



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

Issued by the Chief Inspector

Name of designated centre:	Brentwood Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Letterkenny Road, Convoy, Donegal
Type of inspection:	Unannounced
Date of inspection:	18 June 2025
Centre ID:	OSV-0000322
Fieldwork ID:	MON-0047405

About the designated centre

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

Brentwood Manor Nursing Home is a purpose-built single-storey building located in a residential area, a few minutes' drive from the village of Convey in County Donegal. The building is organised into five units named Oak, Ash, Elm, Birch and Rowan. The residents' accommodation, communal space that includes a dining room, sitting areas and toilet and bathroom facilities. There are 36 single and ten twin bedrooms, and all have en-suite facilities that include a toilet, shower and wash hand-basin. There are extensive grounds surrounding the centre, and a smaller safe garden space is accessible to residents. The centre provides care to 56 dependent persons who have problems associated with dementia or other cognitive problems due to brain injury or major illness. The statement of purpose states that the service aims to provide high-quality health and social care for residents through a person-centred care approach.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 18 June 2025	04:50hrs to 13:45hrs	Helena Budzicz	Lead
Wednesday 18 June 2025	04:50hrs to 13:45hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

Inspectors spent time observing residents' daily life in the centre in order to gain insight into the experience of those living in the centre. Residents looked well-cared for and had their hair and clothing styled in accordance with their own preferences. It was evident that residents' choices and preferences in their daily routines were respected. For example, a small number of residents choose to get up from bed and dressed early in the morning. Inspectors saw that the night staff supported and cared for these residents appropriately. This routine and the resident's choice were clearly recorded in their care plans.

Residents could choose where and how they spent their day, and there was sufficient staff available to ensure they could socialise and participate in activities such as arts and crafts. There were two activities coordinators working on the day of the inspection. Residents were observed moving freely around the centre, and were observed to be socially engaged with each other and staff. Other residents were observed sitting quietly, relaxing and observing their surroundings. A small number of residents were observed enjoying quiet time in their bedrooms.

The inspectors met with the majority of the 52 residents living in the centre, and spoke with eight residents in more detail to gain a view of their experiences in the centre. There was a high level of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. Those residents who could not communicate their needs appeared comfortable and content. Staff were observed to be kind and compassionate, providing care and support in a respectful and unhurried manner. Staff knocked on residents' bedroom doors before entering.

Residents and visitors were aware of whom to speak to should they have a concern or a complaint. One resident told inspectors that they had expressed concern to the staff that they felt they were losing their independence when decisions about their daily routine, such as what clothes to wear, were made without their input. The resident told inspectors that their concerns were listened to and several positive changes were made, which resulted in a more person-centred approach to care and gave them a renewed sense of dignity.

Residents were also complimentary about the home-cooked food and the dining experience in the centre. A daily menu was displayed on dining room tables. Residents requiring modified diets received the correct consistency meals and drinks, and were assisted where required to ensure their safety and nutritional needs were met. The chef explained that efforts were made to make mealtimes more familiar and comforting by preparing food that reminded residents of food they would have eaten at home.

Meal times varied according to the needs and preferences of the residents, who confirmed they were also able to eat where they wanted. Inspectors observed

residents attending the dining room for breakfast over the course of the morning. There were adequate staff to provide assistance where required and ensure a pleasant experience for residents at meal times.

Visitors were observed attending the centre on the day of the inspection. Visits took place in communal areas and residents' bedrooms where appropriate. There was no booking system for visits, and the residents who spoke to the inspectors confirmed that their relatives and friends could visit anytime. They were generally complimentary of the care and attention received by their loved ones. One visitor reported improved communication from the management team in recent months. However, they also raised concerns about missing laundry and residents sometimes wearing clothes that didn't belong to them. This was explored with the management on the day of the inspection, and they stated that a new laundry management system has been implemented in response to the issues raised in their complaint process and the residents' meetings.

Brentwood Manor Private Nursing Home is situated in a peaceful and picturesque rural area. The design and layout of the building were generally appropriate to meet the assessed needs of residents and to encourage and support independence. The centre was observed to be safe, secure, with appropriate lighting, heating and ventilation.

Residents' bedrooms were personalised with pictures of family, ornaments and other personal memorabilia. Lockable storage space was available, and personal storage space comprised a bedside locker and a small wardrobe. However, a number of residents' bedrooms were missing chairs for residents' use. In addition, a small number of resident bedrooms were carpeted. Management confirmed that plans were in place to replace the remaining carpets with a non-porous, wipe-able floor covering.

The privacy and dignity of the residents' accommodation in four twin-rooms had been improved, with space to store and access their personal belongings within their personal space and additional shelving. However, space remained limited in these rooms, making them unsuitable for residents with higher dependency needs, such as those using mobility aids or specialised seating.

Hand-washing sinks for staff use were available within easy walking distance of resident rooms. All clinical hand-washing sinks complied with the recommended specifications for clinical hand-washing basins. Alcohol-based hand rub was available in wall-mounted dispensers along corridors.

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

Capacity and capability

This was an unannounced one-day risk inspection which occurred following the airing of an RTE Investigates programme. The purpose of the inspection was to ensure that residents were safe and receiving an appropriate standard of quality care, and 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). The inspectors found that this was a generally well-managed centre where residents were supported and facilitated to have a good quality of life. However, some actions were required to come into full compliance with the regulations, which are detailed under the relevant regulations.

The registered provider is The Brindley Manor Federation of Nursing Homes Limited, which is part of the Emeis Group. The current person in charge had been appointed in February 2025 and was supported by a new Director of Nursing, an Assistant Director of Nursing (ADON), clinical nurse managers (CNMs), and a team of nurses and healthcare support staff. They were also supported by a Regional director who was present on the day of the inspection.

A review of the duty rotas found that staffing levels and skill-mix were appropriate for the occupancy of the centre, and the size and layout of the building. The team providing direct care to residents consisted of at least two registered nurses on duty at all times and a team of care assistants. Inspectors were informed that the provider had a full staffing complement on the day of the inspection, with no existing vacancies within the centre. In the aftermath of the RTE Investigates programme, the registered provider had assigned an additional health care assistant to night duty. A second activities coordinator had also been recruited and was working in the centre on the day of the inspection. Therefore, the findings of this inspection reflect an enhanced staffing model.

Staff were observed to be appropriately supervised and supported. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff had completed training in fire safety, managing behaviours that are challenging and infection prevention and control. However, many staff members were not up-to-date with their mandatory safeguarding training.

There were systems in place to monitor the quality and safety of the service. A programme of clinical and operational audits was completed by the management team. These evaluated aspects of the service included the regular analysis 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), incidents, accidents and falls in the centre. The results of these analyses and other clinical and non-clinical audits were analysed and informed the development of quality improvement plans. There was evidence that progress with completing these actions was reviewed regularly.

Records and documentation, both manual and electronic, were well-presented and organised. The inspector reviewed staff files, which contained all the requirements under Schedules 2 and 4 of the regulations. Garda vetting disclosures in accordance

with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available for each member of staff in the designated centre.

There was an effective complaints procedure in place which met the requirements of Regulation 34. The procedure was prominently displayed in the main reception area of the centre and included the name of the nominated complaints officer. Residents and visitors who spoke with inspectors were aware of how to raise a concern or make a complaint in the centre. The inspectors reviewed a sample of complaints and saw that they were being managed in accordance with the centre's policy.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of inspectors, it was evident that the registered provider had ensured that the number and skill-mix of staff were appropriate, having regard to the needs of residents and the size and layout of the centre.

However, the reviewed staffing levels were inclusive of additional staff, and it was not clear whether these enhanced staffing levels would be sustained.

Judgment: Compliant

Regulation 16: Training and staff development

While the majority of staff had completed mandatory training, 23 staff members had not received up-to-date safeguarding training. There was no date scheduled for this training.

Judgment: Substantially compliant

Regulation 21: Records

A sample of five staff files was reviewed by the inspectors, and it was evident that all conformed to Schedules 2 and 4 of the regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The provider reviewed the staff resource allocation and increased the night-time staffing levels by about one health care assistant a couple of days before this inspection took place. However, no commitment was received from the provider that these staffing levels will be maintained and will be regularly reviewed to ensure that the care delivery is safe and efficient.

Appropriate management systems were not in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored by the provider. For example:

- The monitoring and oversight systems of key areas, premises and residents' rights were not effective and did not ensure the safety and well-being of the residents.
- The oversight system for auditing care plans and health care needs of residents failed to identify that some care plans were not in place or did not reflect the assessed needs of the resident. This is further discussed under Regulation 5: Individual assessment and care plan.
- Oversight and recognition of health and medical needs of residents were not adequate in the centre as discussed under Regulation 6: Health care.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the office of the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required timelines for the investigation into and review of complaints were specified in the procedure. The complaints procedure provided details of the nominated complaints and review officer. The complaints procedure also outlined how a person making a complaint could be assisted to access an independent advocacy service. A review of the records found that complaints and concerns were promptly managed and responded to in line with the regulatory requirements. On the day of inspection, there was one open complaint, which was at the investigation stage.

Judgment: Compliant

Quality and safety

Overall, this inspection found residents' rights were respected by staff; however, the layout of four twin-bedrooms continued to negatively impact on residents' privacy and dignity in these bedrooms. Furthermore, these rooms did not promote residents' choices and did not ensure they had control over their personal space at all times, as these rooms were not suitable for residents with increased mobility needs who required the use of mobility equipment.

Residents' care plans were accessible on a computer-based system. Care plans viewed by the inspectors were generally personalised, updated four monthly or if the needs of the residents changed, and sufficiently detailed to direct care with some exceptions. For example, a number of care plans reviewed did not accurately reflect the needs of the residents; mobility, safeguarding and psychological wellbeing.

The centre had access to general practitioners (GPs) from local practices, and the person in charge confirmed that GPs called to the centre. Residents had access to a mobile X-ray service referred by their GP, which reduced the need for trips to the hospital. Residents also had access to nurse specialist services such as advanced nurse practitioners, community mental health nurses, and tissue viability nurses. Residents had access to local dental, optician and pharmacy services. Residents who were eligible for national screening programmes were also supported and encouraged to access these. Inspectors were informed that residents were referred to the Community HSE Occupational Therapist and Physiotherapist Primary Care Team as required. However, due to reduced occupational therapist and physiotherapist service capacity in the region, inspectors were informed that residents were not always able to access these supports as quickly as needed. Additionally, areas for improvement were identified during the inspection to ensure that professional expertise was sought where required and in a timely manner, thereby ensuring that a high standard of evidence-based medical and nursing care was provided for all residents. This is discussed under Regulation 6: Health care.

Some positive indicators of quality care were identified on inspection. For example, there was a low prevalence of residents with pressure ulcers. The risk of urinary catheter-associated infections was also eliminated as there were no residents with indwelling urinary catheters in the centre. Inspectors also observed examples of good practice in the prevention and control of infection. Staff were observed to consistently apply standard precautions to protect against exposure to blood and body substances during the handling of waste and used linen. Personal protective equipment (PPE) stations were available on all corridors to store PPE. Adequate stocks of PPE were available.

Notwithstanding the many good practices observed, a number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. Sluice rooms were equipped with either a bedpan washer or an equipment cleaning sink and sluice hopper. Staff informed inspectors that in the absence of accessible bedpan washers in some units, commodes and urinals were emptied in one sluice and transported to other sluice rooms for washing in the bedpan washer. Findings in this regard are presented under Regulation 27: Infection control.

Overall, the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared visibly clean and very well maintained. Corridors were wide and maintained clear of items, with appropriately placed grab-rails in place to allow residents to mobilise safely around the centre. The two outdoor courtyards and garden areas were well-maintained and readily accessible, making it easy for residents to go outdoors independently or with support, if required. Call-bells were available in all areas and responded to in a timely manner. Discussions with residents, visitors and staff and observations on the day of the inspection indicated that residents' rights and choice were promoted and respected in this centre. Residents were involved in their care and had a choice in the time they wished to go to bed and when they could get up. Notwithstanding this, although the multi-occupancy bedded rooms met the minimum size requirements, it was evident that the layout of these rooms did not adequately support the needs of the residents living in them. This is outlined in detail under Regulation 17: Premises and Regulation 9: Residents' rights.

Residents had access to a range of activities for social engagement. Inspectors observed that the residents were supervised in all communal rooms, and residents were encouraged to engage in meaningful activities throughout the day of the inspection. Staff told inspectors that social outings were also encouraged and facilitated. For example, staff had recently accompanied several residents on a visit to a local forest park, followed by lunch in a local café.

Regulation 11: Visits

There were no visiting restrictions in place, and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

There was a menu for the day available. The menu showed two choices for each meal, and staff said the chef would facilitate requests if residents preferred another option. Drinks and snacks were provided at intervals throughout the day, and there was a selection of drinks available in the kitchenettes for residents to access. Many residents were seen to have their breakfast and lunch in the main dining room, which overall provided a pleasant environment. Where residents required support with their nutritional needs, this was offered discreetly by staff.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018); however, further action was required to be fully compliant. For example:

- The sluice rooms were small in size and, as such, did not support effective infection prevention and control. Sluice rooms were not all equipped with a bedpan washer and an equipment cleaning sink. Staff informed inspectors that commodes and urinals were manually emptied prior to decontamination in a bedpan washer. This increased the risk of environmental contamination and the spread of multi-drug resistant organism (MDRO) colonisation.
- Carpets remained in three bedrooms. Carpets are difficult to effectively clean, maintain, and disinfect when required.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

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

- There were no safeguarding care plans for seven residents who were involved in the safeguarding incidents or exhibited patterns of responsive and inappropriate behaviours, where the residents posed risks to other residents, staff, and visitors, especially in the communal areas, potentially causing harm or were at risk of being harmed due to their responsive and other behavioural patterns.
- A mobility care plan did not clearly outline the mobility limitation of the resident and the plan of care for this resident.

- Residents who are living with a history of depression did not have a specific nursing assessment in place with an associated care plan to help the resident navigate this journey and observe possible signs of deterioration.

Judgment: Not compliant

Regulation 6: Health care

The registered provider did not ensure that residents were referred to a health care professional whose conditions require additional professional expertise. This is evidenced by the following:

- Residents involved in repetitive episodes of responsive behaviours were not referred for review by a medical professional, such as a general practitioner (GP) or psychiatry of old age.
- Further assurances were required to ensure that all residents had access to appropriate health and social care professionals, including physiotherapy and occupational therapy. For example, there was no evidence that additional expertise was sought for residents with a limb contracture.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Observation on the day of the inspection showed that staff had good insight into responsive behaviours and knew residents well. Staff re-directed residents in a kind and respectful manner and provided reassurance, which allayed upset and frustration.

Judgment: Compliant

Regulation 9: Residents' rights

The current layout and design of four twin-occupancy bedrooms did not ensure residents could carry out personal activities in private. For example:

- A number of beds in the four twin-occupancy rooms did not provide sufficient space for the resident to use assistive equipment without encroaching on the neighbouring resident's bed space. As a result, the resident using the equipment could not carry out personal activities in private.

Judgment: Substantially compliant

Regulation 17: Premises

The centre's premises did not conform to the matters set out in Schedule 6 of the regulation. For example:

- Multi-occupancy bedrooms were not suitably laid out to meet the mobility and transfer needs of residents using assistive equipment, such as hoists and specialist chairs.
- Inspectors observed that there were no chairs for residents' use in one of the twin-occupancy bedrooms.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Residents were supported in accessing and retaining control over their personal property and possessions. The provider had developed a quality improvement plan to address complaints about the laundry service and ensure that when residents' clothing was laundered, it was returned to the residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	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 9: Residents' rights	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 12: Personal possessions	Compliant

Compliance Plan for Brentwood Manor Private Nursing Home OSV-0000322

Inspection ID: MON-0047405

Date of inspection: 18/06/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>By the 30th September 2025, remaining staff will have completed their refresher training in relation to safeguarding.</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>Staffing levels are reviewed weekly based on resident needs and dependencies- complete and ongoing</p> <p>By the 31st August 2025, a review of the monitoring and oversight systems will be completed to ensure they identify risk and areas for improvement in relation to care plans, premises and resident rights.</p>	
Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
 A review of all sluice rooms was completed on 23rd June 2025 to ensure they have the required equipment.

By the 30th June 2026, a phased programme of flooring replacement will be completed to replace carpet.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 By the 31st August 2025, all residents will be re-assessed and their care plan updated to ensure they guide staff and include the interventions required to reduce any risk following a safeguarding incident as well as identifying the interventions required in relation to resident who exhibit patterns of responsive and inappropriate behaviours.

By the 31st August 2025, all residents will be re-assessed and their care plan updated to ensure they identify and guide staff on the actions required in relation to residents' mobility needs.

By the 31st August 2025, all residents will be re-assessed and care plan updated to ensure they guide staff in relation to residents at risk or with a history of depression as well as how to support residents navigate this journey and to recognise signs of deterioration.

Regulation 6: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 By the 31st August 2025, a full review of resident exhibiting responsive behaviour will be completed and any identified gaps in relation to the need for referrals to members of the MDT will be addressed.

A review of all residents requiring assessment by physiotherapy and occupational therapy was completed on the 3rd and 4th of July 2025.

All actions identified including equipment required has been addressed and all care plans are updated to reflect the current needs of the residents. Completed 31st July 2025

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The PIC will ensure that room allocation procedures continue to be reviewed and updated to reflect the home's policy to ensure residents' mobility needs can be met and that their right to privacy and dignity can be upheld in twin bedrooms, in line with our Statement of Purpose- complete and ongoing

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

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: From 1st July 2025, the Person in Charge will complete a quarterly review of resident needs in the twin rooms specifically. This documented review will ensure that residents' mobility needs are met safely, that personal care needs can be met, that they are not disturbed by other residents and that their space is adequate to ensure that their privacy and dignity

All shared bedrooms have chairs for resident use, in line with each residents' needs and individual preferences- complete

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.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2025
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.	Substantially Compliant	Yellow	31/08/2025

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	31/08/2025
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.	Substantially Compliant	Yellow	30/06/2026
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	31/08/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident	Not Compliant	Orange	31/08/2025

	concerned and where appropriate that resident's family.			
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	31/08/2025
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.	Substantially Compliant	Yellow	31/08/2025