



# 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:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Lisfannon, Fahan, Donegal
Type of inspection:	Unannounced
Date of inspection:	08 July 2025
Centre ID:	OSV-0000320
Fieldwork ID:	MON-0047402

## 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:	46
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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 8 July 2025	07:00hrs to 15:00hrs	Nikhil Sureshkumar	Lead
Tuesday 8 July 2025	07:00hrs to 15:00hrs	Catherine Rose Connolly Gargan	Support

## What residents told us and what inspectors observed

This inspection was unannounced and carried out over one day. Overall, residents expressed satisfaction with their care and with their quality of life in the centre. Many of the residents told the inspectors that they were content with living in Beach Hill Manor nursing home as they were from the townlands local to the centre and were familiar with the surrounding countryside and close to where their families were living in the community. The inspectors spent time talking to many of the residents, their visitors who called in to see them during the day, and staff working in the centre during the day and at night.

The inspectors also observed care practices, staff interactions with residents and residents' experiences of living in the centre. Residents were complimentary regarding the staff caring for them and told the inspectors that the staff were attentive, caring and respectful towards them. Later in the day, the inspectors spoke with a number of the residents' visitors, all of whom were also positive in their feedback regarding the care and service their relatives received.

On arrival at the centre, the inspectors were met by a staff nurse working on night duty, and they completed a walk around the centre. Shortly after the inspectors' arrival, the assistant director of nursing (ADON) and the regional manager attended the centre. The inspectors observed that most of the residents were in bed sleeping at 7am, but seven residents were up, dressed and sitting in the dining room for their breakfast, which was being prepared for them by a member of the catering staff. These residents told the inspectors that they preferred to get up and have an early breakfast, and this was respected. One resident told the inspectors that getting up early was 'a habit of their lifetime' that they did not wish to change with coming to live in the centre. Another resident said they 'never liked sleeping in in the morning' and enjoyed meeting with the other residents for breakfast.

The inspectors spoke with many of the residents and spent time observing residents' routines and their care practices throughout the day to gain insight into the residents' experiences of living in the centre. The inspectors observed that all interactions between staff and residents were respectful and that the residents and staff were comfortable in each other's company. However, the inspectors found that supervision and allocation of staff were not always adequate to ensure that many of the residents had adequate opportunities to participate as they wished in group and one-to-one social activities. Furthermore, there was insufficient supervision of residents with assessed high dependency needs and at risk of falling who spent time in two communal sitting rooms.

Many of the care staff who spoke with the inspectors said they had been working in the centre for a number of years and that they enjoyed caring for the residents. Night staff told inspectors that following the RTE investigates programme, the registered provider had increased the number of staff rostered to work night duty. The two additional care staff were welcomed by the team, with one care staff telling

inspectors that this increase in the night staffing meant that they could respond to residents' needs quickly and spend more quality time with residents who were not sleeping.

Although the provider had also commenced rostering one additional carer on day duty, this level of staffing was not maintained. Staff told the inspectors that the care and assistance needs of the residents had increased in the last number of months and that available staffing levels meant that staff did not always have time to sit and chat 'as much as the residents would like'. The inspectors noted from the residents' care records that 32 of the 46 residents living in the centre were assessed as having high dependency needs. The inspectors observed that the insufficient staffing resources were impacting on their supervision and support to meet their social care needs.

The inspectors observed that the three 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 sitting room during the day and facilitated varied social activities for the group of residents in this communal room. However, the majority of the residents in the communal areas elsewhere in the centre did not have equal opportunities to participate in the social activities that were assessed to meet their needs or their preferred social activities. The inspectors observed that two residents were participating in self-directed activities, including doll therapy and reading a newspaper. After breakfast, some residents were sitting in the reception, participating in a Mass streamed on a television located in this area. However, the pedestrian traffic in the reception area made the television difficult to hear for the residents involved. The inspectors observed that many of the residents passed much of the day sleeping or sitting quietly, watching staff and other residents passing through the communal areas. One resident told the inspectors they did not 'do much now', which they attributed to getting older, and another resident said 'the only thing that interested them was the live music'. The inspectors were told that a local musician facilitated two live music sessions each week, and these sessions were enjoyed by a number of the residents who spoke with the inspectors.

The inspectors visited a number of the residents' bedrooms and observed that most were in a good state of repair and met residents' needs; however, the layout and space available in two twin-occupancy bedrooms viewed did not provide adequate space for one resident in each bedroom 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 transfer into and out of their beds. Furthermore, they did not have adequate space to rest in a chair within their bed space if they wished. The inspectors also observed that the floor covering in a number of the twin bedrooms was damaged. Paint on a number of wall surfaces, particularly in communal and en-suite toilet and shower facilities, was damaged and in need of repainting. The inspectors observed that most residents had personalised their rooms with their family photographs, greeting cards, artwork and other personal items. These findings are discussed further in the quality and safety section of this report.

The inspectors observed that most of the residents went to the dining room for their lunchtime meal. The menu provided residents with a choice of hot and cold meal options. The dining room was located beside the kitchen, and the inspectors observed the chef mingling among the residents and checking with them that they were satisfied with their meals. A number of the residents needed the consistency of their food to be modified, and their meals were prepared and served to them as recommended. The inspectors observed there was enough staff available in the dining room to assist individual residents with their meals, as needed and with each resident's consent. Residents told the inspectors that the food they received was 'very good', 'faultless' and 'full of goodness'. Mealtimes were observed to be a social occasion with residents observed chatting and laughing with each other, and with the staff. The inspectors observed that residents were offered refreshments and snacks in between mealtimes.

There were no restrictions on residents' visitors coming into the centre to visit them. The inspectors spoke with a number of residents' visitors, and their feedback was unanimously positive regarding 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.

## Capacity and capability

This inspection found that although the provider was making efforts to ensure that the service optimised residents' rights and quality of life this inspection found that the management and oversight systems in place did not ensure that the service was safe and appropriate and that residents' quality of life was optimised.

This unannounced risk inspection was carried out following the airing of an RTE Investigates programme. Although this centre did not feature in that programme, the centre is one of the 25 nursing homes that are part of the Emeis Group of nursing homes. The purpose of this inspection was to assess the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended) and to ensure that residents were safe and receiving appropriate standards of quality care.

The registered provider 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) who was on planned leave on the day of this inspection, an assistant director of nursing (ADON), and a clinical nurse manager (CNM). 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, administration and maintenance personnel. A regional director had oversight responsibility for this designated centre and provided support

to the centre's local management team, who were also supporting the assistant director of nursing on the day of this inspection.

The provider had added two additional health care assistant staff to the night roster in recent weeks, following a review of staffing levels, there were now four healthcare assistants and two staff nurses on duty each night. The provider also added one healthcare staff to the day roster. While this action ensured that there were adequate staff available to meet residents' needs at night, the staffing resources available during the day were not sufficient to meet residents' assessed needs. This was evidenced by findings that staff were not always available to supervise or respond to residents' needs in the communal rooms and to ensure residents were adequately supported to participate in meaningful social activities in line with their assessed needs and preferences.

All newly recruited staff completed a mandatory induction process. All staff were facilitated to attend up-to-date mandatory training, including safeguarding residents from abuse and safe moving and handling training. All moving and handling of residents by staff was safely carried out and in line with their assessments. Staff also attended professional development training to ensure they had the necessary knowledge and skills to competently meet residents' needs. However, inspectors observed staff practices on the day of the inspection, that were not in line with the best practice to support residents' supervision and their social care needs.

The provider had governance and oversight processes in place, including systems to monitor the quality and safety of the service. However, as found on this inspection, these systems were not identifying and effecting the necessary improvements in staffing, staff supervision, residents' care and residents' rights and quality of life. A review of documentation evidenced that there were management and staff meetings to discuss key issues relating to the quality and safety of care provision in the centre.

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

- There were not enough staff available 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. As a result, the majority of the

residents did not participate in any meaningful social activities on the day of the inspection.

- Staff were not available to support and supervise residents in two of the three communal sitting rooms and in the reception area, where residents spend most of the day, and to promptly respond to their needs for assistance. The inspectors observed that a number of the residents in these communal areas were resting in high support wheelchairs and with an assessed risk of falling.

Judgment: Not compliant

## Regulation 16: Training and staff development

The provider had not ensured 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 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 remain with residents in the communal areas, and as a result, they were not available to respond to their needs for assistance in a timely manner. This finding posed a risk to residents' safety.
- 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.

The inspectors also found that nursing staff did not have access to an up-to-date version of a drug prescribing guide for their reference. Two staff nurses who spoke with the inspectors could not demonstrate where they could find the most up-to-date information about medicines to support safe medication administration.

Judgment: Not compliant

## Regulation 23: Governance and management

The registered provider failed to identify that the staffing resources were not adequate to meet residents' needs and that this had the potential to negatively impact on residents' wellbeing and quality of life.

The registered provider's oversight and the management systems in place did not 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 discussed 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.
- Although the provider had a plan of work in place to address some areas of the premises needing repair, this was not timely and had not commenced at the time of this inspection. Furthermore, the oversight system in place did not effectively identify deficits as identified by the inspectors. The inspection findings are discussed under Regulation 17: Premises.
- 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 provider's own auditing systems.
- Residents' rights to privacy and dignity were not always supported in the multiple occupancy bedrooms, as discussed under Regulation 9: Residents' rights.

Judgment: Not compliant

### Regulation 31: Notification of incidents

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

Judgment: Compliant

### Quality and safety

Overall, this inspection found that the management and staff working in the centre were committed to providing good care to residents, and they were kind and courteous to residents and respected their rights throughout the inspection. However, actions were necessary to ensure residents were adequately supported to participate in meaningful social activities that met their interests and were in line with their individual capacities and preferences. Residents' health care assessments were not always being carried out as needed in consultation with them. Some residents' care documentation was not up-to-date and informed by high standards of nursing care.

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, not all residents' needs were described in their care plan and not all residents' care plans were updated in response to a change in their care needs and treatments. The inspectors' findings are discussed further under Regulation 5: Individual Assessment and care plan and Regulation 18: Food and nutrition.

Residents had timely access to their general practitioners (GPs), and while most residents had access to health and social care professionals to support their needs and wellbeing in a timely manner, there were delays in accessing professional expertise. This service and dietetic specialist services did not always consult with residents regarding their needs and the treatment plans developed. Effective arrangements were not in place to ensure that treatments and recommendations made by health and social care professionals were implemented and monitored.

The provider had not ensured that many of the residents were provided with opportunities to participate in meaningful social activities that interested them and met their individual capabilities. Residents who wished to spend time in their bedrooms or did not wish to participate in the social activities facilitated in one sitting room in the centre did not have equal access to social activities that were assessed for and in line with their preferences. This was having a negative impact on residents' quality of life and did not ensure their rights were respected.

The layout and design of two of the twin-occupancy bedrooms viewed impacted on the personal and circulation space available to each resident. As a result, residents' needs and right to privacy could not be adequately met in these bedrooms. The inspectors' findings are discussed further under Regulation 9: Residents' Rights and Regulation 17: Premises.

Residents were supported to maintain contact with their families and friends, and they told the inspectors that their visitors were always welcomed into the centre.

Residents were supported to practice their religious faiths in the centre and had access to local and national newspapers, radio and television.

Residents' meetings were regularly convened and were well-attended by the residents. The centre's management welcomed residents' views on the service, and suggestions made by them regarding improvements in the service were progressed.

Residents had access to an independent advocacy service, and they were informed regarding the availability of this service to support them, as needed. No residents were availing of this service at the time of this inspection.

Staff took a positive and supportive approach to caring for residents predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and restrictions on residents and in their environment were minimised.

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 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely, and staff were aware of their needs. Each resident's communication needs were regularly assessed, and a person-centred care plan was developed for residents who needed support to communicate effectively. An example seen by the inspectors to support a resident who did not speak in the English language was that all signage around the centre was also displayed in their first language. This resident and the staff communicated without difficulty with each other by means of a computerised language translation programme provided by the nursing home to support this resident's communication needs.

Judgment: Compliant

### Regulation 11: Visits

There were no restrictions on residents' family and friends visiting them, and visitors were observed visiting residents in the centre throughout the day of the inspection. Residents told the inspectors that they looked forward to their relatives and friends calling into the centre. Residents also confirmed that their visitors were always welcomed and that they were able to meet with them in a private area outside of their bedrooms as they wished.

Judgment: Compliant

## Regulation 17: Premises

Actions by the provider were necessary to ensure that the layout and design of three of the twin-occupancy bedrooms 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 previous inspections;

- There was limited circulation space between the beds in two twin-occupancy bedrooms viewed by the inspectors. The limited space available between the beds did not facilitate safe manoeuvring of assistive equipment to support residents' moving and handling needs and to facilitate the residents' rest in a comfortable chair by their bedside without disturbing the resident in the bed next to them.

The provider did not ensure that all areas of the premises conformed to the requirements set out in Schedule 6 of the regulations as follows;

- Some areas of the internal walls, near bathrooms and in some corridors in the Swilly unit, had a damp and blistered appearance, and the paint was flaking off. The inspectors were shown a maintenance plan dated May 2025 to address these already identified findings, but the works had not commenced at the time of this inspection.
- A part of the floor covering was lifting in an en-suite and this was brought to the attention of the provider.
- The wall surfaces in a number of toilet/shower rooms were damaged.
- A hole was present in a toilet/shower door, which had not been repaired in a timely manner. This was brought to the attention of the provider and was repaired by the provider on the day of inspection.

Judgment: Not compliant

## Regulation 27: Infection control

The registered provider had ensured that procedures and practices consistent with the national standards for infection prevention and control in community services (2018) were in place. The provider had effectively addressed the findings of the previous inspection regarding Regulation 27: Infection control to ensure residents were protected from the risk of infection. The equipment in the centre was managed in a way that minimised the risk of transmitting a healthcare-associated infection. Staff used personal protective equipment (PPE) and completed hand hygiene procedures as appropriate. Waste was appropriately segregated and disposed of. Floor and surface cleaning procedures were in line with best practice guidelines, and cleaning schedules were in place and were completed by staff. Procedures for

laundering residents' clothes and other laundry had been reviewed and were completed to minimise the risk of cross infection.

Judgment: Compliant

### Regulation 28: Fire precautions

The personal emergency evacuation plan (PEEP) for a resident has not been revised to reflect their current mobility requirements. As a result, this posed a risk of causing confusion regarding their evacuation equipment and a delay in their safe evacuation procedure in the event of an emergency.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Nurses were not referring to residents' original prescriptions prepared by the residents' general practitioners (GPs) when administering residents' medicines. Nursing staff were instead being referred to an unsigned electronic record of the residents' medicines to guide their administration of the residents' medicines. This posed a risk that residents may not receive the medicines they were prescribed by their GP.

Additionally, nurses were administering a fluid thickening preparation with residents' medicines that was not prescribed by the residents' GPs. This posed a risk to residents' safety and was not in line with the medicine administration professional guidelines.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The inspectors reviewed a number of residents' assessments and care plan documentation and found that some actions were necessary to ensure residents' needs were informed by their care plan information. This was evidenced by the following findings;

- While each resident's social interests and capacities were assessed, the assessment was not always used to inform a person-centred care plan describing a programme of social activities that interested them and that suited their capabilities and preferences. As a result, residents' care plans did

not adequately guide staff regarding each resident's social care needs and preferences. As a result, residents' care plans did not adequately guide staff regarding each resident's social care needs and did not represent person-centred care to reflect residents' wishes.

- Residents' wound care plans did not contain sufficient information to guide staff in caring for and managing residents' wounds. For example, the recommendations of the tissue viability nurse (TVN) specialist following their review of one resident's wound that had deteriorated were not accurately referenced in the resident's wound care plan. As a result, not all parts of the dressing applied to the wound were completed as recommended, and the residents' recommended pressure relief measures were not carried out.
- A resident's care plan for pain management was not up-to-date with the detailed instructions on how nursing staff manage pain during the regular wound dressing change procedure. This inconsistency poses a risk that new staff members may not be aware of the established pain management protocols, potentially leading to unnecessary pain for the resident.

Judgment: Not compliant

## Regulation 6: Health care

Nursing practices in relation to residents' assessment and care documentation and medication administration practices did not ensure that residents received a high standard of evidence-based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais. The inspectors' findings are discussed further under Regulations 5: Individual assessment and care plan and Regulation 29: Medicines and pharmaceutical services.

The inspectors found that residents had not been referred to health care professionals for additional expertise in line with the provider's policies, where required:

- A resident receiving modified consistency meals since their admission to the centre in 2023 was not referred for reassessment of their swallowing needs by speech and language therapy services since admission. This reassessment was necessary to determine whether the current level of food modification was still appropriate.
- There were no plans to refer a resident with a pressure ulcer for review by a wound care specialist.

Judgment: Not compliant

## Regulation 7: Managing behaviour that is challenging

There was a positive and supportive approach to the care of residents who were predisposed to experiencing episodes of responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) by staff. Staff were facilitated to attend training to ensure they had up-to-date knowledge and skills in meeting the support and care needs of residents who experienced responsive behaviours.

A commitment to minimal restrictions to residents and in their living environment was demonstrated. Need for restrictions, including the use of restrictive equipment, was regularly assessed to ensure use was safe, appropriate, the least restrictive and did not pose inappropriate or prolonged restrictions on residents.

Judgment: 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 their responsibility to report any concerns they may have regarding residents' safety. Staff were also aware of the reporting procedures in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

The limited space between the residents' beds and their screen curtains in three twin-occupancy bedrooms did not ensure that residents' needs for privacy and dignity during their personal care and transfer procedures were respected. For example:

- The inspectors observed that due to insufficient space available in their bed space, one resident was sitting in a chair in the other resident's bed space. Additionally, the limited space available in these bedrooms meant that residents were encroaching on each other's bed spaces.

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 that the majority of the residents in all but one communal room, the reception area and those who stayed in their bedrooms were not provided with 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 inspections.

Residents' choice and right to make an informed decision regarding their treatment plans were not always supported. For example:

- Residents with unintentional weight loss and those with wounds did not always have the opportunity to meet with the health care professional to discuss their nutritional and wound care needs and treatment plans. The assessments and treatment plans for individual residents were developed remotely, relying solely on information provided by the staff at the centre. Furthermore, the residents' care records did not indicate that consent was sought and obtained during the online review process or that residents' treatment plans were developed in consultation with them. There was no evidence available that the management had identified this issue or that they had taken steps to ensure residents received a face-to-face review in a timely manner to aid them in their decision-making.

Judgment: Not compliant

## Regulation 18: Food and nutrition

The recommendations of the dietitian, made further to their review of residents with unintentional weight loss, were not being accurately referenced in the residents' care plan information to guide staff on the residents' care. This posed a risk that this pertinent information would not be effectively communicated to staff and reflected correctly in residents' care to ensure that the residents' dietary needs are effectively addressed.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
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
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 18: Food and nutrition	Substantially compliant

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

Inspection ID: MON-0047402

Date of inspection: 08/07/2025

## 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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            A review of staffing and staff allocation was conducted and additional staff was put in place to ensure that there was an adequate number of staff to support residents in engaging in meaningful social activities and to ensure that all communal areas are adequately supported and supervised in line with resident preferences and assessed needs. Completed 15th July 2025</p> <p>From 15th July 2025, staffing numbers will be reviewed at all clinical governance meetings to ensure they remain suitable to meet resident needs. Any variances or emerging needs as indicated by audit findings, clinical KPIs, resident feedback, complaints or incidents will be escalated to the Person in Charge (PIC) and Regional Director for immediate review and action.</p> <p>From 1st August 2025, the PIC will monitor and audit all activities to ensure that residents are supported in completing both group and one-to-one activities in line with their individual care plans, wishes, and preferences. Audit results will be tracked. Corrective actions arising from audits will be recorded, with follow-up to confirm completion.</p> <p>From 1st August 2025, the regional team will increase oversight through scheduled and unannounced visits to monitor staffing levels, supervision, and engagement activities. Findings from regional visits will be documented and reviewed monthly by senior management.</p>	

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>A review of staffing and staff allocation was conducted to ensure that there was an adequate number of staff to support residents in engaging in meaningful social activities. Completed 15th July 2025</p> <p>A review of staffing and staff allocation was conducted to ensure that all communal areas are adequately supported and supervised with staff available to respond to their needs in line with resident preferences and assessed needs Completed 15th July 2025</p> <p>From August 1, 2025, the PIC will monitor and audit all activities provided to ensure that all residents are supported in completing both group and one-to-one activities that meet their wishes and preferences.</p> <p>By August 31, 2025, all nurses will have received in-house education sessions on up-to-date information about medicines to support safe medication administration.</p> <p>BNF online is available to all nursing staff- completed 15th July 2025</p> <p>From August 1, 2025, all of the above will be reviewed and monitored by the regional team through increased visits and oversight to ensure improved standards of care and regulatory compliance.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>'The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.'</p> <p>From 1st August 2025, staffing resources will be reviewed weekly by the regional team in conjunction with the PIC to ensure they meet the needs of residents' well-being and quality of life. This will include the number of staff and the skill mix of staff and the allocation of staff to support residents identified needs and dependencies, as evidenced by clinical KPIS, resident feedback, complaints, incidents and audit findings.</p> <p>From 1st October 2025, monthly reviews of the service will be completed by the regional team in conjunction with the PIC to ensure the service provided is safe, appropriate and effective. This includes reviewing staff supervision and oversight of practices, care plan and assessments reviews, the effectiveness of auditing as well as oversight of the promotion of resident rights, IPC practices, premises maintenance plans, and safe</p>	

medication management.

The planned maintenance and repairs to internal walls will be completed by the 30th September 2025. The upkeep of the premises will remain under review by the regional team in conjunction with the maintenance manager to ensure all deficits are identified and repaired in a timely manner.

By 30th October 2025, a review of the medication management system will be completed. The review will ensure that all medication practices align with An Bord Altranais (NMBI) guidelines and evidence-based practice. Findings and areas for improvement will be addressed through competency assessments for all nursing staff. Results as well as progress on implementation of action plans will be reviewed at the clinical governance meeting.

By 30th September 2025, a review of all shared bedrooms will be completed to ensure they continue to meet the privacy and dignity needs of residents. This will include verifying the optimal layout and positioning of furniture to ensure personal space is protected and seeking feedback from the residents and families occupying the rooms.

**The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.**

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: 'The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.'

By 30th September 2025, a comprehensive review of all shared rooms will be completed to ensure they fully meet the needs of residents in relation to manual handling equipment, movement space, and privacy, and that the use of equipment does not disturb other residents.

By the 30th September 2025, a review of all shared rooms will be completed to ensure there is adequate circulation space between the beds in the two identified twin-occupancy rooms

By 30th September 2025, all shared rooms will be reviewed to ensure each resident has access to a comfortable chair positioned safely at their bedside, allowing for rest and social engagement without impeding another resident's personal space.

By 30th September 2025, all required maintenance and repairs to internal walls will be completed.

By 30th September 2025, all repairs or replacements to bathroom floor coverings will be completed as required.

The identified damage to the shower door was new and was repaired on the day of inspection- complete

From 1st August 2025, all of the above areas will be reviewed and monitored by the Regional Team through unannounced oversight visits to ensure continued compliance, improved standards of care, and regulatory assurance.

**The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.**

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
By 30th August 2025, all Personal Emergency Evacuation Plans (PEEPs) for residents will be fully reviewed and updated to ensure that there is no potential delay in safe evacuation in the event of an emergency. Each PEEP will include detailed and accurate information on the resident's mobility, cognitive needs, and specific evacuation equipment required.

The PIC will ensure that PEEPs are always readily accessible to all staff and updated immediately following any change in a resident's condition.

From 1st August 2025, all of the above will be reviewed and monitored by the Regional Team through increased visits to ensure consistent safe standards of care and full regulatory compliance.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

All nurses received training on the importance of adhering to agreed medication administration procedures and specifically the signed medication kardex. Completed 15th July 2025

All medication kardexes were reviewed to ensure they meet the requirements, were signed by the general practitioner, and matched the original prescription. Completed 15th July 2025

Following the inspection, a review of the use of fluid thickening agents was conducted to ensure that this practice posed no risk to residents' safety and was in line with professional guidelines for safe medication administration. Completed 15th July 2025

From August 1, 2025, all of the above will be reviewed and monitored by the regional team through increased visits and oversight to ensure improved standards of care and regulatory compliance.

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 31st August 2025, all residents will be reassessed and their care plans updated to ensure they include activities, both group and one-to-one, that are person-centered and reflect residents' individual capabilities and preferences.

By 31st August 2025, residents with wounds will be reassessed by the TVN, and all recommendations will be documented in the residents' wound care plans.

Residents with wounds have had their pain reassessed, and action has been put in place in relation to pain management around dressing changes. Completed 15th July 2025

From 31st August 2025, all of the above will be reviewed and monitored by the regional team through increased visits and oversight to ensure improved standards of care and regulatory compliance.

Regulation 6: Health care

Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

By 31st August 2025, all nurses will have completed their online medication management training to ensure they provide a high standard of evidence-based nursing care in accordance with professional guidelines.

By 30th September 2025, all nurses will have received formal in-house training on medication management to ensure they are aware of their obligations in providing a high

standard of evidence-based nursing care in accordance with professional guidelines. By 31st August 2025, all nurses will have received in-house education sessions with the PIC on the importance of providing a high standard of evidence-based nursing care in accordance with professional guidelines.

By 30th November 2025, a comprehensive review of healthcare policies and auditing systems will be completed to ensure that they align with national standards and best practice guidance.

All residents with any tissue viability concerns were reviewed by the wound care specialist. Completed 15th July 2025

By 31st August 2025, all residents with Modified Consistency diets will be reviewed in-house by SALT, and recommendations will be identified in the resident's care plan to guide staff.

From 1st October 2025, a system has been established to ensure that all nurses recognise and escalate the circumstances in which referrals are required to the MDT. The PIC will oversee following handovers that all residents requiring review have been referred and seen in a timely manner and will ensure through follow up that assessments are conducted in a timely manner.

From 1st August 2025, all of the above will be reviewed and monitored by the regional team through increased visits and oversight to ensure improved standards of care and regulatory compliance. Evidence of sustained compliance will be demonstrated through training records, competency assessments, audit reports, meeting minutes, and documented improvements in resident health outcomes.

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 compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.'

By 30th September 2025, a full review of all shared rooms will be completed to ensure they meet residents' needs in relation to privacy and dignity. This will include checking circulation space behind curtains for personal care, comfortable seating and safe use of specialised equipment.

By 31st August 2025, all residents will be reassessed and their care plans updated to ensure they include both group and one-to-one activities that are person-centred, reflecting each resident's capabilities, interests, and preferences.

Care plan updates will be reviewed by the PIC, and activity participation will be monitored through an activities audit, daily management walkabouts and resident feedback.

Following the inspection, all reviews by the Dietitian and TVN will be completed in-house

to ensure that residents have the opportunity to meet with the healthcare professional to discuss their nutritional and wound care needs and treatment plans. This will ensure that resident are involved in the and can make a informed decision regarding their treatment plans. Completed 15th July 2025.

From 1st August 2025, all of the above will be reviewed by the regional team in clinical governance to ensure good compliance and improved standards of care.

**The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.**

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

By 31st August 2025, all residents will be re-assessed and care plans updated to include all recommendations to guide staff on the residents' dietary care needs

From 1st August 2025, all the above will be reviewed by the regional team in clinical governance to ensure good compliance and improved standards of care.

From 1st August 2025, all of the above will be reviewed and monitored by the regional team through increased visits and oversight to ensure improved standards of care and regulatory compliance.

## 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	01/08/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/08/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/08/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Not Compliant	Orange	30/09/2025

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	30/09/2025
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	01/08/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	01/08/2025

Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/08/2025
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	01/08/2025
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	31/08/2025

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	31/08/2025
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	01/10/2025
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	01/10/2025

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	30/09/2025
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	30/09/2025