



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

Issued by the Chief Inspector

Name of designated centre:	Brookvale Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Hazel Hill, Ballyhaunis, Mayo
Type of inspection:	Unannounced
Date of inspection:	07 July 2025
Centre ID:	OSV-0000325
Fieldwork ID:	MON-0047403

About the designated centre

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

Brookvale Manor Nursing Home is a purpose-built single-storey premises located in a residential area, a short drive from the town of Ballyhaunis. The centre is registered to provide long-term and short-term care for 50 residents, both male and female, over the age of 18 years. Twenty-four-hour nursing care is provided. Residents' accommodation comprises single rooms and double rooms, all of which have full en-suite facilities including a shower, toilet and wash hand basin. Adequate screening to protect residents' privacy is provided in the shared bedrooms. The centre has a variety of communal spaces, and the arrangements provide residents with a choice of quiet areas or spaces where they can socialise. There are two large sitting rooms and a dining room located at the front of the building, an additional sitting/activity area that is centrally situated, and a foyer at the front where some residents read or greet their visitors. Other rooms include a laundry, sluice facilities, kitchen, staff areas and offices. There is a safe and secure outdoor garden for residents to use, accessible from several points throughout the building. It was well-cultivated, provided with appropriate seating, and had interesting features, such as a summer house where residents could sit in the shade.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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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
Monday 7 July 2025	06:00hrs to 14:00hrs	Celine Neary	Lead
Monday 7 July 2025	06:00hrs to 14:00hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

The overall feedback from residents was positive, with residents telling inspectors that the standard of care was excellent. Residents expressed a high level of satisfaction with the quality of care, staffing levels and services provided in the centre. Inspectors spent time talking with eleven residents and staff to gain an insight into what it was like living in the centre. Inspectors also spent time observing the environment and interactions between residents and staff. Notwithstanding the progress made and the many positive comments from residents, there were areas identified on the day of inspection in relation to training and development, governance and management, health care and residents' rights.

Inspectors arrived unannounced and in the early hours of the morning. This was to observe the care and support provided overnight and during the morning, and to assess if staffing resources were adequate during these times. All residents were resting comfortably in their bedrooms, and inspectors observed staff attending to residents with personal care in a respectful and courteous way. There was a calm and peaceful atmosphere in the centre. Call-bells were responded to in a timely manner.

The inspectors attended the nursing handover report and found that the information regarding each individual resident's needs was effectively communicated from the night staff to the day staff. Staff were updated on each resident's condition and care provided, and any special needs required.

Staff were aware of residents' needs, and the inspectors observed warm, kind, dignified and respectful interactions with residents and their visitors throughout the inspection. Residents residing in their bedroom had access to their call bell, and they confirmed that when they called, staff came to their room promptly. They said staff were attentive and that there were always a good number of them on duty.

Shortly after inspectors arrived at the centre, a person participating in the management (PPIM) of the centre arrived, followed by the person in charge. A brief introductory meeting was held to obtain further information and to discuss notifications submitted since the last inspection.

While walking around the centre, inspectors saw that there were adequate supplies available. There were sufficient supplies of incontinence wear, wipes, health care equipment and linen stores available. Items were appropriately stored and segregated to minimise any risks of cross contamination.

This centre was warm and homely throughout. The provider was in the process of replacing the carpet flooring in several bedrooms and communal areas. This work was ongoing, and there was minimal disruption to residents living in the centre.

All the documentation and records requested by the inspectors were provided in an organised and timely manner. During discussions with staff and management throughout the inspection, information was provided to inspectors in an open and transparent way.

The inspectors spent time observing the residents' dining experience. The inspectors saw that the dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. Residents who required support were assisted appropriately and discreetly. The meals served were well-presented, and there was a good choice of nutritious food available. Staff and residents were observed to chat happily together. Residents were offered frequent drinks and snacks throughout the day. Residents told the inspectors that they liked the food provided.

Although care staff attempted to engage with residents during the day through various activities, overall, inspectors observed that there were limited activities available to residents. Inspectors saw residents watching television or reading. There was no activity coordinator on duty as they were attending mandatory training. However, residents and staff told inspectors that day trips and events, such as a trip to the beach for fish and chips and a barbecue day, were planned. Residents expressed their delight and were looking forward to these events.

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. 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 all residents were safe and receiving an appropriate standard of quality care, that the centre had adequate resources, 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. The local management team consisted of a person in charge (PIC) and a clinical nurse manager (CNM). The local management team was supported by a team of nursing staff, healthcare assistants, housekeeping staff, catering staff, laundry staff, activity staff, an administrative team and maintenance personnel. A regional director had oversight responsibility for this designated centre and provided support to the centre's local management team. The provider had a range of governance and oversight systems in place to monitor the quality of care and service provided to residents. The management team met regularly to review the quality and safety of

the service. Inspectors found that there was a sufficient amount of clinical supplies, equipment and linen to provide care for all residents living in the centre.

Inspectors found that this was a well-managed centre, which ensured that residents were provided with good standards of care to meet their assessed needs. Overall, effective management systems were in place to provide oversight and maintain these standards. The management team was proactive in responding to issues identified through audits, with a focus on continual improvement. There were, however, some areas of current practice that required improvement, and these findings are outlined under the relevant regulations.

The registered provider maintained sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of residents. Observations of staff and resident interactions confirmed that staff were aware of residents' assessed needs and were able to respond effectively to meet those needs.

In addition to the management team, the clinical staffing resources provided during the day consisted of two staff nurses and six care staff, along with an allocated healthcare assistant to provide one-to-one support for a resident with additional needs. However, due to in-house training, there was no activity staff on duty to provide activities for residents. Night-time staffing consisted of two nurses and two care staff.

The staff turnover in this designated centre was generally low. A mandatory induction process was in place for all new staff. New staff members worked in a supernumerary capacity for three days to familiarise themselves with the centre and the needs of the residents. Garda vetting was in place for all staff prior to commencing employment within the home. The provider was recruiting for an activity coordinator at the time of the inspection.

Staff spoken with were knowledgeable in relation to the safeguarding of the residents and what to do in the case of an emergency, such as a fire.

The person in charge notified all incidents and accidents to the Chief Inspector of Social Services. All accidents and incidents in the centre were reviewed by management, learning identified and improvement plans put in place.

Records that must be maintained and available in the centre were in place, complete and were held securely.

Inspectors reviewed the training matrix for the designated centre and observed that a variety of training options were available to staff. However, some gaps were observed in attendance at training sessions on fire safety, manual handling, responsive behaviours, and restrictive practices. On the day of the inspection, training in the management of responsive behaviour and fire safety was being conducted in the centre.

The provider had a complaints procedure in place, which staff spoken with were knowledgeable about. The inspectors reviewed the complaints log and found that there were two open complaints on the day of the inspection. There was evidence

that closed complaints and concerns were managed and responded to in accordance with regulatory requirements.

Regulation 15: Staffing

There was an appropriate number and skill-mix of staff on the day of inspection. There were two registered nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

There were deficiencies in staff completing mandatory and relevant training related to their roles and responsibilities, in accordance with local policies and regulatory requirements. For example:

- four staff members were overdue for manual handling training.
- ten staff members had not undergone training in restrictive practices.

Judgment: Substantially compliant

Regulation 21: Records

Records were found to be stored in a safe and accessible format on the day of the inspection. All records as set out in Schedules 2, 3 and 4 were available to inspectors, and a sample of the staff files reviewed met the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The staffing resources on the day of the inspection were not effective. For example:

- There was no designated staff member on duty to provide activities for residents, as they were attending mandatory training, and this missing shift was not replaced by the provider. The management on duty informed

inspectors that they were actively recruiting for a permanent activity coordinator.

The inspectors found that the registered provider had management systems in place to monitor the quality of the service provided; however, some actions were required to ensure that these systems for oversight were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- Systems to ensure that residents' rights were respected and supported in the centre required review as discussed under Regulation 9: Residents' rights.
- Oversight of the training required strengthening to ensure that all staff are adequately trained according to their roles and responsibilities.

Judgment: Substantially 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. The inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. Residents and families said they could raise a complaint with any staff member and were confident in doing so if necessary. A review of the centre's records found that complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, residents' rights were supported and protected by kind and caring staff who ensured residents had a good quality of life in the centre. Residents' needs were met through comprehensive care planning, good access to healthcare services and some opportunities for social engagement. Residents told the inspectors they felt

safe and happy living in the centre. Staff were observed speaking with residents in a kind and respectful manner, and knowing their needs well.

Residents were encouraged at all levels to be involved in the running of the centre. Residents' views and feedback were valued, and their suggestions were used to improve the service provided for all residents. Residents told the inspectors that they chose when to get up in the morning and what time they went to bed at night. Some residents told the inspectors they liked to stay up late into the evening watching television in the sitting room, and this was facilitated. Although inspectors observed minimal activities taking place on the day of this inspection, management and residents provided feedback that this wasn't always the case. There was no activity coordinator on duty due to in-house mandatory training on the day of the inspection.

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission, and ensured that the resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted in a resident's condition.

Residents had timely access to their general practitioner (GP), allied health professionals, specialist medical and nursing services, including psychiatry of older age, community palliative care and tissue viability specialists as necessary. However, dietetic assessments were not carried out in person or in consultation with residents.

The premises were designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had ample space for their belongings. The centre was clean and odour-free, and there was good adherence to the prevention and control of infection.

A restraint-free environment was promoted in the centre. Alternative measures to bed rails, such as low-profile beds and sensor alarms, were trialled before applying bed rails. Records confirmed that there was a system in place to monitor the safety and response of the resident when bed rails were applied. Staff demonstrated their skills in responding to and preventing episodes of challenging behaviour with the use of appropriate reassurance, distraction and de-escalation techniques.

Furthermore, this centre had a low occurrence of peer-to-peer incidents, and any other allegations of abuse were thoroughly investigated and notified to the office of the Chief Inspector of Social Services, as well as to the Adult Safeguarding team in the HSE and/or An Garda Síochána, where appropriate. Residents were also provided with access to independent advocacy services if required.

Residents had access to advocacy services, which were on display in the centre, and residents were consulted about the service through resident surveys.

Regulation 5: Individual assessment and care plan

A variety of validated assessment tools were used to assess the residents' individual needs. These assessments informed the residents' care plans and were easy to understand. These had been completed within 48-hours of admission, and care plans were prepared based on these assessments. Care plans were updated within four months or more frequently where required.

Judgment: Compliant

Regulation 6: Health care

The residents' nursing care and health care needs were met to a good standard. There was evidence that residents were referred to other health and social care professionals as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restraint use in the centre was well-managed, and residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and were reviewed regularly to ensure appropriate usage in line with national guidance.

Staff were observed to interact and respond to residents with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) in a manner that was effective and patient. Residents with additional responsive behavioural needs also had appropriate care plans in place to guide staff and document episodes of occurrence.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse, including staff training and an up-to-date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

During the inspection, it was noted that there were limited social activities available for residents because the activity coordinator was absent. While some staff members attempted to engage residents in the communal rooms, most residents were observed sitting in these areas with the television on, with no other activities taking place, while the staff were supervising the residents.

Although the healthcare referrals, such as for dietitian review, were sent and responded to in a timely manner, the provider did not ensure that these assessments were completed in person with the residents to ensure their circumstances and preferences were heard, respected, and taken into account. As a result, residents did not have an opportunity to be involved in informed decisions about their health.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Brookvale Manor Private Nursing Home OSV-0000325

Inspection ID: MON-0047403

Date of inspection: 07/07/2025

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 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 31st August 2025, the remaining 14 staff will have up to date training including manual handling and training in restrictive practices.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A full-time activity therapist is in place since 31st July 2025</p> <p>From 8th July 2025, a health care assistant will be allocated to ensure the provision of meaningful activities for residents when the activity staff are not available- completed and ongoing.</p> <p>From the 1st August 2025, all resident referrals to and assessments by members of the MDT, will be completed in person. This will be monitored by the Person in Charge and reviewed monthly with the regional team to ensure that residents have an opportunity to be involved in informed decisions about their health.</p> <p>A review of the training requirements for all staff was completed and additional training arranged for staff, according to their roles and responsibilities. This additional training will be completed by 31st October 2025.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: By the 31st August 2025, a review of residents' assessments and care plans in respect of the provision of meaningful activities, will be completed. A programme of activities will be scheduled for both group and one to one activities based on residents' assessed needs and preferences and will delivery of this programme will involve all healthcare staff, as well as the activity team.</p> <p>From the 1st August 2025, all resident referrals to and assessments by members of the MDT, will be completed in person. This will be monitored by the Person in Charge and reviewed monthly with the regional team to ensure that residents have an opportunity to be involved in informed decisions about their health.</p>	

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	31/10/2025
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.	Substantially Compliant	Yellow	31/10/2025
Regulation 9(2)(b)	The registered provider shall	Substantially Compliant	Yellow	31/08/2025

	provide for residents opportunities to participate in activities in accordance with their interests and capacities.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/08/2025