Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Drumbear Lodge Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	Cootehill Road, Monaghan
Type of inspection:	Unannounced
Date of inspection:	16 October 2025
Centre ID:	OSV-0005312
Fieldwork ID:	MON-0046716

About the designated centre

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

Drumbear Lodge Nursing Home is a purpose-built, single-storey centre situated close to Monaghan town. The centre provides accommodation for a maximum of 90 male and female residents aged over 18 years of age. Residents are accommodated in single, twin and one multiple occupancy bedroom with four beds. The centre provides long-term, respite and convalescence care for older residents, and residents with acquired brain injury, dementia and palliative care needs. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff. The provider states that their objective is to provide a high standard of evidence-based care and ensure residents live in a comfortable, clean and safe environment to meet their needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	84

How we inspect

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 16 October 2025	08:10hrs to 18:00hrs	Geraldine Flannery	Lead
Thursday 16 October 2025	08:10hrs to 18:00hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

The inspectors met with many residents and visitors during the inspection to gain insight into their experience of Drumbear Lodge Nursing Home, and spoke more in-depth with 18 residents and 10 visitors. Overall, the feedback was mixed, some positive and some negative, a synopsis of which will be reflected below.

The inspectors found that the registered provider had made positive changes in response to previous inspections, specifically relating to fire precautions. For example, work to external escape routes was complete and suitable for use by persons using mobility aids.

The lived in environment was bright, clean and homely throughout. There was sufficient private and communal space for residents to relax in. Several enclosed gardens were easily accessible and suitable for residents to use. Residents' rooms were nicely decorated and were furnished with personal belongings.

The inspectors observed that staff were familiar with residents' needs and preferences and staff greeted residents by name. Residents appeared to be relaxed and enjoying being in the company of the staff. Staff were observed respecting and protecting the dignity of residents throughout this inspection. For example, staff knocked on residents' bedroom doors prior to room entry.

The kitchen was large enough to cater for the residents' needs, it was well-ventilated and the fixtures and fittings were clean and in good repair. It had a separate area for cleaning products and cleaning equipment, that included a janitorial unit. While premises, including ancillary facilities supported good infection prevention and control, staff practices in respect of management of equipment and appropriate use of personal protective equipment (PPE) required improvements, as further outlined under Regulation 27: Infection control.

The dining rooms were spacious and nicely decorated. Residents sat together in small groups at the dining tables and many were observed talking and laughing with staff. Assistance was provided when required by allocated staff, to ensure meals were consumed while hot. Many residents gave high praise to the kitchen staff saying they were 'fantastic', and told the inspectors that the food was always 'good quality' and that they had lots of choice at mealtimes. One resident commented how they enjoyed the fresh tomatoes, grown on-site in the garden.

Some residents attended the dining rooms for breakfast, while other residents said that they loved having breakfast in bed, as was their choice. However, inspectors observed that the breakfast routines were institutional in nature. All residents received their breakfast at a set time, despite some residents being up and dressed earlier than others. One resident informed the inspectors that they were up at 07:00 and were dressed and sitting in the corridor at 08:15. They told the inspectors that

they 'would love a cup of tea', however they said that breakfast was at 09:00, and therefore did not think it was an option.

Inspectors observed that visiting was facilitated throughout the day of inspection. Some visitors spoke positively about the great efforts that were made by staff to ensure the residents had everything they needed. One relative expressed their satisfaction with the quality of care provided to their relative and praised the communication between staff and families.

Notwithstanding the positive feedback, some relatives expressed concern relating to 'unsatisfactory care'. Two visitors recounted incidents where they had to insist that their relative be reviewed by a medical practitioner. They both described the negative effect this had on their care while waiting to be attended to.

One visitor spoke about unavailable staff especially at weekends and said staff were often 'not visible and difficult to find'. Another visitor spoke about the lack of management oversight out-of-hours and especially at the weekend. Inspectors highlighted these concerns to management on the day of inspection and confirmed that there were clinical nurse managers available during the day at weekends, however there was no documented evidence that random out-of-hours management checks took place.

Activities were available to residents and were carried out in the communal rooms. Activity staff were on site and were observed to be very interactive with the residents. The inspectors observed lively group activities including knitting and colouring. The inspection took place on the 'standard day' when the local newspaper 'Northern Standard' released its weekly edition. Activity staff were observed in various locations on both floors reading the newspaper to groups of residents. Residents told the inspectors how they looked forward to this day every week and appreciated that they were kept up-to-date on information about local matters.

However, some relatives felt that residents' social care needs were not met and spoke about the need for better interaction and meaningful engagement with the residents. For example, one visitor said that they would like more interaction with residents in the evening. They said that their relative slept in their chair after dinner which was served at 16:30 until bedtime and then found it difficult to sleep during the night.

Inspectors observed that there was limited engagement by staff in a meaningful manner with residents who chose to stay in the bedrooms throughout the day. Most engagement with these residents was task-related, such as the provision of personal care or assistance at meal time. Inspectors noted that there were long periods of time where some residents sat in their bedrooms, with minimal opportunities for engagement and activation.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This inspection took place over one day by two inspectors of social services. The findings from this inspection were that action was required in the areas of governance and management, healthcare, managing behaviours that are challenging, residents' rights, premises, infection prevention and control and medicines and pharmaceutical services, to support the provision of a safe and quality service to residents.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 - 2025 (as amended). The inspectors followed up on three pieces of unsolicited information from the public, received in relation to the care and welfare of residents living in the designated centre, including the management of pressure ulcer care, which was partially substantiated.

This inspection followed up on learnings from an incident and systems put in place to oversee controlled drugs in the designated centre. While inspectors were overall satisfied with improvements to the process, further action was required to ensure it was consistently implemented as critical safety checks in respect of medication management and governance were not always followed.

The registered provider is Newbrook Nursing Home Unlimited. There was a clearly defined management structure in place that identified clear lines of authority and accountability. The person in charge had responsibility for the day-to-day operations of the centre and was on leave on the day of inspection. The inspection was facilitated by the assistant director of nursing (ADON) and the clinical operations manager.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call-bells were answered without delay and residents informed the inspectors that they did not have to wait long for staff to come to them.

There were adequate numbers of housekeeping staff to meet the needs of the centre. The provider had a number of processes in place to ensure a high standard of environmental hygiene. These included cleaning instructions, checklists and colour-coded cloths to reduce the chance of cross-infection. Housekeeping trolleys were clean and well-maintained, with a lockable store for chemicals.

Overall, the documents reviewed met the legislative requirements including, directory of residents and insurance contract.

Regulation 15: Staffing

There was a sufficient number of staff and skill-mix to meet the needs of the residents on the day of inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place were not sufficiently robust to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. This was evidenced by the following:

- Improved oversight of medication governance practices was required. For example, class A controlled drugs were not always signed by two individual staff nurses twice daily, which was not in line with the centre's own policy. This was particularly important as it evidenced that the learning and mitigation's identified from significant incidents that occurred at the centre were not effectively implemented in practice, to promote safe practices.
- Quality audits, key performing indicators (KPIs) and management systems that reviewed the care and care planning documentation had failed to identify significant gaps in respect of staff practices which impacted the quality of care. Furthermore, staff supervision was not robust and required improvement to ensure the effective and safe delivery of care relating to

pressure ulcer management, and protect the residents from the risk of harm. Further detail is outlined under Regulation 6: Healthcare.

- National policies in respect of the use of restrictive practices was not adhered to as evidenced under Regulation 7: Managing behaviour that is challenging.
- The provider had not nominated a staff member, with the required training, to the role of infection prevention and control (IPC) link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. Oversight of staff practices in respect of infection prevention and control was not sufficient.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a complaints policy in place that was reflective of the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations, however not all policies were consistently implemented in practice. For example:

- Medication management policy

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found that the service aimed to deliver high quality care to the residents. However, gaps in staff supervision and insufficient systems of governance and management identified in the Capacity and Capability section and Regulation 23 adversely impacted the quality of service provided. Further action was required by the provider to ensure that the quality and safety of care being

delivered to residents was consistently and effectively managed, to ensure the best possible outcomes for residents.

The centre had five residents with pressure ulcers all of which had originated in the designated centre. A high standard of evidenced-based care in relation to these residents was not evident, as further detailed under Regulation 6: Healthcare.

Residents 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) had care plans in place which largely reflected trigger factors if identified, and de-escalation techniques for individual residents.

The use of restraints was monitored within the restraint register. Residents had individual risk assessments in place to reflect the restraint in use, however they did not include the required level of detail to enable staff to provide an optimum level of care to the resident.

Residents had access to a range of media including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided. However, the inspectors found that not all residents in the centre had adequate arrangements in place to support their recreational needs.

Overall, the premises was of suitable size to support the numbers and needs of residents living in the designated centre. Clinical hand wash basins that met the required specifications were available for staff to wash their hands and alcohol gel dispensers were located outside residents' rooms. However, inspectors we not assured that appropriate ventilation and heating were in place in all areas of the centre.

Ancillary facilities generally supported good infection prevention and control (IPC) practices. The on-site laundry was large enough to have a good system in place to prevent cross-contamination. The floor of the laundry needed repair in some areas, this had already been identified as a plan for improvement. Sluice rooms were clean and tidy and available in each unit however, further improvements were required as outlined under Regulation 27: Infection control.

Medicines controlled by Misuse of drugs legislation were stored securely and balances checked on the day of inspection were correct. Checks were in place to ensure the safety of medication administration. However, medication management systems required review to ensure that residents were consistently protected by safe medicine practices, including the requirement that medicines should be administered in accordance with the directions of the prescriber.

Regulation 17: Premises

The provider generally met the requirements of Regulation 17, however further action was required to be fully compliant as per Schedule 6 requirements. For example;

- Appropriate ventilation and heating were not in place in all areas of the designated centre. For example, the temperature in the clinical room on the ground floor was not appropriate, reaching over 25 degrees Celsius. This posed a risk that the efficacy of medicines stored in that room would be compromised. In addition, the temperature gauge in the clinical room on the first floor appeared to be broken and the temperature of the room was not recorded.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A sample of transfer letters viewed on the day of the inspection showed all relevant information about the resident was provided to the receiving hospital and there was effective communication between services during this time to minimise risk and to share information.

Judgment: Compliant

Regulation 27: Infection control

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

Equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by,

- Two trays used for taking blood were visibly dirty and were not on a cleaning checklist.
- Sharps boxes in use were left open with no signature on the box or date for traceability of origin.
- There were no water flushing records on the housekeeper's checklist or water temperature checks to give assurance that the risk of *Legionella* bacteria in the water system was being managed appropriately. The inspectors acknowledge that recent samples of water showed no evidence of bacteria in the water.
- In two of the sluice rooms there were clinical waste bags inside non-risk labelled bins.

On the day of the inspection some staff were wearing face masks as per their own choice. However, four staff were consistently wearing the face-mask under their nose. This incorrect use of personal protective equipment (PPE) does not give reassurance to residents and visitors that staff are trained in good IPC practices.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

All medicinal products were not administered in accordance with the directions of the prescriber of the resident concerned. For example, appropriate prescribing was not always in place for 'crushed medication' required for residents with impaired swallowing: some residents were given crushed medication but this was not indicated on their Kardex.

A resident was administered oxygen with no prescription or review by the general practitioner (GP) during an acute illness phase.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate and evidenced based care was not consistently provided to residents who had a pressure ulcer in the centre. This was evidenced by the following;

- A review of pressure-relieving equipment found that the residents' body weight on a number of mattresses had been entered incorrectly. As a result, the mattresses were unable to provide the appropriate level of support required to promote the healing of a pressure ulcer.
- Two residents with a pressure ulcer did not have the correct Waterlow score (a tool used by healthcare staff to find out how likely a person is to develop a pressure ulcer) documented.
- There was a delay of one month in obtaining a pressure relieving mattress for a resident assessed at high risk of developing an ulcer. Repositioning charts were not up-to-date for residents that had a pressure ulcer.

While antibiotic usage was recorded, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship audits or quality improvement initiatives. Staff had no knowledge of " Skip the Dip" a national programme to reduce unnecessary antibiotic prescribing.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The management of restrictive practices was not in line with national policy and evidence-based practice. For example, there was no documented evidence that:

- an informed consent was obtained from the resident or their representative prior to the application and use of restraint;
- outlined what alternatives were trialled prior to the restraint in use;
- the risks of using that restraint had been explained to the resident or their representative prior to use.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Based on the inspectors observations and feedback from relatives, action was required in relation to supporting each resident's rights to meaningful occupation and social engagement.

- Notwithstanding the various group activities attended by many residents on the day of inspection, there were limited activities on a one-to-one basis for the residents with higher dependency and communication needs. Many residents were observed in their bedrooms for long periods of time with no activities to occupy them. Staff interaction was observed to be predominantly task-oriented, centred around activities of daily living and lacked meaningful and stimulating engagement.

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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Drumbear Lodge Nursing Home OSV-0005312

Inspection ID: MON-0046716

Date of inspection: 16/10/2025

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 23: Governance and management	Not Compliant

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

The current governance and management systems have been reviewed and in particular the allocation of roles and responsibilities to enhance clinical oversight.
The DON will allocate the following areas of responsibilities among the current management team of ADON (1) and CNM (2) with regard to KPI's and any clinical risks such as:
• Medication Management
• Incidents /Accidents
• Pressure ulcers
• Falls
• Restrictve Practice
• Infection IPC

Quality Improvement Plan
• Clinical meeting: The DON will conduct and minute a daily meeting with the ADON and CNMs to review all high-risk clinical issues within the Nursing Home. The purpose of this meeting is to highlight new risks, potential risks and discuss the progress of those already identified. The A/DON and CNM will provide direction, support and supervision to the staff on the floor. Where they identify gaps in knowledge, they will support learning. They will feedback progress to the DON.
• Supervision: The DON will continue to allocate ADON/CNM on duty every weekend for ongoing support and clinical Supervision for staff.
• IPC: There are 2 IPC leads in the nursing home. This will be displayed in the nursing home. The ADON and additional nurses will undertake recognized IPC training in 2026. The IPC team will educate on current best practice at local level. Infection Control training will continue as mandatory for all staff.
• Restrictive Practice: The center has minimal use of restrictive practice. The CNM and nursing team will clearly document all restrictive practice and supporting evidence in the care plan in line with national and local, policy.
• Medication: The nurses attended online Medication training for 2025. In November

2025 additional medication training was delivered on site. This training also covered the Scope of Practice. At the training the tutor was given a log of real medication incidents /accidents /near miss /learning/good practice examples from for classroom discussion. This training will be provided again repeated in 2026.
• AUDITS: The compliance team will conduct onsite suite of audits throughout the year. The results of these audits will form a structured action plan for the DON and management team. The change to the audit approach will aim to reduce the risk of a reactive clinical risk approach and facilitate and promote a proactive culture with the nursing home.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

PLAN: The A/DON CNM will supervise medication management in the Nursing Home to ensure they follow the Medication Management Policy.

Regulation 17: Premises	Substantially Compliant

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

Both clinical rooms have a working thermometer, and the temperature is documented daily by nursing staff. Where temperature exceeds medication storage recommendations, this will be risk assessed. Additional ventilation will be provided for any risk identified.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

• The cleaning of the Sharp Trays will be conducted by the Nurses daily and checked by the CNM daily.
• Nurses will maintain Sharp boxes as per IPC policy and national guidelines. Nurses will be requested to attend Sharps Safety Course.
• The Water flushing records are on the housekeeping checks; the Water temperature and Flushing will be recorded.
• All bins will have appropriate waste bags in line with waste management Policy. Posters will be displayed at waste areas to remind staff.

• Staff will follow the IPC policy, and this will be audited as a spart of the audit schedule.
• Staff will attend Healthcare Risk Waste management

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

All Drug Kardex will be reviewed by DON/ADON to ensure prescribed medication is in line with the residents' needs in a safe manner.
Nurses will attend medication training both online and in classroom for 2026.
All medication administered to residents will be prescribed and signed for by the GP.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

A comprehensive review of all Pressure Ulcers has been completed in the Centre.
The DON will direct the care of all residents with actual or potential Pressure Ulcer's.
On a weekly basis the DON will report to the Clinical Operations Manager and the Provider the following elements in relation to Residents with a Pressure Ulcer in the Centre:

• TVN
• Equipment
• Weights
• Waterlow Assessments
• Allocation of Pressure Relieving mattress /Equipment
• Dietician
• Nutrition
• SALT
• Physio
• Recent Hospital stays
• Wound Dressings and Progress -Current Grade
• Care Plan
• Clinical action required/Quality Improvement plan

The Pressure relieving mattress are set at the correct weight for the residents and this is checked daily by the nurses.
TVN will provide Wound care/Pressure area care training this month.

The DON will conduct reviews with the Pharmacist and GP to review current antibiotic

usage. Staff have been educated and given further information in relation to Skip the Dip.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

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

All staff have attended Restrictive Practice training. All Restrictive practice will be documented in the care plan to reflect alternatives trialed, any risks and communication with:

- Residents
- Multidisciplinary Team
- Significant other

in line with the national Restraint Policy.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The DON will review the current Activities Programme.
Room visits will form part of the daily activities schedule.

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 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	20/12/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/12/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Substantially Compliant	Yellow	31/01/2026

	Authority are in place and are implemented by staff.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	20/12/2025
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	01/12/2025
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais	Not Compliant	Orange	31/01/2026

	from time to time, for a resident.			
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	20/12/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/01/2026