



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

Issued by the Chief Inspector

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| Name of designated centre: | Brindley 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: | 12 June 2025 |
| Centre ID: | OSV-0000323 |
| Fieldwork ID: | MON-0047399 |

About the designated centre

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

The centre was a purpose-built single-storey residential care facility that can accommodate 42 residents who require long-term, respite, convalescent and end-of-life care. It is situated in a residential area. Accommodation for residents was provided in 34 single and four twin bedrooms. Most of the bedrooms have full en-suite facilities with a shower. Ten rooms have an en-suite with a toilet and a wash-basin, and two single rooms have a wash-basin. The centre provides a comfortable and homelike environment for residents. The philosophy of care is to provide a residential setting which promotes residents' rights and independence.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 42 |
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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 |
|-----------------------|----------------------|-----------------------------------|---------|
| Thursday 12 June 2025 | 05:00hrs to 14:00hrs | Catherine Rose Connolly Gargan | Lead |
| Thursday 12 June 2025 | 05:00hrs to 14:00hrs | Nikhil Sureshkumar | Support |

What residents told us and what inspectors observed

Overall, residents were content with living in this designated centre and felt that their care and support needs were mostly met to a good standard. The inspectors spent time talking to nine residents, three visitors and night and day-staff working in the centre, observing care practices, observing staff interactions with residents and residents' quality of life in the centre.

Residents' feedback on this inspection was positive regarding their quality of life in the centre and residents were very complimentary in their feedback regarding the staff team caring for them. During the day, residents and staff were observed to enjoy being in each other's company, and staff interactions with the residents were mostly person-centred. Residents' told the inspectors that, 'this is a homely place to live in', 'the staff are exceptionally great', 'I have no bother with this place', 'I have no concerns and I am aware of the news circulating in the media, and nothing of that nature occurs here', 'there is sufficient staff here', 'there are no delays in getting support from staff', 'staff are very polite and helpful' and 'the activities are great'. However, one resident raised concerns about staff always being too busy to spend time talking with them, but expressed their satisfaction with staff attitudes and the standards of care and support provided by staff to meet their clinical needs.

The inspectors commenced this inspection at 5am and on arrival were met by the two staff nurses on duty. The inspectors completed a walk around the centre and found that all residents were sleeping. Shortly after the inspectors' arrival, the person in charge and the assistant director of nursing attended the centre.

Inspectors observed that at times staff practices and their interactions with residents were not always person-centred or respectful of residents rights to make choices regarding their care. For example inspectors observed that staff switched the main light on when entering the residents' bedrooms to carry out routine changing of residents' continence wear and support them with their position in bed. The inspectors saw that the lighting startled residents, and they were initially unable to open their eyes and a routine approach to changing continence wear interrupted the residents sleeping pattern. While staff told residents what care they were going to do, they didn't always ask the resident for their consent to carry out care. These observations were in contrast to more person-centred interactions observed by the inspectors between staff and residents during the daytime hours.

Additionally, inspectors saw that the roles and responsibilities of night-duty care staff were not clearly defined. In addition to providing direct resident care, night duty care staff were responsible for floor mopping, laundry and kitchen duties. Inspectors observed that as a result staff were not always available to meet residents' care needs without delay.

Two residents chose to eat their breakfast in bed at 7am, and a number of other residents chose to have their breakfast in their bedrooms when they woke up, and their wishes were respected.

The inspectors noted that when the increased activity of morning care was completed, there was clear evidence throughout the remainder of the day that care was person-centred and organised around residents' individual preferences and choices. Although the weather was showery on the day of this inspection, the inspectors observed that a planned day trip for the residents to a local park took place at the residents' request. One resident told the inspectors that 'we don't let the rain stop us here', and another resident said 'I love these trips out on the bus'.

Staff on day-duty who spoke with inspectors said that they were often rushed in the morning hours to carry out caring duties and that the current staffing allocation did not allow them to spend quality time in the morning with residents. These staff also told the inspectors that the staffing numbers did not change, and were not increased or reallocated as required by changing residents needs. Many of the staff who spoke with the inspectors demonstrated their pride in their work and were passionate about their care for the residents. Staff confirmed that the local management team was always approachable. Many staff members also said that they were concerned about the current adverse reporting in the media but that they were not afraid to speak to the management about bad practices, if ever observed by them in the centre.

The inspectors attended the residents' breakfast and lunchtime meals and observed that the residents were offered a varied menu of hot and cold meal options. The main kitchen was adjacent to the dining room, and the chef was observed spending time going among the residents to ensure they were satisfied with their food. Some of the residents chose to have the scrambled eggs option for breakfast. Residents told the inspectors that the food provided was 'exceptional', 'of very good quality', and one resident said mealtimes were their favourite time of the day. The inspectors observed there was enough staff available to assist individual residents with their meals, as needed and with each resident's consent. Mealtimes were observed to be a social occasion with residents observed chatting and laughing with each other, and with staff.

Residents said they were satisfied with the opportunities available to them to engage in social activities that interested them and the support they received to keep in contact with their local community. After breakfast, most of the residents moved to one of the two spacious sitting rooms, where a variety of social activities were being facilitated by the activity coordinator. Staff were observed regularly visiting residents who preferred to spend much of their time in their bedrooms to ensure their social care needs were met. A number of residents told the inspectors that they liked to take some time out of the main sitting room to rest and relax, and watch the comings and goings in the reception area. The inspectors observed that although a second spacious sitting room was available, no residents used this room, and no social activities were scheduled to take place in this second sitting room during the day of the inspection. The inspectors observed that following completion of the busy morning care activities, staff took all opportunities throughout the rest of

the day to chat and engage with residents in a meaningful way, including during care tasks.

There were no restrictions on visitors, and visitors who spoke with the inspectors expressed high levels of satisfaction with the care and support provided for their family members living in the nursing home, and described the service as 'exceptional'. One family member said, 'the care and quality of service their family member received in this centre prolonged their life'.

The inspectors observed that the residents' living environment was well-maintained and ventilated. The corridors and communal areas were spacious and bright. A variety of traditional domestic-style furnishings and other various memorabilia that were familiar to the residents were used to enhance their comfort. Overall, the general environment and residents' bedrooms, communal areas and toilets and bathrooms were observed to be visibly clean. Appropriate storage for residents' assistive equipment and other ancillary facilities was available. Residents had personalised their bedrooms with their family photographs and other items of value to them. Residents' bedrooms were bright, nicely decorated and contained suitable furniture to meet their needs. A secure and safe outdoor courtyard, with suitable outdoor seating, was accessible to residents, as they wished.

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 was an unannounced one-day risk inspection carried out following the airing of an RTE Investigates programme and further to the receipt of information by the Office of the Chief Inspector of Social Services in relation to unsatisfactory standards of care, staffing shortages, and concerns regarding residents' quality of life and safety in Brindley Manor Nursing Home. 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 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 registered provider is The Brindley Manor Federation of Nursing Homes Limited, which is part of the Emeis Group. The local management team consisted of a person in charge (PIC) who returned to the role in March 2025 after a period of planned leave, an assistant director of nursing (ADON), and a clinical nurse manager (CNM). The local management team were supported by a team of nursing staff, health care assistants, housekeeping staff, catering staff, laundry staff, activity staff, an administration team and maintenance personnel. A regional director had oversight

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

While there were some changes to the staff team, staff turnover in this designated centre was generally low. A mandatory induction process was in place for all new staff. The inspectors spoke with a recently employed member of the care staff team, who confirmed that they had completed an induction with the support and supervision of a senior carer and the person in charge.

In addition to the management team, clinical staffing resources provided during the day comprised of two staff nurses and seven care staff. A senior carer was rostered each day to supervise standards of care delivery and support residents who required assistance with their care needs. Night-time staffing consisted of two nurses and two care staff.

The governance and management arrangements in place in this centre required improvement regarding the supervision of night staff to ensure residents' rights were respected at all times and that staff roles were clearly defined to ensure residents' needs were met without delay. Care staff resources on night duty were reduced as they were required to complete additional non-resident care-related tasks during the night. While the centre's local management and staff demonstrated their commitment to providing adequate standards of care and support to residents living in the centre, the provider had not ensured there was adequate staff available to meet residents' needs without delay during the night, and to ensure residents' care was not rushed during the early part of the day. This is discussed under regulation 15: Staffing.

All staff were facilitated to attend up-to-date mandatory training, including safeguarding and safe moving and handling training. 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, which were not in line with the best practice and did not always support person-centred care for residents. This is outlined under Regulation 16: Training and staff development.

The provider had quality assurance systems in place to assure them regarding the quality and safety of the service provided to residents. While some deficits were being identified through analysis of audits and addressed with effective and sustained quality improvements, deficits in staffing provided and residents' rights were not being identified, reviewed and properly addressed.

Records, including residents' care records and documentation, were held securely in the centre. However, this inspection found that some records of residents' care delivery were not accurately maintained and therefore could not be relied on. This is further discussed under Regulation 21 in this report.

Regulation 15: Staffing

The registered provider did not ensure that sufficient staff were available to meet residents' needs. This was evidenced by the following inspection findings;

- Adequate numbers of staff were not available during the night to respond to residents' needs for assistance without delay. For example; the inspectors observed that routine changing of residents' incontinence wear and repositioning changes were scheduled to occur for all residents at the same time. As a result, all staff on night duty were involved in completing residents' care in their bedrooms at the same time, and no additional staff were available to respond to the other residents' needs for assistance during these times. As a result, the inspectors observed that staff were not available to assist a resident with an assessed high risk of falling who was calling out for staff assistance as they were getting out of bed. As night staff were not available, residents' calls for assistance were responded to by the person in charge, who had come into the centre when advised that inspectors were present.
- Care staff roles on night-duty were not clearly defined, and this reduced the night care staff resources available to meet residents' assistance and care needs. For example, care staff duties during the night included cleaning of furniture, mopping the floors in the communal rooms and reception areas, cooking porridge for residents' breakfast and washing residents' clothes in the laundry. The laundry was located in a separate building at the back of the centre.
- The inspectors observed and were told by residents that staff were very rushed in the morning with assisting residents who wished to participate in the breakfast club in the dining room, which commenced at approximately 9am each morning. The inspectors confirmed that 18 residents wished to attend the breakfast club, and the staffing available had not been revised and reallocated or increased to ensure there was adequate staff available to appropriately assist and support many of the residents with their preferences to wash and dress before going to the dining room.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were not appropriately supervised according to their roles to ensure that they carried out their work to the required standards. This was evidenced by the following findings;

- Staff on night duty were not adhering to infection prevention and control standards in the areas of hand hygiene practices, the use of personal protective equipment (PPE) or the management of waste. Observed poor practices in these areas increased the risk of cross-infection to residents.

- Staff were not always completing residents' assessment and care plan documentation to the required standards and in line with the provider's own policy and procedures. As a number of the residents' care documentation did not identify all of their care needs, there was a risk that their needs would not be communicated to all staff and effectively monitored.
- Staff were not accurately completing residents' care records, and therefore, this information could not be relied on to confirm that residents received the care procedures referenced.
- Care on night duty was not effectively organised to ensure that staff were available to respond to residents' needs for assistance without delay.
- Staff on night duty engaged in routine care procedures which was not always person-centred, and staff did not seek each resident's consent to carry out their personal care procedures.

Judgment: Not compliant

Regulation 21: Records

The records of care provided to residents with an assessed risk to their skin integrity were not accurately maintained. Inspectors noted that the care records for six residents, who required staff assistance to change their position every two hours, were signed by staff before this care was actually delivered. As a result, these records could not be relied on to confirm that the residents received care consistent with their assessed needs and their care plans.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider did not ensure that adequate staffing resources were provided to meet residents' care needs. This finding, including the need for supervision of staff during the night, was acknowledged by the regional manager on the day of the inspection. However, no commitment was received from the provider to address the insufficient staffing resources and appropriate supervision of staff at night or that staffing will be regularly reviewed to ensure effective and safe delivery of care to residents.

The provider's oversight and the management systems in place did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. In addition, the provider failed to implement their compliance plan from the inspection completed in October 2024, specifically in respect of the infection control, monitoring clinical audits and assessments and care plans. For example:

- Auditing of residents' care plans failed to identify that care plans were not in place to inform a number of residents' care needs and that a number of residents' care plan information did not reflect their assessed needs. As a result, some residents' care documentation was not completed to the required standards, and posed a risk that relevant information regarding each resident's needs and care interventions would not be available to staff. These findings were not effectively addressed by the provider following the previous inspection and are repeated findings on this inspection under Regulation 5: Individual Assessment and Care Plan.
- Oversight and monitoring of residents' care delivery and of the records of care provision were not accurate, and as a result, residents' care was not always person-centred, and staff were not consistent in obtaining residents' consent to carry out their care tasks.
- The monitoring of staff infection prevention and control practices failed to recognise and respond to deficits in care which posed a risk to residents' safety due to the potential for cross-infection. Additionally, further examples of inadequate supervision of staff practices are addressed under Regulation 16: Training and staff development and Regulation 27: Infection control.

Judgment: Not compliant

Quality and safety

Overall, this inspection found that residents' nursing and social care needs were met to a satisfactory standard. However, the organisation of staffing and additional staff duties at night-time did not ensure that residents' needs for assistance were provided without delay. Furthermore, residents' rights were impacted as staff did not always seek residents' consent to care. While staff made efforts to ensure residents' choice to attend the breakfast club in the morning was respected, the quality of their care experience was negatively impacted due to their care being rushed, as the number of staff available did not reflect the increased care activity at that time.

Residents' care needs were regularly assessed, and most of the residents' care plan documentation reviewed by the inspectors was person-centred, and clearly guided staff on the care they must provide for each resident in line with their individual preferences. However, a number of residents' records could not be relied on to accurately guide staff on the care they must provide for these residents, as a care plan was not developed to meet all their needs and where developed, not all their care plans were updated in response to a change in their care needs.

Residents' records and residents confirmed in their feedback to the inspectors that they had timely access to their general practitioners (GPs), specialist medical and nursing services, and health and social care professionals as necessary. Effective arrangements were in place to ensure that treatments and recommendations for

residents' care made by members of the multidisciplinary team (MDT) were implemented and monitored.

There was a positive approach to the care of 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). A minimal restraint environment was promoted, and the procedures in place were in line with the national restraint policy guidelines.

The provider ensured that 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 had equal access to social activities that interested them. Residents were supported to go on outings to places of interest to them and to remain connected with their local community. However, the records maintained in this centre did not give satisfactory assurances that the residents were regularly provided with activities in line with their preferences.

Residents were supported to maintain contact with their families and friends, and their visitors were welcomed into the centre. Residents had access to local and national newspapers, radio and television.

Residents were supported to practice their religious faiths in the centre. Residents' meetings were regularly convened, and their views on the service were welcomed. Issues raised or suggestions made by residents regarding areas they felt needed improvement in the service were addressed. Residents had access to an independent advocacy service. Information about this service was displayed for their information in the reception area of the centre, and the purpose and availability of this service were discussed with residents.

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 18: Food and nutrition

Residents' dietary and hydration needs were assessed and monitored. A varied menu of freshly cooked meals was provided each day, and residents confirmed that they could have alternatives to the menu offered if they wished. Residents' special dietary requirements were known to catering staff and dishes were prepared in accordance with each resident's assessed needs, preferences and the recommendations of the dietitian and speech and language therapists. Fresh drinking water, flavoured drinks, milk, snacks and other refreshments were available throughout the day.

Mealtimes were facilitated in the communal dining room located at the front of the centre in two sittings. A small number of residents preferred to eat their meals in

their bedrooms, and their preferences were facilitated. There was sufficient staff available at mealtimes to assist residents as needed in the dining room and in their bedrooms. The inspectors observed that mealtimes were unhurried and social occasions. Discreet assistance was provided by staff to meet residents' individual needs as necessary.

Judgment: Compliant

Regulation 27: Infection control

The provider did not meet the requirements of Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018). Further action was required as the provider failed to fully address their compliance plan from the inspection in October 2024 and to ensure staff practices were completed to the required standards and effectively protected residents from the risk of infection. This is evidenced by:

- Staff hand hygiene practices posed a risk of cross-infection to residents. The inspectors observed that staff did not complete hand hygiene on removal of their gloves, and were reminded by the inspectors to complete appropriate hand hygiene on two occasions.
- Staff did not always change their personal protective equipment (PPE), such as plastic aprons, between attending to the needs of different residents.
- Waste was not appropriately managed to mitigate the risk of cross-infection. For example; the inspectors observed that staff disposed of residents' used continence wear in a plastic bag, which they carried from bedroom to bedroom and stored directly on the corridor floor outside the bedrooms during their delivery of care to residents.
- Clean and used linen was not adequately segregated in the laundry. The inspectors observed that laundered wet personal clothing belonging to residents was placed on a steel sink draining area surface.
- Arrangements were not in place to ensure that the risk of infection posed by care staff involved in cooking residents' breakfasts as part of their role at night was risk assessed and appropriately mitigated.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Actions were necessary to ensure residents' needs were adequately assessed and that their care plans clearly guided staff on each resident's current care needs. This

is a repeated finding from the previous inspection and was evidenced by the following findings;

- While each resident's social interests and supports were assessed, the outcome of the assessments completed were not reflected in a number of residents' social activity care plans. As a result these care plans did not guide staff on the care and support they needed to provide for each resident to ensure their social care needs were met, in line with each resident's preferences. Furthermore, in the sample of residents' care documentation reviewed, one resident did not have a social activity care plan developed to meet their needs. Therefore, staff did not have the information they needed to guide them regarding each resident's interests and the supports they each needed to participate in meaningful social activities.
- Notwithstanding the actions in place to monitor residents' fluid intake and output, the care plan information for one resident with a urinary catheter and need for an increased fluid intake did not detail the recommended amount of fluid they should drink over each 24-hour period. Therefore, adequate information was not available to guide staff on this resident's hydration needs.
- A care plan was not developed for one resident with an assessed increased risk to their skin integrity. This meant that information was not available to guide staff in maintaining this resident's skin integrity.

Judgment: Not compliant

Regulation 6: Health care

Residents had timely access to their general practitioners (GPs), health and social care professionals and specialist medical and nursing services. An on-call medical service was available to residents out-of-hours, as needed. Other community services available to residents included psychiatry of older age, community palliative care and tissue viability specialists. The provider had ensured that where there was a delay with accessing community health and social specialist services, alternative access arrangements to the relevant specialists were in place for residents. Residents were supported to safely attend outpatient and other health-related appointments, as scheduled.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures in place to safeguard residents from abuse. Staff were facilitated to attend up-to-date training on safeguarding residents

from abuse. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre. Residents confirmed to the inspectors that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights to make choices and to consent regarding their care at night were not consistently respected by staff. The inspectors observed that not all night staff sought consent from six residents to carry out routine care tasks or to consider their preferences regarding the lighting in their bedrooms or the timing of routine care.

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 |
|---|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Not compliant |
| Regulation 16: Training and staff development | Not compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Not compliant |
| Quality and safety | |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 27: Infection control | Not compliant |
| Regulation 5: Individual assessment and care plan | Not compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Brindley Manor Private Nursing Home OSV-0000323

Inspection ID: MON-0047399

Date of inspection: 12/06/2025

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 15: Staffing | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: A review of staffing levels was completed on the 16th June 2025. This review included increasing staffing levels both day and night in line with current resident dependencies residents' expressed preferences.</p> <p>The following staff changes were implemented:</p> <p>An additional HCA for day duty commenced on the 18th August 2025 An additional HCA for night duty commenced on the 16th June 2025</p> <p>Staffing remains under weekly review by the PIC and is overseen by the Regional Director, based on any changes in resident dependencies, staff skill mix, occupancy and emerging resident needs.</p> <p>A review of the roles and responsibilities for night staff was completed on the 16th June 2025. Night staff have been reminded at staff meeting on 20th June 2025 that tasks such as kitchen or laundry tasks are not part of their role.</p> <p>By the 30th September 2025, all healthcare assistants will receive an updated job description to ensure they are aware of their roles and responsibilities during day and night shifts.</p> <p>No clinical staff are required to undertake any scheduled cleaning at nighttime, other than the decontamination of clinical equipment and/or emergency spillages (to maintain a safe environment)-completed 20th June 2025.</p> <p>A review of the allocation of staff was completed on 16th June 2025 to ensure that the required staff are in place to respond to resident care needs. This review also considered tasks relating to catering, laundry and housekeeping and as a result allocations and rosters have been changed to ensure smooth running of these services in line with IPC guidelines.</p> | |

The PIC will oversee this on a daily basis with spot checks and the Regional Director will confirm compliance with this during unannounced visits to the home out of hours from 1st August 2025.

A review of the breakfast club was completed on 16th June 2025. Staffing is in place to ensure any residents who wish to attend breakfast club or any activities are supported to do so by staff.

Regulation 16: Training and staff development

Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

From the 25th August 2025, a night nurse in charge induction will be introduced to ensure all nurses understand their responsibilities in relation to the overall supervision of staff practices and residents during the night. A night nurse in charge report will be completed at the end of each shift and form part of the handover to the in-house management team each morning.

A senior nurse in charge has been identified for all night shifts. Their role and responsibilities includes the organisation and supervision of staff in adhering to infection prevention and control standards, agreed waste management practices, providing timely responses to residents requiring assistance, completion of documentation, provision of person centred care and ensuring that agreed roles and responsibilities are adhered to by staff. All identified senior nurses will receive training on this role by the 31st August 2025

From the 1st August 2025, the clinical management team will complete unannounced night visits to ensure that all staff carry out their work to the required standards. This will be reviewed and actioned at all clinical governance meetings and on weekly visits by the regional team. Findings and areas for improvement will be addressed with all staff via the daily safety pause as well as staff meetings.

From 1st August 2025 the Regional Director is conducting unannounced visits to the home to oversee practice and to provide assurance that resident needs are met in a timely, person-centred manner.

By the 31st August 2025, all residents will be reassessed and their care plans updated to ensure that they address residents' individual needs and preferences and guide staff appropriately.

Daily staff information sessions through a safety pause will be delivered by the ADON/CNM on care plans in place to ensure all staff are aware of the changes in any residents care needs.

All nursing staff have received refresher training on the importance of completing documentation correctly. This was completed by 31st July 2025

By the 31st August 2025, all staff will receive training on person centered care delivery which will include the importance of seeking resident consent, ensuring any task orientate practices are eliminated and the importance of promoting resident rights at all times.

From 1st September 2025, a sample of care plans will be audited bi-weekly by the director of nursing to ensure they identify all care needs and guide staff appropriately.

From the 1st August 2025, all of the above will be reviewed by the regional team at clinical governance and through unannounced visits to the centre to identify any further areas for improvement, additional training needs or any individual performance management requirements.

Regulation 21: Records

Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
All staff have received refresher training on the importance of ensuring records are completed in an accurate and timely manner and at the point of care to ensure residents have received care consistent with their assessed needs and their care plans- completed 31st July 2025.

From 1st August 2025, the PIC will review compliance with this through the daily management walkabout, which is documented.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

A review of staffing requirements was completed on 16th June 2025, in line with resident dependancies and emerging needs. An additional care assistant was added to the staffing levels for day and night to ensure support for residents.

A review of staffing was completed on the 16th June 2025 to ensure there was adequate supervision of staff both day and night. Actions taken include the continued rostering of a supernumerary ADON or CNM every day Monday to Sunday during the day. The introduction of the identified senior night nurse with clear respsnibility for supervision of

staff at night commenced on 25th August 2025.

A review of the catering, cleaning and laundry resources was completed on the 16th June 2025 and where identified, additional hours have been rostered to ensure tasks are completed by the appropriate roles and at appropriate times of the day.

By the 31st August 2025, all senior nursing staff will have received induction on their roles and responsibilities when on night duty to ensure effective and safe delivery of care to residents and robust supervision of all staff.

A review of all residents care plans and assessments is underway and will be completed by 31st August 2025 to ensure they accurately identify the current care needs of all residents. Once completed this will be audited bi-weekly by the DON to ensure all care needs are met and that staff are aware of resident needs and preferences.

From the 1st August 2025, the regional team will complete a monthly audit of a sample of care plans to ensure they guide staff on what is required to ensure resident needs and preferences are met. This will be reviewed at all clinical governance meetings.

A senior nurse in charge has been identified for all night shifts. Their role and responsibilities includes the organisation and supervision of staff in adhering to infection prevention and control standards, agreed waste management practices, providing timely responses to residents requiring assistance, completion of documentation, provision of person centred care and ensuring that agreed roles and responsibilities are adhered to by staff. All identified senior nurses will receive training on this role by the 31st August 2025

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| Regulation 27: Infection control | Not Compliant |
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Outline how you are going to come into compliance with Regulation 27: Infection control:

By the 31st August 2025, all staff will have completed hand hygiene training which will include the need for appropriate hand hygiene following glove use.

By the 31st August 2025, all staff will have completed training on IPC practices which include Donning and Doffing of personal protective equipment.

A review of night time waste management practices was completed on 16th June 2025. Areas for improvement were identified and actioned to ensure that waste is appropriately managed by all staff to mitigate the risk of cross infection.

By the 31st August 2025, all staff will receive training on the segregation of laundry as well as the management of linen to ensure best practice and reduce risk of infection.

A review of the roles and responsibilities for night staff was completed on the 16th June 2025. Night staff have been reminded at staff meeting on 20th June 2025 that tasks such as preparing resident meals is not part of their role. All associated risks in relation to staff entering the kitchen in relation to infection control have been risk assessed, and actions are now in place to mitigate the risk of cross infection.

All staff have completed level 1 food safety training to ensure they can prepare food safely in the event that residents require a light snack at anytime- complete

All staff have completed up to date infection prevention and control training- complete

From the 25th August 2025, weekly meetings will be held with the RPR, regional director and PIC to monitor actions agreed to address the areas for improvement in practice. PIC will provide oversight to ensure changes required are embedded in practice and this will include night time unannounced visits and audits from 1st August 2025. The findings of these visits and audits will be reviewed at monthly clinical governance meetings to provide assurance that the required improvements have been achieved and that training needs have been identified, performance management is in progress and/or disciplinary procedures have been commenced.

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| 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 reassessed and care plans updated to meet residents' individual needs and preferences in relation to activities.

By the 31st August 2025, all residents with urinary catheters will be reassessed and their care plans updated to ensure staff are guided to meet residents' individual needs specifically in relation to recommended fluid intake over a 24 hour period.

By the 31st August 2025, all residents will be reassessed and care plans updated to guide staff to ensure they meet residents' individual needs and preferences in relation to maintaining good skin integrity and managing associated risks.

Daily staff education sessions, through the safety pause, will be completed by the ADON/CNM on the care plans in place to ensure all staff are aware of the changes in any residents care needs

From the 1st August 2025, weekly audits will be completed by the director of nursing to monitor compliance and ensure care plans are up to date and that they guide staff appropriately.

From the 1st August 2025, the regional team will review a sample of care plans, triangulate with resident assessments, discuss with residents and staff monthly, to ensure good compliance and improved standards of care.

By the 31st August 2025, all audits completed in-house will be reviewed by the Regional Director to ensure they identify deficits and that action plans are appropriate to improve standards in relation to care delivery, in a timely and sustainable manner. The results of this review will be discussed at monthly governance meetings and weekly visits to the home to ensure standards have improved.

Training is underway for all clinical management staff on the completion of audits to ensure that all auditors are identifying areas for improvement, trained to develop an

appropriate effective action plan and understand their responsibility in monitoring action plans to ensure that they are delivered. This will be completed by 15th September 2025.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
By the 31st August 2025, all staff will have received training on resident rights. This will include the importance of obtaining consent before supporting residents with care.
By the 31st August 2025, all night staff will receive training on night time practices including incontinence care and promoting dignity and person centred care to ensure best practice.

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 | 18/08/2025 |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Not Compliant | Orange | 30/09/2025 |
| Regulation 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector. | Substantially Compliant | Yellow | 31/07/2025 |
| Regulation 23(1)(a) | The registered provider shall | Substantially Compliant | Yellow | 30/09/2025 |

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| | ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. | | | |
| Regulation 23(1)(d) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Substantially Compliant | Yellow | 30/09/2025 |
| Regulation 27(a) | The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff. | Not Compliant | Orange | 31/08/2025 |
| 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 | Not Compliant | Orange | 31/08/2025 |

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| | immediately before or on the person's admission to a designated centre. | | | |
| 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 9(3)(a) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents. | Substantially Compliant | Yellow | 31/08/2025 |