day to gain insight into the residents' experiences of living in the centre. They noted that all interactions between staff and residents were respectful and kind. However, the inspectors found that supervision and staff allocation were not always adequate to ensure that many residents had adequate opportunities to participate in group and one-to-one social activities as they wished. Additionally, there was insufficient supervision for residents with high dependency needs who were at risk of falling, particularly in two communal sitting rooms. The inspectors observed unsafe moving and handling practices by staff for residents in

the reception area and one of the communal rooms. Furthermore, they noted that infection prevention and control practices by staff were not in line with recommended procedures to ensure residents were protected from the risk of cross infection.

Two communal sitting rooms and the reception area in the designated centre were used by the residents in between having their meals in the dining room. The social activity coordinator based themselves in one of the communal sitting rooms during the day and facilitated varied social activities for the group of residents in this communal room. However, a number of the residents in this sitting room did not participate in the scheduled social activities taking place and did not have the opportunity to participate in alternative activities. Care staff were allocated to remain with residents in the other communal sitting room and the reception area during the morning. While these care staff were responding to residents' clinical needs, opportunities for residents to participate in meaningful social activities in these areas were observed to be limited. The inspectors observed that some residents were participating in self-directed activities, including doll therapy, reading a newspaper or watching a game show on television. The pedestrian traffic in the reception area made the television very difficult to hear for the residents, and some residents spent the morning sleeping or sitting quietly, watching staff and other residents passing through the communal areas. A number of residents told the inspectors they were satisfied with the opportunities they had to meet their social care needs, but again on this inspection some residents said 'I don't do anything here', another resident said they did not 'enjoy' the social activities taking place in one sitting room and, a third resident said they were not aware of what social activities were scheduled on the day. A live music session was facilitated by a local musician in the afternoon, and this was observed to be a lively event that most of the residents chose to attend. Some residents were observed to be clearly enjoying the music, and many of the residents were singing along to the songs.

The inspectors visited all of the twin-occupancy bedrooms and observed that four of these bedrooms did not meet the needs of two residents. The layout and circulation space available in four twin-occupancy bedrooms did not provide adequate space for one of the residents in each of these bedrooms to safely and comfortably move around their bed space. Due to the limited space available within one resident’s bed space in each of these bedrooms, their privacy needs could not be assured during personal care or during transfer into and out of their beds. One resident in each of these bedrooms had limited storage available to them in wardrobes that were half the size of other residents' wardrobes. Furthermore, they did not have adequate space to rest in a chair within their bed space if they wished. The inspectors observed that most residents had personalised their rooms with their family photographs, greeting cards, artwork and other personal items, but personalisation of the twin-occupancy bedrooms was limited. Other than on top of their locker or on the windowsill, residents did not have a shelf surface to display their photographs and other items on. Furthermore, many of the residents in the twin-occupancy bedrooms did not have a reading lamp available to them and therefore had to use the main light in their bedroom for their care procedures during the night. These findings are discussed further in the quality and safety section of this report.

There were no restrictions on residents' visitors coming into the centre to visit them. The inspectors spoke with a number of the residents' visitors, and they spoke positively about the service their family members received and how they were cared for in the centre.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered. Areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this inspection found that although the management team had made some efforts to improve practices and the quality and safety of the service provided to residents. The improvements made were not resulting in better outcomes for residents and many of the non-compliances found on the inspection in July 2025 were repeated on this inspection. The provider did not have appropriate oversight of the service, which includes effective supervision of staff practices day and night on each unit to ensure that they carry out their work to the required standards. This was negatively impacting on residents' safety and quality of life. Further to the inspectors' findings on this inspection, the provider was required to take urgent action to ensure staff training needs were addressed and staff were appropriately supervised in their roles to ensure their practices were safe and carried out to required standards. Urgent action was also required to effectively mitigate the risks to residents' safety from cross-contamination and to ensure adequate supervision of staff practices regarding manual handling and infection control. The provider's urgent compliance plan response was satisfactory.

The purpose of this unannounced inspection was to assess representation received from the provider in response to the Chief Inspector's proposed decision to attach a restrictive condition to the designated centre's registration under section 51 of the Health Act 2007, ceasing admission or transfer of new residents into the designated centre until the provider has implemented actions to ensure that the service provided to residents effectively meets their needs in line with the statement of purpose and is in compliant with the regulations.

The registered provider of Beach Hill Manor Nursing Home is The Brindley Manor Federation of Nursing Homes Limited, which is part of the Emeis Group. The local management team consists of a person in charge (PIC), an assistant director of nursing (ADON), and two clinical nurse managers (CNMs). The local management team was supported in the day-to-day operation of this centre by a team of nursing staff, health care assistants, housekeeping staff, catering staff, laundry staff, activity staff and maintenance personnel. The administrator's position was recently vacant, and the provider was actively recruiting at the time of the inspection. A regional

director had oversight responsibility for this designated centre and provided support to the centre's local management team.

The provider had governance and oversight processes in place, including systems to monitor the quality and safety of the service. However, these systems were not identifying and effecting the necessary improvements in staffing, staff supervision, residents' care, residents' rights and quality of life.

Following the previous inspection, the provider added two additional healthcare assistant staff to the night roster and one additional healthcare assistant to the day staff roster. While this action aimed to ensure there were adequate staff with appropriate skills available to meet residents' needs over each night and day, this level of staffing was not sustained, as evidenced by a number of gaps in the worked staffing rosters reviewed by the inspectors. The provider also did not have sufficient staffing resources available to ensure planned and unplanned staff leave was always covered. The findings are discussed further under Regulation 15: Staffing.

Significant improvements were necessary to ensure staff were appropriately supervised in their roles to ensure they carried out their work to the required standards. Although the provider ensured that staff were facilitated to attend mandatory training, including on safe moving and handling procedures and infection prevention and control, a number of staff practices were not safe and posed a risk of injury and cross-infection to residents. Staff also attended professional development training to ensure they had the necessary knowledge and skills to competently meet residents' needs. However, some staff were observed not to have the necessary knowledge and skills to ensure residents' social care needs and preferences were met.

The provider ensured that notifications of incidents, as specified by the regulations, were submitted to the office of the Chief Inspector of Social Services since the last inspection.

Regulation 15: Staffing

The inspectors found on this inspection that the registered provider had not consistently ensured that there were sufficient numbers of staff with appropriate skills available to meet residents' needs. This was evidenced by the following findings:

- There were not enough staff available with appropriate skills to ensure that many of the residents, including those who required additional support to engage socially and residents who stayed in their bedrooms, were provided with adequate opportunities to participate in a meaningful social activity programme in line with their individual interests and capacities.
- There was not enough staff available to respond to the residents' call bells for assistance without delay, with some examples seen of residents waiting up to 7 minutes for a response from staff.

- Care staff roles on night-duty were not clearly defined, and this reduced the resources available during the night shift to meet residents' needs for assistance and care. For example, as the catering staff were not available to prepare warm cooked breakfasts for a number of residents who got up early and preferred to eat their breakfast in the dining room, one of the care staff on night-duty prepared these residents' breakfasts. As a result, there were not enough staff available to respond to assist residents who were waking up to meet their care and support needs in line with their preferences.

This is a repeated finding from the previous inspection in July 2025.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider did not ensure that staff with responsibility for ensuring residents' social care needs were met were facilitated to attend suitable training to ensure they had the necessary skills and knowledge to meet residents' needs. This was negatively impacting the quality of life of a number of residents in the centre.

In addition, staff were not appropriately supervised according to their roles to ensure that they carried out their work to the required standards. As supervision of staff was not adequate, the inspectors found the following:

- Staff were not completing residents' assessment and care plan documentation to the required standards and in line with the registered provider's own policy and procedures. The inspectors found that a number of the residents' care documentation did not accurately identify all of their care needs, and therefore, there was a risk that residents' needs would not be effectively communicated to all staff and that their needs would not be met.
- Staff did not ensure that residents had opportunities to participate in a social activity programme that met their interests and was in line with their capacities, which resulted in a diminished quality of life for the residents.
- Staff were observed to use incorrect and unsafe moving and handling procedures, which posed a risk of injury to residents.
- Staff were observed to use incorrect infection control practices during and in between personal care or serving meals. This posed a risk of cross-contamination to residents.

This is a repeated finding from the previous inspection in July 2025.

Under this regulation, the provider was required to submit an urgent compliance plan to address an urgent risk in relation to unsafe staff practices and their supervision. The provider's response did provide assurance that the risk was adequately addressed.

Judgment: Not compliant

Regulation 23: Governance and management

The staffing resources were at times not adequate to meet residents' needs, and this had the potential to negatively impact on residents' wellbeing and quality of life. For example, a cooked breakfast option was not available to residents who preferred to have their breakfast before 8 am.

The registered provider's governance and management systems were not effective in some areas to ensure that the service provided was safe, appropriate, consistent and effectively monitored. The monitoring and oversight systems in place were not effective as follows:

- The management systems for staff supervision and oversight of their practices were not effective, as evidenced under Regulation 16: Training and staff development.
- Auditing of residents' care plans did not identify that a number of the residents' care plans were not up-to-date and that the information in them did not reliably guide or inform staff on care that was recommended for individual residents by healthcare professionals and in line with residents' assessed needs and preferences.
- The current auditing system in place for wound care did not identify issues noted with pressure-relieving mattresses not set according to residents' weights, as observed on the day of the inspection.
- Management systems failed to identify that residents' medications were not administered with reference to a prescription signed by the residents' GPs and in line with professional guidelines. This posed a risk to residents' safety and had not been identified by the registered provider's own auditing systems.
- The emergency procedure required review, as when there was an emergency call, staff went to answer the emergency call, and residents were left in the communal rooms and bedrooms without supervision.
- The registered provider failed to recognise that the privacy and dignity needs of some residents accommodated in four twin bedrooms were not being met.

This is a repeated finding from the previous inspection in July 2025.

Under this regulation, the provider was required to submit an urgent compliance plan to address an urgent risk. The provider’s response did provide assurance that the risk was adequately addressed.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time frames as specified by the regulations.

Judgment: Compliant

Quality and safety

Overall, this inspection found that the centre's management and staff were committed to providing effective care to residents. However, actions continued to be necessary to ensure staff practices in relation to residents' wound care and documentation, medication administration, infection prevention and control, and that residents had sufficient opportunities to participate in meaningful social activities that met their interests and abilities as they wished. The provider was required to take urgent action to ensure that risks identified to residents' safety from cross-infection on this inspection were urgently addressed.

Residents' care needs were assessed, and most of their care plan documentation provided guidance for staff on the care they must provide for each resident in line with their individual preferences and needs. However, the care plans for residents with assessed risks to their skin integrity did not adequately guide staff on their care needs. The inspectors' findings are discussed further under Regulation 5: Individual Assessment and Regulation 6: Healthcare.

Residents had timely access to their general practitioners (GPs) who visited them as necessary in the centre. Since the last inspection in July 2025, the provider had put some arrangements in place to ensure all health and social care professionals consulted with residents regarding their needs and treatment plans. In addition, effective arrangements were now in place to ensure that treatments and recommendations made by health and social care professionals were implemented and monitored. However, inspectors identified that not all residents were referred for additional expertise in a timely manner to support their mobility needs to ensure safe care delivery.

Some aspects of medication administration practices did not align with best practices and professional guidelines, and this posed risks to residents' safety. This is outlined in detail under Regulation 29: Medicines and pharmaceutical services.

The inspectors viewed each of the twin-occupancy bedrooms , and the layout and design of four of these bedrooms continued not to meet the needs of two residents in each of these bedrooms. Limited circulation space for residents around their beds

in these bedrooms negatively impacted on their safety and rights. The inspectors' findings are discussed further under Regulation 9: Residents' Rights and Regulation 17: Premises.

The provider had not ensured that residents were adequately protected from the risk of infection. The provider's oversight of infection prevention and control practices required significant improvement at the centre. As a result, an urgent compliance plan was required for the provider, which required the registered provider to ensure that practices and procedures, consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority, are implemented by staff. The inspectors' findings are discussed further under Regulation 27: Infection control.

The inspectors found again on this inspection that the provider had not ensured that many of the residents were provided with adequate opportunities to participate in meaningful social activities that interested them and met their individual capabilities. Although staff mostly remained with residents in the communal areas, this did not support residents' social care. As a result, this was having a negative impact on residents' quality of life and did not ensure their rights were respected.

There were measures in place to protect residents from the risk of abuse. Each member of staff was facilitated to attend safeguarding training, and residents assured the inspectors that they felt safe living in the centre.

Regulation 17: Premises

The provider had not ensured that the layout and design of four of the twin-occupancy bedrooms conformed to the matters set out in Schedule 6 of the regulations and met the needs of residents in accordance with the centre's statement of purpose. This was evidenced by the following findings and is repeated from the last inspection;

- There was limited circulation space around a number of the residents' beds. One side of one bed in many of the rooms was placed against an adjacent wall, which meant that the twin bedrooms were not laid out in a way that facilitated residents who needed to use assistive equipment to safely manoeuvre around their bed and to rest in a comfortable chair by their bedside. Limited space between one resident's bed and their screen curtains in a number of these bedrooms, and the overall layout, did not ensure that residents' needs for privacy and dignity during personal care and transfer procedures would be respected. One resident's wardrobe in each of the twin bedrooms was half the size of the other resident's wardrobe and of the wardrobes in the single bedrooms. This meant that the storage space available for one resident's clothing and personal belongings in the twin-occupancy bedrooms was limited and not equal to that available for other residents.

- Many of the residents in the twin-occupancy bedrooms did not have a bedside light available to meet their needs as they wished.

This is a repeated finding from the previous inspection in July 2025.

Judgment: Not compliant

Regulation 27: Infection control

Some practices in the centre identified that the provider had not taken adequate steps in all areas to ensure residents were adequately protected from risk of infection and that the centre was in compliance with Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018). This was evidenced by the following findings:

- Staff repeatedly failed to decontaminate commodes between use by different residents.
- There were inappropriate linen handling practices by some staff, and this posed a risk of cross-contamination to residents.
- There were instances where some staff did not perform proper hand hygiene practices between caring for residents, handling contaminated equipment and serving food, and dealing with soiled linen.
- Parts of some equipment, such as commodes or shower chairs for use by residents, were rusty, preventing effective cleaning and posed a risk of cross-contamination to residents.
- Stagnant water was found in the humidifiers in two oxygen concentrators, where a new oxygen mask was connected, and both oxygen concentrators had a label attached to them indicating they were clean and ready for use.

This is a repeated finding from the previous inspection in July 2025.

Under this regulation, the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk was adequately addressed.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors found examples where medication administration practices did not align with best practice and professional guidelines issued by An Bord Altranais agus Cnáimhseachais. For example:

- A resident's medical administration record was not signed by a prescriber and has been used to administer medications to residents since February 2025.
- An electronic medication administration record that had not been signed by a prescriber was used to guide medication administration to residents.
- Additionally, while administering medications, the nursing staff left the medication trolley unsupervised in the main communal area. They carried a cup containing medications and an electronic tablet to residents' rooms throughout the centre, administering medications by referencing the electronic record against the unsigned prescription and then signing the electronic record.

This is a repeated finding from the previous inspection in July 2025.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of comprehensive assessments, risk assessments and care plans in place for residents. Improvements were required to ensure that all residents were receiving safe and person-centred care informed by individualised care plans. For example:

- Where the residents' nursing assessments referenced a high risk of developing pressure ulcers, this was not always reflected in their care plans.
- In addition, the repositioning charts for these residents were not available in a timely manner on the day of the inspection.
- The care plans did not indicate the appropriate weight setting for the pressure-relieving mattresses or cushions. Inspectors noted that some mattresses and cushions used by residents with an assessed high risk of developing pressure ulcers were not adjusted to a safe or recommended level to promote the residents' skin integrity.

This is a repeated finding from the previous inspection in July 2025.

Judgment: Not compliant

Regulation 6: Health care

Examples were seen of nursing practices in the areas of residents' assessment, care documentation, and medication administration that were sufficiently robust to ensure that residents received a high standard of evidence-based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais. For example:

- Some pressure-relieving mattresses and a cushion were set incorrectly, not reflecting the correct weight of the residents. This posed a risk that the mattresses would not be effective and could potentially cause further skin damage.
- Furthermore, a resident who needed a pressure-relieving mattress, as specified in their care plan and supported by a nursing assessment, did not have a pressure-relieving mattress available.

Inspectors found that some residents had not been appropriately referred to health care professionals for additional expertise in line with the residents' needs and the registered provider's policies. For example:

- A resident with mobility issues was not referred in a timely manner to a healthcare professional for an assessment of their mobility needs.

This is a repeated finding from the previous inspection in July 2025

Judgment: Not compliant

Regulation 8: Protection

Policies and procedures were in place to safeguard residents from abuse. Staff were facilitated to attend up-to-date safeguarding training and were aware of the reporting procedures in the centre and, their responsibility to report any concerns they may have regarding residents' safety.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had not ensured that residents were provided with adequate opportunities to participate in meaningful social activities and that four of the twin-occupancy bedrooms met residents' needs. This was evidenced by the following findings repeated from the last inspection:

- The limited space between the residents' beds and their screen curtains in four twin-occupancy bedrooms did not provide adequate assurances that the residents' privacy and dignity needs during their personal care and transfer procedures were respected.
- Many of the residents did not have access to social activities that interested them and were in line with their preferences and capabilities. For example, the inspectors observed again on this inspection that the majority of the residents in one communal room, the reception area and those who stayed in their bedrooms did not have opportunities to participate in meaningful social

activities tailored to their capacities and preferences. A number of examples were seen by the inspectors, where residents were observed sleeping or quietly sitting in comfort chairs, watching the 'comings and goings' of staff and other people moving around the centre. This was not in line with any of the residents' assessed preferences and is a repeated finding from the previous inspection.

This is a repeated finding from the previous inspection in July 2025.

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	Not 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 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Beach Hill Manor Private Nursing Home OSV-0000320

Inspection ID: MON-0048155

Date of inspection: 04/09/2025

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: By 30th November 2025, the PIC will complete a review of resident dependency, staff allocation, and activity provision, and implement a revised roster to improve timely care and meaningful engagement for all residents including those who prefer to remain in their rooms and/or those who prefer one to one activities. From 5th September 2025, the PIC will ensure that any unplanned gaps in the roster are promptly filled. The provider commits to maintaining sufficient staffing levels with contingency arrangements in place to cover unexpected absences. This includes access to relief and/or agency staff. From 1st November 2025, the PIC will conduct regular call bell audits supported by a review of staff allocations, regular monitoring and staff training to ensure prompt assistance and with the aim of significantly reducing resident waiting times. The PIC has clearly defined night-duty roles and removed non-care tasks from care staff responsibilities by adjusting catering arrangements including catering staff start times, ensuring that residents' morning care needs are met without delay and residents who require early morning catering are facilitated- complete	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:	

By 30th November 2025, all staff delivering care and meaningful activities to residents will have received appropriate, role-specific training and ongoing supervision to build the skills and knowledge required to deliver a meaningful and person-centred activity programme.

From the 15th September 2025 regular QUIS audits will be completed by the DON/ADON to monitor the effectiveness of the staff training.

By 30th November 2025, the Regional Director and PIC will strengthen clinical and operational supervision and clinical support/training to ensure staff consistently complete accurate assessments and care plans in line with policy, ensuring residents' needs are clearly identified, communicated, and met and that clinical risks are identified and addressed in a timely manner and in line with high standards of care.

By 30th November 2025, the PIC will implement enhanced supervision and observation by all nurse managers and nurses in charge of moving and handling and infection prevention and control to ensure safe practices are adhered to at all times.

IPC training will be completed with all staff in relation to hand hygiene and use of PPE by the 10th September 2025.

From 5th October 2025, monthly hand hygiene and PPE observations will be completed and documented for 3 months to ensure best practice and training is implemented by all staff at all times.

By the 30th September 2025, ADON and CNM will have completed IPC training.

IPC link practitioner training will be arranged for the ADON and CNM to ensure they have the right information to support best practice by 30th April 2026.

From 5th September 2025, the provider will ensure that all staff serving residents' meals receive the necessary training, including infection prevention and control. Staff will be appropriately supervised in their roles to complete their work to the required standards, with oversight in place to monitor compliance.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The PIC has reviewed and adjusted staffing and catering arrangements to ensure that residents who prefer an early breakfast have equitable access to a cooked option and that staffing resources consistently meet residents' assessed needs- complete

By 30th November 2025, the provider will strengthen governance and oversight structures with PIC and Regional Director to ensure that all systems used to monitor service quality are effective, consistent, and aligned with regulatory requirements.

Training will be provided to the ADON/CNM by the 19th September 2025 on their responsibilities in relation to staff supervision and direction.

By the 15th September 2025 training will be provided by the regional team on the importance of completing audits correctly identifying poor practices and areas for improvements. This training will also include the need for robust and effective action plans to address concerns identified.

By 1st January 2026, the provider will implement a more robust and regular auditing schedule for care planning to ensure all residents' care plans are accurate, up-to-date, and fully reflective of assessed needs (including management of residents at risk of pressure injury), MDT recommendations, and residents' preferences and to ensure that all training provided is evident in staff practices.

From 10th November 2025, the provider will immediately strengthen medication management oversight through weekly audits to ensure all medications are administered only in accordance with prescriptions signed by residents' GPs and in line with professional guidelines.

By 30th November 2025, the PIC will revise staff allocations and inform staff of roles and responsibilities to ensure that residents remain safely supervised in communal and bedroom areas when staff attend emergency calls.

From 5th September 2025, the provider will ensure that all twin bedrooms meet residents' privacy and dignity needs. Privacy measures will include the maintenance of appropriate divider curtains, clear staff protocols for respecting privacy, and consultation with residents during pre-admission to identify individual needs and preferences.

From 15th December 2025, supervisory checks and regular audits will be carried out to confirm compliance and records will be maintained to demonstrate that residents' rights to privacy and dignity are consistently upheld and residents' will and preference is considered and respected.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
By 31st December 2025, the provider will ensure that all twin bedrooms are reconfigured and equipped to meet residents' needs for privacy, dignity, comfort, and accessibility.

Immediate and ongoing actions will be taken to address circulation space, furniture layout, storage equality, and lighting. This will be evidenced by
Circulation Space: Beds will be repositioned to ensure adequate circulation space around each resident's bed, enabling safe use of assistive equipment and allowing residents to rest comfortably in a chair by their bedside.
Privacy & Dignity: Screen curtains and room layouts will be adjusted to ensure sufficient space for personal care and transfer procedures, ensuring residents' privacy and dignity are respected at all times.
Storage Equality: Wardrobes in twin bedrooms will be reviewed so that each resident has equal storage space for their clothing and personal belongings.
Lighting: Appropriate bedside lighting is now in place- complete
Monitoring & Evidence: Regular audits of room layouts, storage provision, and lighting adequacy will be conducted, with records maintained to demonstrate compliance. Resident feedback will be sought to confirm that their needs are being met.
From the 30th November 2025 the Regional Director will complete a quarterly environmental audit process to monitor ongoing compliance and prevent recurrence of layout-related issues.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
From 15th September 2025, the PIC will ensure that all staff consistently decontaminate commodes between each resident use, and also ensure effective equipment cleaning procedures in respect of oxygen concentrators and humidifier components through strengthened training, supervision, and auditing of infection-control practices, storage and labelling.

From 10th September 2025, improved supervision and refresher training for staff will ensure that all linen is handled in accordance with national infection-control standards and to eliminate any practices that pose a risk of cross-contamination.

By 10th September 2025, all staff will attend mandatory hand-hygiene and PPE training and from 5th October 2025, the PIC will introduce direct observation audits to ensure staff consistently perform correct hand hygiene between all care activities, equipment handling, food service, and linen management.

The provider has replaced or repaired equipment with rusted or deteriorated surfaces to ensure all items used for resident care can be effectively cleaned and maintained in line with infection-control requirements- complete

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
By 30th November 2025, a review will be undertaken to ensure that all residents' medication administration records are signed by a prescriber and that medications are administered only in accordance with valid, current prescriptions.

By 30th November 2025, the PIC will strengthen medication management procedures so that no electronic medication administration record is used for guidance unless it has been fully authorised and signed by the prescriber. A weekly audit will commence to review compliance with best practice from 10th November 2025.

The PIC has reinforced safe medication-administration practices by delivering the following;
- Mandatory refresher training for all nursing staff- complete
- Ensuring that medication trolleys are never left unattended and that medications are administered directly from the trolley using secure, supervised processes in line with professional guidelines- complete.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
By 30th November 2025, the PIC will ensure that all residents' care plans accurately reflect their assessed risk of pressure ulcer development so that care interventions (including mattress and cushion settings) are clearly identified, communicated, and delivered in a person-centred and safe manner. This will be audited weekly from 10th November 2025.

By 30th November 2025, the PIC and ADONs will strengthen documentation and oversight procedures to ensure that repositioning charts are available, accessible, and completed in real time to support the effective monitoring of residents' skin integrity. These will all be uploaded to EPIC to provide ongoing review.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
From 10th November 2025, the PIC will ensure that all pressure-relieving mattresses and cushions are set to the correct resident weight and monitored regularly so that they function effectively and safely in line with evidence-based practice.

By 30th November 2025, the PIC will ensure that all residents who require pressure-relieving equipment, as identified through assessment and care planning, have timely access to appropriate equipment to protect their skin integrity.

From 10th November 2025, the PIC will strengthen referral pathways and staff oversight to ensure that residents are referred promptly to relevant healthcare professionals in accordance with their assessed needs and the provider's policies.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
By 31st December 2025, the provider will ensure that all twin bedrooms are reconfigured and equipped to meet residents' needs for privacy, dignity, comfort, and accessibility. Immediate and ongoing actions will be taken to address circulation space, furniture layout, storage equality, and lighting. This will be evidenced by;
Circulation Space: Beds will be repositioned to ensure adequate circulation space around each resident's bed, enabling safe use of assistive equipment and allowing residents to rest comfortably in a chair by their bedside.
Privacy & Dignity: Screen curtains and room layouts will be adjusted to ensure sufficient space for personal care and transfer procedures, ensuring residents' privacy and dignity are respected at all times.
Storage Equality: Wardrobes in twin bedrooms will be reviewed so that each resident has equal storage space for their clothing and personal belongings.
Lighting: Appropriate bedside lighting is now in place.
Monitoring & Evidence: Regular audits of room layouts, storage provision, and lighting adequacy will be conducted, with records maintained to demonstrate compliance. Resident feedback will be sought to confirm that their needs are being met.
From the 30th November 2025 the Regional Director will complete a quarterly environmental audit process to monitor ongoing compliance and prevent recurrence of layout-related issues.

Bedside lighting for all residents is now in place to ensure they can access lighting in accordance with their individual needs and preferences- complete

By 30th November 2025, the PIC will complete a review of resident dependency, staff allocation, and activity provision, and implement a revised roster to improve timely care and meaningful engagement for all residents including those who prefer to remain in

their rooms and/or those who prefer one to one activity.

By 30th November 2025, the PIC will ensure that each residents' individual care plan will include their social preferences and participation goals and will conduct monthly reviews of resident participation in activities to ensure the programme continues to meet residents' abilities and preferences.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/11/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/04/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Red	10/09/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Not Compliant	Orange	31/12/2025

	provide premises which conform to the matters set out in Schedule 6.			
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	01/01/2026
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.	Not Compliant	Red	10/09/2025
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	Red	10/09/2025
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of	Not Compliant	Orange	30/11/2025

	the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	30/11/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	30/11/2025
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional	Not Compliant	Orange	30/11/2025

	guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Orange	30/11/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/12/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/12/2025