



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

Issued by the Chief Inspector

Name of designated centre:	Drumderrig House
Name of provider:	Drumderrig House Nursing Home Limited
Address of centre:	Abbeytown, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	01 October 2025
Centre ID:	OSV-0004457
Fieldwork ID:	MON-0039262

About the designated centre

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

Drumderrig House Nursing Home is a purpose-built facility that provides care for 96 male and female residents who require long-term care or who require care for short periods due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high or maximum dependency. The centre is located approximately two kilometres outside the town of Boyle, Co. Roscommon and is a short drive from Lough Key Forest Park. The centre provides an accessible and suitable environment for residents. Bedroom accommodation consists of 66 single and 15 double rooms, all of which have en-suite facilities. There are additional toilets, including wheelchair accessible toilets, located at intervals around the centre and close to communal rooms. There are four sitting areas where residents can spend time during the day. There are dining rooms in two locations and an oratory, visitors' rooms and the conservatory area provide additional spaces for residents' use. In the statement of purpose, the provider describes the service as aiming to enhance the quality of life of residents by providing good standards of health and social care within a peaceful and tranquil setting. The staff seek to develop, maintain and maximise the full potential of each resident.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	96
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 1 October 2025	07:00hrs to 15:20hrs	Michael Dunne	Lead
Wednesday 1 October 2025	07:00hrs to 15:20hrs	Catherine Rose Connolly Gargan	Support

What residents told us and what inspectors observed

This inspection found that residents enjoyed a good quality of life in which their care needs were met, and their preferences and autonomy were respected and promoted. Care was provided in an open and positive manner by a staff team dedicated to their roles. This helped to ensure that care was person-centred, and residents were supported to maintain their self-care abilities, and to make decisions about how they wished to spend their day.

This inspection was completed over one day by two inspectors of social services who arrived at the centre at 7 am. On arrival, the inspectors spent some time walking around the centre where they met and spoke with several residents and staff as they began their normal routines. The inspectors observed that there was a relaxed, and calm atmosphere in the centre, with most of the residents still sleeping. They spoke with four residents who were up, dressed, and waiting for tea and coffee. These four residents told the inspectors that they wished to get up early, and that this was a routine they had followed all their lives. Other residents joined them in either the sitting or dining room for their breakfast, while others preferred to sleep on. Many residents were observed to attend the dining room for their breakfast, while others preferred to receive their breakfast in their bedrooms.

The majority of residents who spoke with the inspectors expressed their satisfaction with the quality of their lives in the centre and the standards of care, and service they received. Two residents who spent a lot of time in their bedrooms told the inspectors that the 'days are long' and 'there's nothing interesting happening', while several other residents said 'there were plenty of activities to keep them occupied'. The inspectors observed that staff interactions with residents were consistently kind, caring and respectful. Residents told the inspectors that staff were always kind and attentive to their needs for assistance, and commented that 'staff were always willing to help', 'nothing was ever a problem for the staff' and 'you would travel a long way to find staff as good as the staff here'.

Residents were observed to be well-dressed, and were neat and tidy in their appearance. Some residents told the inspectors that they liked to choose the clothes and accessories they wore each day. The inspectors observed that a laundry facility was available in the centre, and residents said that they were satisfied with this service. Staff who spoke with the inspectors were knowledgeable of residents' assessed needs, and were able to discuss residents' preferred routines. It was evident from residents' feedback to the inspectors that residents trusted the staff, and they had developed good relationships with each of them, and felt safe in their company.

Several visitors were observed attending the centre on the day of this inspection. Visitors who spoke with the inspectors expressed their satisfaction regarding the good standards of service their relatives received in the centre.

The general environment, including residents' bedrooms, communal areas, toilets, and shower/bathrooms facilities were observed to be well-maintained, and were visibly clean. All residents' communal and bedroom accommodation was provided on the ground floor level. There was a good variety of communal rooms for residents' use. All the communal rooms were found to be well-attended by residents on the day. The circulating corridors were bright, and spacious, which supported residents' ease of access. Residents' safety, and independence were promoted with handrails fitted along all the corridors in a contrasting colour to the surrounding walls. The centre premises covered a large area, and comfortable seating was available in alcove areas along the corridors for the residents' comfort. Residents were observed to rest alone, or to spend time sitting with their visitors in these sitting areas.

The inspectors noted there was a lively, and jovial atmosphere in the centre, especially in the communal sitting rooms, generated by the varied social activities that had commenced after breakfast, and continued through the day. The large sitting room area was sub-divided into four separate areas to facilitate the different social activities taking place for residents in each area. Staff co-ordinated, and facilitated these social activities, with residents encouraged, and supported to participate in them. The activities were tailored to meet all levels of ability, and the variety available gave residents choices regarding the social activities that interested them most. An alternative comfortable sitting room was available for residents who preferred to be in a quiet area. The inspectors observed that a small number of the residents chose to remain in their bedrooms. Although the inspectors observed that staff called into their rooms regularly, these residents were not engaging in any meaningful activities, and two of these residents expressed their dissatisfaction with the quality of their lives in the centre.

Residents liked to participate in a daily Mass broadcast from a local church on the large television screens each morning in the sitting room. A group of the residents had formed a resident choir, and sang at a Mass in the centre every two weeks. A small number of residents were supported to attend day care services, and to access local amenities in the community in line with enhanced care plan arrangements. A review of records made available to the inspectors confirmed, that residents had been supported to attend Strandhill beach, Knock Shrine, and Lough Key forrest park as part of their outings schedule. In instances where residents declined to go on these trips, and wished to attend activities, and entertainments in the centre, this was respected by the staff team.

The inspectors observed the residents' lunchtime meal service, and spoke with residents eating in the dining room, who said they were satisfied with their meals, and that the food always tasted 'lovely'. Although there were meal choices on the menu which consisted of a chicken, fish or bacon options one resident chose to have an alternative meal option, and this was provided by the catering team. There were adequate numbers of staff available to assist residents in the dining room. Many of the residents were observed chatting and laughing together as they ate their meals. There was good knowledge among the catering team of residents' food preferences, and dietary requirements such as special or modified diets.

Residents told the inspectors that they felt safe and secure in the centre. Residents confirmed that they were aware they could complain if they were dissatisfied with any aspect of the service. However, the inspectors observed that the complaints procedure displayed in the reception area was not easily accessible for residents.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This inspection found that the centre was well-managed by an experienced team who promoted an open and inclusive culture in which residents received person-centred care in line with their assessed needs and individual preferences. However, some systems to monitor the quality and safety of the service provided were not effectively implemented to identify the deficits found on this inspection. These issues are discussed in more detail under the relevant regulations, and under the themes of Capacity and Capability and Quality and Safety.

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). Inspectors also reviewed the compliance plan submitted by the provider in response to the last inspection of the centre held in September 2024.

The registered provider for this centre is Drumderrig House Nursing Home Limited. There was a clearly defined management structure in place that identified individual roles and responsibilities. The management team consisted of a general manager who was rostered as a health care assistant on the day of the inspection, a person in charge, an assistant director of nursing, and a team of clinical nurse managers. The remainder of the team consists of staff nurses, health care assistants, catering, household, laundry, activity coordinators, maintenance and administration staff.

An application to renew the registration of the designated centre was received by the Office of the Chief Inspector of Social services and was being processed in line with procedures.

There was a range of quality assurance processes in place, which were mostly implemented to ensure care and services were delivered to the expected standards. Audit reports were communicated to the relevant staff, and improvement actions where known had clear time frames for completion. Some improvements were required to ensure that audits identified all areas that required action. Some audits had not identified some practice failings identified on this inspection, and as a consequence, action plans had not been developed to address these issues. The

oversight arrangements in place for the timely updating of the directory of residents were not effective, as discussed under Regulation 19: Directory of Residents.

The provider had completed a report on the quality and safety of care for 2024; however, the version made available for inspectors to review was limited, and did not include an improvement plan for 2025.

The inspectors reviewed a sample of residents' contracts for the provision of services, and found that contracts were signed, and accurately described the service provided. However, while there was reference to additional fees charged for services not funded by the fair deal scheme in the contract, the costs incurred to residents per hour where staff accompanied them on appointments were not clear. The provider did not levy an additional social charge for the provision of activities. The statement of purpose required some amendments to accurately describe the whole-time equivalents (WTE) for staff working in the centre.

A review of the staff training programme had been completed since the last inspection to ensure all staff had the appropriate skills and knowledge to meet the needs of residents. Additional training programmes in the provision of person-centred care were facilitated for key staff with arrangements in place for the sharing of learning with other members of the team.

There was evidence of regular meetings with heads of department within the centre. Records of these meetings were maintained, and detailed the attendees, the agenda items discussed, and the actions that were agreed. The inspectors also reviewed evidence of senior management team meetings. Agenda items included staffing, training and development, and clinical key performance indicators. It was evident that key issues impacting on the quality and safety of care, and services for residents were discussed in these meetings.

The inspectors reviewed a sample of staff personnel files, and found that they contained all the information as required by Schedule 2 of the regulations. There was evidence that all staff had been appropriately vetted prior to commencing their respective role in the centre. The provider did not act as a pension agent for any residents. The provider assisted residents to maintain financial independence through liaising with the local banking institutions to visit the centre, and assist residents in setting up their paying contribution to the designated centre.

There was a complaints policy in place that was updated in line with the regulations; however, the procedure advertised in the centre was not in line with this policy. In addition, the complaints procedure was placed above the eye level of those using assistive mobility equipment, such as wheelchairs, and had the potential that those residents or visitors may not be able to access the required information to lodge a complaint.

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. In addition to the application to renew the registration, the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty on the day of the inspection to meet the needs of the residents. Rosters showed that there were always two nurses on duty in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to regular training and refresher training to ensure their mandatory training was up to date. All staff were up to date with their fire safety, moving, and handling and safeguarding training. Records showed that staff had access to infection prevention and control updates, and training included the standards for the prevention and control of health care-associated infections published by the Authority.

Judgment: Compliant

Regulation 19: Directory of residents

A review of the directory of residents found that the information specified in Schedule 3 was not entered into the directory for all residents as follows;

- The sex of the resident admitted to the designated centre.
- The name and address of any authority, organisation or other body, which arranged the resident's admission to the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

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 were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- The annual plan completed for 2024 did not contain sufficient information to inform the quality of the service provided.
- The management of records did not identify that the directory of residents was incomplete.
- Audits completed had not identified the deficits found on this inspection in a small number of the residents' care plan information, or that sufficient records were not being maintained regarding residents' responsive behaviours, their social activities programme and their responsive behaviours.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts for care. The contracts were signed, and identified each resident's room occupancy. While there was a reference to additional fee costs, this information did not include the cost of fees for staff attending off-site appointments with residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose revised on 25 June 2025, which was available for inspectors to review; however, this document required updating to reflect an accurate description of the whole time equivalents (WTE) of staff available in the designated centre, and their individual roles. For example:

- The whole time equivalents (this is the number of staff who would be employed if all staff were employed on a full-time basis per week) for staff were not accurate. For example, one member of staff was identified as working 1.55 of WTE.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

While there was a complaints policy available that was reflected in the management of the complaints reviewed by the inspectors, the summary of the complaints procedure displayed in the reception area did not adequately describe the complaints process in the centre, and was not displayed in an easily accessible format for residents' information.

Judgment: Substantially compliant

Quality and safety

Overall, residents' rights were respected where they were mostly supported, and encouraged to enjoy a good quality of life in the centre. Further actions were necessary to ensure residents who wished to remain in their bedrooms were supported with opportunities to participate in meaningful social activities in line with their preferences, and capacities. There were many opportunities available for the other residents who liked spending time in the sitting rooms to enjoy a fulfilling, and meaningful social life as they wished.

Although some improvements were needed to ensure residents' care documentation was completed to the required standards, residents were provided with good standards of nursing care, and were provided with timely access to healthcare from their general practitioners (GPs) community medical, and other specialist healthcare services to maintain their physical and mental health well being.

Additional communal toilets including wheelchair accessible toilets were located at intervals around the centre, and close to the communal rooms for the residents' convenience. The residents' lived environment was homely, and decorated in a style that was familiar to them. Residents' bedrooms met their assessed needs, and they were supported to personalise their bedrooms with personal items, and family photographs from their previous home.

Each resident's needs were comprehensively assessed, and their corresponding care plans reflected their individual preferences, and usual routines. The inspectors reviewed a sample of residents' care plans, and found that the documentation in a small number required further detail. Actions were also necessary to ensure that the care records in respect of each resident's social care provision, and those regarding responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), that they experienced were fully completed to the required standard.

The provider had adequate measures in place to ensure residents were safeguarded from risk of abuse. The inspectors observed that a small number of residents experienced responsive behaviours on the day of this inspection, and they were

appropriately responded to and supported by staff. However, adequate records were not maintained regarding these incidents, and therefore, this information was not available to reliably inform their care and treatment plans. Although the provider was committed to a minimal restraint environment, use of some restrictive equipment did not reflect the National Restraint policy, including assurances that residents' consent was sought regarding the equipment used.

Residents had access to an independent advocacy service, and information about this service was displayed in the centre. Residents' meetings were held on a monthly basis with key topics discussed around food, religious services, activities, external services, care support, and catering. Although there were improvements noted in the provision of planned activities for residents, records relating to resident participation in activities were inconsistent, which meant it was difficult to monitor what activities residents had participated in, and to ascertain if residents fully enjoyed the activities provided.

Regulation 17: Premises

The provider ensured that the centre premises were appropriate to the number and needs of the residents, were in accordance with Schedule 6 of the regulations, and in line with the centre's statement of purpose.

The layout of the residents' bedroom, and communal accommodation supported their rights, safety, positive risk-taking and quality of life. Residents were able to access safe outdoor areas as they wished.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutrition, and hydration assessed needs were met. Residents were provided with a variety of meal options at each mealtime, and they could have alternatives to the menu offered if they wished. The menu was displayed for the residents' information. Residents' special dietary requirements were known to catering staff, and their food was prepared in accordance with each resident's preferences, assessed needs, and the recommendations of the dietitian, and speech and language therapists, as appropriate. Fresh drinking water, flavoured drinks, snacks, and other refreshments were available throughout the day. Mealtimes were facilitated in the dining room, and for a small number of residents, in the sitting room in line with these residents' individual preferences. There was sufficient staff available at mealtimes to assist residents as needed.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that when residents were transferred to the hospital from the designated centre, relevant information was provided to the receiving hospital. Upon residents' return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging service or hospital.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While each resident's needs were comprehensively assessed, and the information in residents' care plans was mostly person-centred and sufficiently detailed to guide staff on the residents' care and preferences, a small number of the residents' care plans reviewed did not adequately guide staff on some residents' needs. For example:

- A care plan developed for one resident who experienced shoulder and leg pain did not reference the care staff needed to provide to support them with managing their leg pain.
- One resident's wound dressing procedures were not being completed as recommended by the tissue viability nurse specialist.
- Social activity care plans for residents who chose to remain in their rooms were not implemented in full.

Judgment: Substantially 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 including, psychiatry of older age, community palliative care, and tissue viability specialists as necessary. The provider had ensured that where there was any delay with residents accessing community health specialist services, arrangements were in place for residents to access alternative services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The registered provider did not fully ensure that residents with responsive behaviours were appropriately managed. On the day of this inspection, the inspectors identified two residents with responsive behaviours, and while staff responded to, and de-escalated these residents' behaviours, no records of these behaviours were maintained. This meant that information was not available to inform the frequency of episodes of behaviours, the effectiveness of management strategies, and treatment plans.

The inspectors found that the use of restrictive equipment, such as sensor alarm mats, and low-low beds was not being used in line with the National Restraint policy guidelines. For example;

- Evidence was not available that all residents' consent for the use of this restrictive equipment in their care was sought.
- Details of the less restrictive alternatives tried were not available in some cases.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had robust systems in place to ensure residents were protected from abuse. These included safeguarding training and updates for all staff working in the centre. In addition, any allegations or incidents of abuse were recorded, and investigated by the person in charge in accordance with their safeguarding policy.

Records showed that all staff were up to date with their safeguarding training. Staff who spoke with the inspector were able to give a good account of the types of abuse they needed to be alert for, and what to do if they witnessed such an incident or when a resident raised a concern to them. Staff said that they were able to talk with the nurses or the person in charge if they had any concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had not ensured that residents who did not join the social activities facilitated in the sitting rooms, and wished to spend much of their time in their bedrooms had equal access to meaningful opportunities to participate in social

activities in line with their preferences and capacities. Furthermore, the records maintained regarding the social activities residents participated in and their levels of engagement were limited. Therefore the provider could not be assured that the social activities programme provided met residents' needs.

While there were different social activities taking place in each of the three communal sitting areas, this was not reflected on the social activity programme information displayed to support residents with making independent choices regarding the social activities they wished to participate in each day.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Drumderrig House OSV-0004457

Inspection ID: MON-0039262

Date of inspection: 01/10/2025

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <ul style="list-style-type: none"> -The Person in Charge has completed a full review of the Directory of Residents against the requirements of Schedule 3 of the regulations. All missing information identified during the inspection, including residents’ sex and the name and address of the authority or organisation that arranged admission, has now been completed for all current residents. -A revised Directory of Residents template aligned with Schedule 3 has been implemented. The Person in Charge & Assistant Director of Nursing will ensure that all required Schedule 3 information is completed at the point of admission. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> -The Registered Provider/Person in Charge acknowledges that, although management systems were in place to monitor service quality, they were insufficiently effective in identifying all deficiencies identified during the inspection. Actions have been taken to strengthen these systems to ensure the care provided is safe, appropriate, and consistent. -The Annual Review of the Quality and Safety of Care for 2024 has been revised by the Person in Charge to ensure it provides a meaningful evaluation of the service. The review now includes a detailed analysis of audit findings, identification of risks and trends, and a clearly defined quality improvement plan with specific actions, named responsible persons, and time-bound completion dates. This ensures the annual review is used as an 	

effective governance tool to inform service improvement.

- To address the findings that audits did not identify in care planning, the recording of responsive behaviours, and the documentation of social activities, the audit programme has been reviewed by The Person in Charge and strengthened. Audits are now outcome-focused and assess the quality and implementation of care plans, the recording and management of responsive behaviours, and the provision and documentation of social activities. Audit tools have been updated to ensure that practice deficits are identified, actions are clearly documented, and improvements are monitored through re-audits.
- Oversight arrangements include regular audits of care plans and documentation by the Person in Charge & Assistant Director of Nursing, as well as reviews of responsive behaviour records. Any deficits identified are escalated through governance and management meetings to ensure timely corrective action and sustained improvement.
- As mentioned above, The Person in Charge has completed a full review of the Directory of Residents against the requirements of Schedule 3 of the regulations. All missing information identified during the inspection has now been completed for all current residents. A revised Directory of Residents template aligned with Schedule 3 has been implemented. The Person in Charge & Assistant Director of Nursing will ensure that all required Schedule 3 information is completed at the point of admission.
- The Registered Provider & The Person in Charge will continue to monitor governance systems to ensure effective oversight and sustained improvement in the quality and safety of care provided.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

- All residents' contracts have been reviewed and updated to clearly outline any additional fees, including charges for staff accompanying residents to off-site appointments.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- The Statement of Purpose has been revised to accurately reflect staffing Whole Time Equivalents (WTEs) and staff roles. All calculations have been reviewed to ensure accuracy and consistency.

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>-The complaints procedure displayed in the centre has been replaced with a revised, accessible version that accurately reflects the centre’s complaints policy.</p> <p>-The procedure is now:</p> <ul style="list-style-type: none"> • Displayed at eye level • Presented in clear, plain language • Available in accessible formats <p>-Residents and relatives have been informed of the complaints process during meetings, and staff have been briefed on how to support residents/relatives in making complaints, if required.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>-All care plans have been reviewed to ensure they fully reflect residents’ assessed needs, including pain management, wound care, social engagement, and residents who choose to remain in their rooms.</p> <p>-Specific actions include:</p> <ul style="list-style-type: none"> • Updating pain care plans to include clear guidance for staff • Ensuring wound care plans align with tissue viability recommendations • Strengthening social care plans with individualised interventions <p>-The social activities care plans were reviewed by the person in charge and were updated to ensure they clearly reflected the activities in place for those who wish to stay in their bedrooms.</p> <p>-All care plans will continue to be reviewed 4 monthly/as required.</p> <p>-Audits in place to ensure compliance.</p>	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> -The person in charge has reviewed the current policies and procedures in place for responsive behaviours & restrictive practices. -An ABC behaviour monitoring chart is now in place for all residents who require the same. -The Person in Charge has implemented a consent form for all restrictive equipment. This will be reviewed every 4 months or as required. -The Person In Charge has reviewed and updated the care plans where necessary, to reflect the less restrictive alternatives tried. -Care plans will be reviewed every 4months/as required. -Audits in place to ensure compliance. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> - Drumderrig Nursing Home have reviewed the social activities programme. A more in-depth online format of record-keeping for activities has now been implemented. - Drumderrig Nursing Home is currently updating the social activities information board to ensure a more in-depth activity programme is displayed. -Audits in place to ensure compliance. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	05/01/2026
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	05/01/2026
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in	Substantially Compliant	Yellow	05/01/2026

	consultation with residents and their families.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	06/01/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	02/10/2025
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.	Substantially Compliant	Yellow	02/10/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs	Substantially Compliant	Yellow	02/10/2025

	of each resident when these have been assessed in accordance with paragraph (2).			
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.	Substantially Compliant	Yellow	02/10/2025
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	02/10/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	02/10/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with	Substantially Compliant	Yellow	11/12/2025

	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	11/12/2025