



# 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:	11 December 2025
Centre ID:	OSV-0000325
Fieldwork ID:	MON-0046684

## 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 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 to the front of the building, an additional sitting/activity area centrally located, and a foyer at the front that some residents use to read or see their visitors. Other rooms include laundry facilities, sluice facilities, a kitchen, staff areas, and offices. There is a safe, secure outdoor garden for residents to use, accessible from several points in the building. It is well-cultivated, equipped with appropriate seating, and features a summer house where residents can sit in the shade.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	36
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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 11 December 2025	09:00hrs to 17:15hrs	Celine Neary	Lead

## What residents told us and what inspectors observed

The inspector observed that residents living in this centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. Feedback from residents was that this was a good place to live, and that they were well cared for by staff, who were kind and caring. Staff were observed to deliver care and support to residents, which was respectful and in line with their assessed needs. The atmosphere was calm and relaxed throughout the centre.

Residents told the inspector that they felt safe living in the centre and they could tell the inspector what they would do and who they would talk to if they had any concerns. The inspector spent time sitting and observing the day-to-day life experienced by residents in various communal areas throughout the day of the inspection. This allowed the inspector to observe the lived experience of residents in this centre and observe staff interactions with residents and the care and support provided for residents. The inspector spoke with many residents and visitors throughout the day, and overall, the feedback was positive. Call-bells were mostly responded to in a timely manner, with the exception of a few during the morning, and the inspector observed that staff were responsive to and worked hard to provide care and support.

This unannounced inspection took place over one day. There were 34 residents accommodated in the centre on the day of the inspection and two in hospital.

The centre was visibly clean throughout. During the morning, the inspector noticed that a door to the outside was left open by staff on several occasions. This posed a risk to the safety of residents, especially residents accommodated in the centre, who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) such as wandering and exit seeking. This was highlighted to the person in charge on the day of inspection, and this door was then secured.

The inspector observed that the centre had adequate supplies of food, equipment, clinical supplies and linen. The provider had replaced the flooring in several bedrooms and was in the process of completing this schedule of works, with a few rooms outstanding. These improvements included removing carpets from bedroom areas to facilitate effective cleaning and infection prevention and control.

Residents had been consulted about these improvements and were kept informed through regular resident meetings that were held throughout the year.

The inspector observed staff responding to an emergency alarm that was triggered by a resident trying to leave the centre. Overall, this was very well-managed, and staff responded appropriately in a coordinated and timely manner.

Residents were observed taking part in many activities throughout the day, and residents recalled to the inspector several outings and events that they had during the year. The activity coordinator had taken great time and detail to ensure these activities were person-centred and of interest to residents.

This centre has three twin-occupancy rooms. These rooms were vacant on the day of inspection as the flooring was being replaced. The layout of these twin rooms did meet the regulatory requirements; however, the wardrobes in these bedrooms were very small providing little room for personal storage for any resident who would live in these rooms.

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

Overall, this was a well-managed centre, where governance structures, staffing levels and policies and procedures were supporting the provision of care for residents. However, two issues which required increased oversight were the care of residents in the centre living with dementia and expressing responsive behaviours and the food service and resident's nutrition.

This was an unannounced inspection conducted over the course of one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. At the time of this inspection, the registered provider had submitted an application to renew the registration of the centre. In support of this application, a statement of purpose (SOP) was also submitted, which described the services and facilities offered by the provider to meet the requirements of Schedule 1 of the Regulations. This inspection would also inform the decision-making process.

The registered provider of Brookvale Manor Nursing Home is The Brindley Manor Federation of Nursing Homes Limited. This centre is part of the Emeis Group of nursing homes. This centre had a clearly defined organisational structure in place, with definite lines of authority and accountability. A person participating in the senior governance and management of the centre on behalf of the provider was in the centre regularly. The management personnel representing the provider had also attended the centre several times since the RTE investigation programme in June 2025.

Since the previous inspection in July 2025, a new person in charge had been recruited and commenced in their role in November 2025. This person had the required experience and qualifications to meet the requirements of the regulation

pertinent to the person in charge. It was evident to the inspector that they were working to ensure oversight of the quality and safety of care provided to residents.

The person in charge was supported by clinical nurse managers, nurses, healthcare assistants and a team of auxiliary staff, who had, for the most part, worked in the centre for several years.

The registered provider had sufficient staffing levels and an appropriate skill-mix of staff to meet the assessed needs of the residents.

This inspection found that improvements had been made to the training provided for staff, with the majority of staff having completed all their mandatory training. Additional training to support staff in their roles and responsibilities was also provided.

Arrangements were in place for the management of complaints, and the centre's complaints policy was displayed in a number of prominent locations within the centre.

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#### Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre prior to the inspection visit. This application included all the required prescribed information to comply with Schedule 1 and Schedule 2 of the registration regulations.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge had been in post in the centre since November 2025 and had the necessary qualifications and experience as set out in the regulations. They demonstrated good knowledge of their regulatory responsibilities, and of the needs of the residents in the centre.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill-mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

#### Regulation 16: Training and staff development

There was inadequate supervision of staff in regard to their skills and management of residents with responsive behaviours. This was evident to the inspector on the day, as staff did not respond appropriately to a resident displaying wandering and exit-seeking behaviours.

The supervision of support and assistance provided by staff for residents dining in their bedrooms required improvement. The inspector observed that some residents were not provided with assistance to eat their meals in a timely manner, and as a result, their meals were uneaten, cold and returned to the kitchen.

Judgment: Substantially compliant

### Regulation 23: Governance and management

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

- Greater oversight and a more robust management system was required to ensure the safety of all residents living in this centre. An external door from the premises was not securely closed or locked on a number of occasions by staff who had previously used it, and this posed a risk to the safety of residents.
- The management of residents with complex responsive behaviours required review to ensure that these residents were provided with the appropriate care and support to maintain their safety and the safety of others.
- The management systems and oversight of staff did not ensure that all residents, including those who chose to eat in their bedrooms, received timely assistance at meal times.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts for the provision of services and found all contracts reviewed were in an accessible format, and stated clearly the terms and conditions upon which the agreement was made, including the type of room offered to the resident. The contracts reviewed were signed and dated, and set out the costs of the placement. Additional costs were clearly outlined.

Judgment: Compliant

## Regulation 34: Complaints procedure

The registered provider had provided an accessible and effective procedure for dealing with complaints, which included a review process. The complaints policy was displayed in a prominent position in the centre, and there were details identifying the nominated complaints officer and review officer. There had been a total of five written complaints for 2025. The complaints reviewed demonstrated, that complaints were managed in line with the required time lines, and complainants were issued with written responses to their complaints.

Judgment: Compliant

## Quality and safety

Overall, the inspector found the care and services provided to the residents in Brookvale Manor Private Nursing Home were of a good standard. Residents spoke positively about the care and support they received from staff and told the inspector that they were content and felt safe in their home. Residents living in the centre were seen to have a good quality of life, which was encouraged by staff who were kind and supportive. There was evidence of good consultation with residents, and their needs were being met through good access to health care services and good opportunities for social engagement. Some action was required with regard to the premises, food and nutrition and the management of challenging behaviours.

Care plans contained sufficient detail to guide staff in the provision of person-centred care to residents. Care plans were developed using validated assessment tools, and it was evident that they were updated when residents' conditions changed.

The provider had completed many refurbishment works, which had included replacing carpet flooring in several bedrooms for a hard-wearing linoleum. Bedroom doors required some repairs as several were visibly marked with scraps and indents. Twin-occupancy bedrooms were well-laid out to accommodate two residents comfortably and maintain their privacy and dignity while sharing.

The provider had good systems in place to safeguard residents from abuse. Staff were knowledgeable and aware of their regulatory responsibilities in identifying, reporting and investigating any allegations of abuse.

The management of residents with responsive behaviours required review and further action to ensure residents were adequately supported in their living environment. Greater supervision of staff responses to residents displaying signs of

responsive behaviours were also required, to ensure these residents were supported and not left unattended to.

The dining experience in the communal area for residents appeared to be enjoyable; however, some improvements were required for the oversight and management of the support provided for residents receiving meals in their bedrooms. This is discussed under Regulation 18: Food and nutrition.

The inspector saw that residents had access to independent advocacy services and were encouraged to maintain close links with the community, families and friends. Residents' views on the running of the centre were regularly sought at regularly held residents' meetings. Overall, the inspector saw that residents' rights and choices were respected; such as when to get up and when to go to bed.

## Regulation 12: Personal possessions

Residents had access to and retained control over their personal property, possessions and finances. Where residents needed support or supervision to ensure they could access their possessions and finances safely, the provider put suitable arrangements in place.

Residents had a lockable storage space in their bedroom if they wished to use it. Each resident had a wardrobe with in-built shelving and some hanging space as well as a locker and a chest of drawers.

Residents' personal laundry was appropriately laundered and returned to them in a timely manner.

Wardrobes provided in twin rooms were very small and would afford any resident living in these rooms limited personal storage space. As these rooms were unoccupied during the inspection this finding was not associated with a finding of non-compliance.

Judgment: Compliant

## Regulation 17: Premises

It is acknowledged that many improvements had been completed by the provider but a number of bedroom doors were badly scuffed from contact with large items of assistive equipment and needed repair and redecorating.

This damage also required review to ensure that the integrity of these fire doors was not impaired.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Notwithstanding the overall quality and variety of nutritious food provided, and the enjoyable dining experience observed in the dining room, some action was required to ensure that residents who were served their meals in their bedrooms received appropriate support and assistance to eat. The inspector observed meals collected from two residents, who had not been provided with assistance, and as a result, had not eaten their meals. Furthermore, these meals had gone cold. This was brought to the attention of staff and management on the day. Consequently, further assurances were required to ensure that all residents consuming meals in their bedrooms received the assistance they required to eat their food while it was still hot..

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment of their needs when they were admitted, and these were updated regularly. The assessments were used to prepare a care plan with the resident, and where appropriate, their representative. Care plans were regularly reviewed with the resident and/or their representative, and as such, the care plans reviewed on inspection reflected the current needs of the residents.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The inspector observed that three residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were not consistently provided with care and support. A resident was observed wandering unsupervised into a resident's unoccupied bedroom and along the corridors, during the day despite being on 15-minute safety checks. Staff also failed to recognise the risk that this resident might exit building through a door that was frequently left open.

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Judgment: Substantially compliant

### Regulation 8: Protection

Residents reported that they felt safe in the centre and could talk to a member of staff if they had any concerns.

Staff demonstrated up-to-date knowledge and skills regarding the protection and safeguarding of the residents.

Records of nine reported incidents for 2025, showed that residents were protected from abuse and that any concerns were fully investigated, referred appropriately and followed up accordingly.

The provider ensured that staff were provided with training in safeguarding vulnerable adults, and staff who spoke with the inspector demonstrated an awareness of how to raise safeguarding concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

Staff demonstrated an understanding of residents' rights and supported residents' to exercise their rights and choices, and the ethos of care was person-centred. Residents' choice was facilitated in the centre.

Residents had facilities for recreation and opportunities to participate in activities in accordance with their interests and capacities, and they told the inspector that they enjoyed the activities on offer. Residents were also provided with access to independent advocacy services, when required.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Brookvale Manor Private Nursing Home OSV-0000325

Inspection ID: MON-0046684

Date of inspection: 11/12/2025

## 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 31 March 2026, all staff will have completed additional training in the management of responsive behaviors, including the management of wandering and exit seeking behaviors.</p> <p>From 15 January 2026, staff supervision has been strengthened through the introduction of an ADON, who has direct responsibility for supervising and supporting staff in the delivery of care, including the management of responsive behaviors.</p> <p>A review of mealtime procedures will be completed by the 28th February 2026 in relation to residents dining in their bedrooms. This review includes staffing allocation, workflow, communication processes, and the identification of residents who require assistance or supervision during meals.</p> <p>From 20 February 2026, the CNM on duty will ensure that all residents receive appropriate and adequate support during mealtimes.</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>As of 15 January 2026, an Assistant Director of Nursing (ADON) has been appointed with direct responsibility for daily supervision of staff and oversight of safety practices.</p> <p>A review of all external doors and access points has been completed to ensure security is appropriate.</p>	

From 20 February 2026, the CNM or senior nurse on duty will complete scheduled safety checks at set intervals to ensure all external doors are securely closed and locked. Staff have been reminded of their responsibility to ensure doors are secured after use, and this requirement has been incorporated into induction and refresher training- complete and ongoing.

Compliance will be monitored through weekly audits, with findings reviewed at management meetings.

A comprehensive review of all residents presenting with responsive behaviours has been completed.

Behavioural support plans have been updated to reflect current needs, triggers, and evidence based interventions- complete

By 31 March 2026, all staff will have received enhanced training in the management of responsive behaviours, including wandering and exit seeking. The ADON will provide ongoing supervision and coaching to staff to ensure consistent implementation of support plans.

Monthly multidisciplinary reviews will be conducted to evaluate the effectiveness of interventions and adjust plans as required- complete and ongoing

A review of mealtime support practices for residents dining in their rooms has been completed.

From 20 February 2026, the CNM on duty will ensure that all residents receive timely and adequate assistance during meals, regardless of location.

A revised mealtime support roster has been implemented to ensure appropriate allocation of staff during peak periods- complete

From 20 February 2026, spot checks and mealtime audits will be carried out weekly to monitor compliance and identify any areas requiring improvement

From the 1st March 2026, all findings will be discussed at staff meetings, and corrective actions will be implemented promptly where required.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

An inspection of all bedroom fire doors will be completed by the 28th February 2026 by the maintenance team. Any door where damage had the potential to affect fire resistance performance has been prioritised for repair or replacement.

All scuffed or damaged doors have been scheduled for repair and repainting and works will be completed by 15 March 2026, with progress monitored weekly by the CNM and maintenance supervisor.

By the 31st March 2026, protective measures (e.g., door guards, bumper strips) will be installed to prevent recurrence of damage from assistive equipment.

Staff have been reminded of safe handling practices when moving large assistive equipment to minimise impact on doors and walls during all safety pause meetings- complete.

The DON will monitor compliance through routine walk arounds and supervision.

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Regulation 18: Food and nutrition	Not Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

All staff were reminded of their responsibility to ensure that residents who require assistance with eating receive timely support, regardless of dining location- complete

A review of mealtime procedures will be completed by the 28th February 2026 in relation to residents dining in their bedrooms. This review included staffing allocation, workflow, communication processes, and the identification of residents who require assistance or supervision during meals.

Updated guidance has been issued to all staff outlining the required steps to ensure meals are served hot and assistance is provided promptly- complete.

From 20 February 2026, the CNM on duty will be responsible for ensuring that all residents dining in their rooms receive appropriate and timely assistance.

The ADON will conduct regular walk arounds during mealtimes to monitor practice and provide real time supervision and support.

All staff will receive refresher training on safe and person centred mealtime assistance by 31 March 2026. This training will include recognising residents' individual needs, maintaining dignity, and ensuring food is served and consumed at the appropriate temperature.

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Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

A review of the behavioral support plans for all three residents has been completed by the multidisciplinary team. Plans have been updated to include clear triggers, early warning signs, and specific interventions to prevent wandering and reduce distress. Completed 31 December 2025

These updated plans have been communicated to all staff and are now included in handover and daily safety briefings.

From 15 January 2026, the newly appointed ADON has assumed responsibility for direct supervision of staff in the management of responsive behaviors.

From the 20th February 2026, safety checks for residents at risk of wandering have been

revised. Staff must now document meaningful engagement or observation rather than simply recording time based checks.

By 31 March 2026, all staff will complete enhanced training in the management of responsive behaviours, including wandering, exit seeking, and environmental triggers. This Training will include practical strategies for de escalation, meaningful engagement, and safe redirection.

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## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/03/2026
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	31/03/2026
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Not Compliant	Orange	31/03/2026
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is	Not Compliant	Orange	31/03/2026

	provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.			
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Not Compliant	Orange	31/03/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/03/2026
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that	Substantially Compliant	Yellow	31/03/2026

	behaviour, in so far as possible, in a manner that is not restrictive.			
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