



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

Issued by the Chief Inspector

Name of designated centre:	Clearbrook Nursing Home
Name of provider:	Greenmast Limited
Address of centre:	Heathfield View, Cappagh Road, Finglas West, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	04 February 2026
Centre ID:	OSV-0005590
Fieldwork ID:	MON-0049339

About the designated centre

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

Clearbrook Nursing Home is a designated centre delivering care to male and female residents, located in a north Dublin city suburb. The premises comprises of a two-storey, purpose-built building with 90 single en-suite bedrooms. The centre consists of four separate units with central communal spaces including dining areas, sitting rooms and activity rooms. Full-time long and short-term care is provided for older people, people living with dementia, and people with physical and sensory disabilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	84
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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 4 February 2026	08:00hrs to 16:55hrs	Niamh Moore	Lead
Wednesday 4 February 2026	08:00hrs to 16:55hrs	Aoife Byrne	Support

What residents told us and what inspectors observed

This was an unannounced monitoring inspection which took place over one day by two inspectors. It included following up on information received in statutory notifications from the provider, information received in unsolicited concerns submitted to the Chief Inspector, and the compliance plan from the last inspection in April 2025. The overall feedback on the service from several residents who spoke with the inspectors was positive, particularly relating to the care they received from staff, with comments such as "staff are gorgeous", "staff are good fun", and "I would recommend it here". Visitors also told the inspectors that they were "very happy" and gave positive feedback on the communication they received and the open access to visiting including being able to bring in family pets to visit their loved ones. However, despite the positive feedback inspectors received, inspectors were not assured of the oversight measures within the centre, particularly in relation to the oversight of the care provided to residents.

On arrival at the centre, the inspectors were met by the person in charge, and completed an introductory meeting. Inspectors then completed a walk around of the premises. The designated centre is registered for 90 residents with 84 residents living in the centre on the day of the inspection. The premises is located across two floors, which were accessible by stairs and lifts. There was access to many communal areas such as two dining rooms, four day-rooms, a family room and a quiet room. Inspectors found that the set-up of some of these areas lacked décor to make it a warm and inviting space. For example, one day room had bare walls except a television wall-mounted. In addition, an assisted bathroom was locked, which restricted free-access to the only bath available for residents.

The centre was clean on the day of the inspection, however there was noticeable wear and tear to areas of paint work, there were mal-odours in areas such as sluice rooms and a bathroom, and some fire doors did not fully close. In addition, there were some poor storage practices observed. This included, a hoist stored in a resident's bedroom on the afternoon of the inspection, while the resident was attending the live music session on the ground floor.

Accommodation for residents consisted of single bedrooms with en-suite facilities. Bedrooms were clean, and inspectors saw that many residents had personalised their bedrooms spaces with their individual belongings.

Residents who spoke with the inspectors said that they felt safe and that they were content living in the centre. There were notice boards available which outlined the activities available, residents birthdays each month and some art work which had been completed by residents. Residents said they were happy with the range of activities provided by staff, with particular appreciation for the bingo sessions. Inspectors observed one-to-one activities to take place, smaller group activities such

as flower arranging, and a bigger event of live music to occur on the day of the inspection.

Inspectors observed the dining experience and saw that some residents were eating in their bedrooms, while some chose to eat in the dining room. During the lunch-time service, residents were given a choice of two options on the day of the inspection, fish pie and roast lamb. Meals were well presented, and there was a choice of drinks also available. There were adequate levels of staff to support residents, and those who required assistance with their meals, received support from staff in a respectful and dignified manner. Residents who spoke to the inspectors with were complimentary regarding the food provided.

Overall, inspectors observed numerous examples of kind and caring interactions between staff and residents. Inspectors observed manual handling practices across the two floors during this inspection. On one occasion, staff were observed using an inappropriate manual handling-technique for a resident. This did not promote residents' rights and was not in line with their assessed needs, which outlined they required assistance for transfer from wheelchair to chair.

There was one-to-one as well as group activities throughout the day. Residents were provided with nail care and played board games. There was live music later in the afternoon, which was attended by approximately 30 residents on the ground floor, and residents sang along to familiar songs.

The following sections of this report detail the findings in relation to the capacity and capability of the provider and describes how these arrangements support the quality and safety of the service provided to the residents.

Capacity and capability

This was an unannounced inspection with the aim of monitoring compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended) in the centre. Inspectors found that overall the regulatory compliance within the centre had declined since their previous inspection in April 2025. This was evidenced particularly in the areas of implementing policies, correct and accurate documentation, governance and management oversight, timebound action plans and the notification of incidents. Findings under the theme of Quality and Safety, are further discussed within this report.

As outlined previously, during this inspection, the inspectors reviewed the detail of unsolicited information received by the Chief Inspector. The information received pertained to concerns regarding the governance and management of the centre, and engagement with external stakeholders, the quality of care provided to

residents; including poor discharge planning and safeguarding. This information was found to be substantiated on this inspection.

While many records were provided to inspectors for this inspection, not all of the records required by the regulations and requested by the inspectors, were made available or were easily retrievable. Inspectors wrote to the registered provider following the inspection requesting the outstanding information to be submitted, this request was denied and the requested information was not submitted. Furthermore, some information provided by the provider was inaccurate and incorrect. Subsequently, the provider was invited to a cautionary meeting relating to the submission of required information. During this meeting, the registered provider committed to submitting the information requested. However, there remained issues with the information submitted and a warning meeting was then held due to the provider's breach of the Health Act 2007.

Clearbrook Nursing Home is operated by Greenmast Limited. There are two company directors. The management structure supporting the designated centre comprised of a General Manager, who was a person participating in the management of the service and provided support to the person in charge.

The person in charge was supported in their role by an assistant director of nursing, two clinical nurse managers, human resources, a support service manager, nursing staff, healthcare assistants, activity staff, housekeeping, catering, administrative and maintenance staff. Inspectors were told of some staff vacancies, which were being actively recruited for.

The registered provider had a schedule of written policies and procedures which were available to staff, however, inspectors saw examples of the provider's policies not being adhered to, which had not been identified by the oversight systems put in place by the management team to ensure the safety of all residents. Examples of which are set out in Regulation 8: Protection.

There were roles and responsibilities established within the management structure that identified the lines of authority and accountability. There were some oversight systems in place to monitor the service provided, which included meetings, key performance indicators and auditing. However, inspectors found that these systems did not always identify areas that required improvement, and in some cases despite improvements being identified they were not fully actioned. Inspectors viewed two recent reports which outlined a number of recommendations to be completed by the registered provider, however there was no evidence that a time-bound action plan had been developed by the provider based on these recommendations, and therefore there was no assurance that the provider was implementing all necessary actions in a timely manner. This is further discussed under Regulation 23: Governance and Management.

Notifiable incidents in the centre which included incidents of alleged abuse and staff misconduct had not been notified to the Chief Inspector in line with the requirements of the regulations. This is further discussed under Regulation 31: Notification of Incidents.

Registration Regulation 6: Changes to information supplied for registration purposes

While the registered provider had given notice in writing to the Chief Inspector of the intended change in the identity of the person in charge, they had not supplied full and satisfactory information, within 10 days of being appointed to the role, in relation to the matters specified in Schedule 2.

Judgment: Not compliant

Regulation 23: Governance and management

The management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored was ineffective. This was evidenced by the following:

- Review and analysis of incidents within the designated centre did not consistently inform quality improvement measures and positive outcomes for residents. For example, inspectors reviewed a sample of closed incident reports, while these had been reviewed and logged by management, they failed to identify that assessments had been completed incorrectly, and that policies had not been adhered to.
- Identified learnings from a serious incident review which required to be actioned had not been fully implemented. For example, an investigation in August 2025 identified that the unwitnessed falls procedure had not been followed. There was learning identified that there would be increased supervision by senior management and a commitment to complete further training on manual handling. Inspection findings evidenced that this had not occurred.
- The registered provider had not ensured that commitments provided to the Chief Inspector through a provider assurance report had been fully actioned.
- Management systems in place to ensure that the required notifications were submitted to the Chief Inspector within the specified timeframes outlined in the regulations, were insufficient, as further detailed under Regulation 31: Notification of incidents.
- While audits and reports were completed with actions and learning's identified, there was little evidence that the provider had completed or implemented the actions. For example:
 - not all items on the fire safety risk assessment dated June 2025 had been completed within the recommended time frames, despite the action plan to this report outlining that these actions were complete. For example, an area which was a corridor to the laundry room was also set-up as an office space. This was identified as a high risk action on the fire safety risk assessment, requiring action within 24 hours.

This risk had not been addressed and the office space remained in place during this inspection.

- following a report completed by an external consultant dated June 2025, the registered provider had not identified any learning from the findings of this report, nor was there a time-bound action plan developed or implemented.
- Oversight systems to ensure the implementation of the safeguarding/transfer discharge policy, had not identified that discharged residents did not have their money returned to them in a timely manner.
- The risk register was not reviewed regularly to reflect all known risks in place. For example, while the provider was aware of gaps in the adherence to follow local policies which impacted on the quality and safety of the care provided to residents, this was not recorded on the risk register to ensure that appropriate controls were identified and in place to mitigate recurrence.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of four contracts for provision of services between the resident and the registered provider, and saw that they clearly set out in writing with each resident the terms on which they shall reside in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not submitted all notifiable incidents within two working days of their occurrence as set out under Schedule 4 of the regulations. It is acknowledged, following communication with the provider that nine notifications were submitted late.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The registered provider had policies and procedures as specified in Schedule 5 of the regulations in place which were seen to have been reviewed within the last three years. However, the inspectors saw evidence that some of these policies were not implemented by staff within the designated centre. Specifically the policies on

transfers and discharges, safeguarding, and infection control. For example, following an outbreak of influenza, an outbreak review report had not been completed, which is a requirement outlined within the provider's preparedness plan. In addition, the provider's safeguarding policy had not fully been implemented as discussed under Regulation 8: Protection.

Judgment: Substantially compliant

Quality and safety

Residents had good opportunities to participate in activities in accordance with their interests and capacities. However, inspectors found that aspects of the quality and safety of care provided to residents was impacted by inadequate governance and management as described under the Capacity and Capability section of this report. The impact on care delivery was evidenced where the regulations were not fully upheld for residents' assessments and care plans, managing responsive behaviour, protection and safe discharge planning. Gaps in compliance with the premises and fire precautions were also found.

Care records were not consistent. While inspectors found that regulatory time frames for completing an assessment and developing a care plan for a resident following admission to the centre had been met, not all records reviewed sufficiently guided care to ensure that they were individualised and reflected residents health and social care needs. This is further outlined under Regulation 5: Individual assessment and care plan.

The inspectors reviewed a sample of behaviour care plans, and found that, the quality and accuracy of the information recorded did not consistently reflect the residents' assessed needs. Additional action was required to support residents with responsive behaviours and to ensure that the staff working in the centre were implementing their knowledge and experience to support residents' assessed needs. This was seen by inspectors when records and care plans were reviewed, and evidenced that incidents were not appropriately managed using the de-escalation techniques outlined in the resident's care plan.

A review of residents' care records found that there was regular communication with residents general practitioners (GP), regarding their health care needs. However, a number of residents were not provided with timely access to other health care professionals, despite the provider referring for input. This is further discussed under Regulation 6: Healthcare.

The provider is a pension agent for 19 residents. The system in place for the management of residents finances allowed residents to access their money seven days a week. Safeguarding incidents were referred to the safeguarding team and were generally investigated. Notwithstanding some of these good practices,

evidence was seen that on occasion, not all measures were taken to safeguard residents from abuse. This is further discussed under Regulation 8: Protection.

Internally, the floor plans for the centre required review to ensure that they accurately reflected the layout and function of each area. Further factors affecting the premises are discussed under Regulation 17: Premises.

Inspectors did not fully review all areas under Regulation 28: Fire Precautions on this inspection; however they found that repeat findings had been identified where action was required to ensure effective arrangements for containment and escape.

Regulation 11: Visits

Following up on the compliance plan from June 2023 inspection, it was evident that there were plenty of family rooms/quiet areas available for residents to receive visitors other than in their bedrooms.

Judgment: Compliant

Regulation 17: Premises

The premises seen on inspection did not align with the Statement of Purpose and the floor plans for which it was registered. For example, on the ground floor an area indicted on the floor plans was outlined as an office however it was a comms room, and a service area was seen to be an office. Furthermore, areas used by the designated centre such as the designated smoking area, and an external shed storing clinical supplies were not contained on the floor plans. On the first floor, an area indicted on the floor plans was outlined as a laundry room but it was a household room, and a clinical store located off the nurse station was not on the floor plans.

The premises did not conform to all matters set out in Schedule 6 of the regulations. For example:

- Recent service records were not available for the bed pan washer.
- There was a bad odour in an assisted bathroom and two sluice rooms.
- There was insufficient storage in one store room where excess equipment was stored and prevented access into the room.
- Some parts of the interior of the centre were not well-maintained, this included chipped paintwork and damage to fittings to include tiling and ceilings.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

The provider was unable to provide evidence that a resident had been discharged in a safe and planned manner. Records reviewed showed that the resident was transferred to an acute setting on a temporary basis, with the understanding that they were to return to the centre. However, the provider refused the re-admission of the resident on the basis that they were no longer able to meet the residents care needs.

Inspectors found that this decision was not discussed or planned with the resident in advance of their transfer to the acute setting for medical review. In addition, there was incomplete nursing transfer documentation sent with the resident. This process did not uphold the resident's rights and it did not ensure a safe and effective discharge for the resident.

Judgment: Not compliant

Regulation 27: Infection control

83 percent of staff had up-to-date training on infection prevention and control, with two upcoming dates scheduled to ensure all staff were up-to-date. There was sufficient resources for housekeeping on the day of the inspection, and the centre was clean.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors observed some areas where the registered provider did not take adequate precautions against the risk of fire. For example:

- There were no floor plans posted throughout the centre to give residents, staff and visitors details of evacuation routes or secondary evacuation points to places of safety. This could result in a delay to evacuation in the event of a fire.
- Some fire doors did not close fully on release of the door holder. For example, the door at the lounge on the Marino unit and doors at room 60 and 43.

In addition, while the registered provider had commissioned an external contractor to review fire safety measures in the centre dated June 2025, there were a number of safety risks that required immediate attention that had not been followed up. This is referenced under Regulation 23: Governance and Management.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Not all care plans, reviewed on the day of inspection, had been revised to reflect the current assessed health, personal or social care needs of the resident. As a result, not all care plans consistently provided staff with clear and reliable information to support them in meeting residents' assessed needs. For example:

- A safeguarding care plan was in place for a resident, however, due to a change in circumstances, it had not been required since July 2025.
- One resident's safeguarding care plan was generic and while they had an identified safeguarding need, this care plan did not clearly outline the safeguarding risk posed to the resident or the specific steps staff needed to take to protect the resident.
- A restraint care plan contained historical information in relation to physiotherapy input from 2024 and 2025 which differed.
- A mood behaviour care plan contained historical information in relation to an incident from 2023.
- Some care plans were generic and not-person centred to each individual resident. For example:
 - each resident had a safeguarding care plan developed, these were not based on an assessed need and did not provide specific measures to support the residents' individual needs. This posed a risk that staff were not aware when there were specific safeguarding concerns in place.
 - each resident had a visiting care plan. However, these were pre-populated, generic and contained the same information for a sample of residents reviewed.
 - a resident who did not have an assessed need, had a responsive behavior care plan in place.

Judgment: Not compliant

Regulation 6: Health care

Not all residents received timely medical and health care in line with their care plans developed under Regulation 5. For example:

- Two residents that were referred to Speech and Language Therapy had not been reviewed at the time of the inspection. One of these referrals had been made eight weeks prior to this inspection and there was no evidence seen where the person in charge had demonstrated that these referrals were followed up to ensure residents had access to recommended medical and allied health services.
- There was a lack of appropriate referrals completed to respond to a resident's changing needs. For example, as discussed earlier in this report, a resident had been discharged. The registered provider had told inspectors of the measures in place to support this resident to include a referral to psychiatry services, and at the time of discharge, they were still awaiting review. However, on this inspection there was no evidence of a referral available for review.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Inspectors saw evidence where residents who were predisposed to episodes of responsive behaviours had a behaviour care plan developed. However, the information within the behavioural plans was insufficient to ensure that the staff had up-to-date information and knowledge on how to respond and manage the behaviours. For example; those reviewed did not document the potential triggers or person-centered de-escalation techniques to guide staff.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors were told that at the time of the inspection there was no active safeguarding investigations. Inspectors reviewed a sample of closed safeguarding concerns and found that while they had been investigated, they were not following their own safeguarding policy. For example, the policy outlines that following the development of a safeguarding care plan, the situation must be reviewed within four weeks or if needs change. This did not occur on one occasion. For example, one financial safeguarding concern identified in September 2025, was not followed up or reviewed until January 2026.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was evidence the registered provider had implemented the actions committed to in the compliance plan from April 2025, in relation to activity provision and consulting residents consulted in the organisation of the centre.

However, a similar finding to the last inspection identified that other than on one unit, there was no information on independent advocacy services available for residents in the centre.

The only bath within the centre had the door locked. Therefore this bathroom was not freely accessible to residents due to a key pad lock and having to request access through a staff member.

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 6: Changes to information supplied for registration purposes	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Clearbrook Nursing Home OSV-0005590

Inspection ID: MON-0049339

Date of inspection: 04/02/2026

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
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes:</p> <ul style="list-style-type: none"> • An updated Garda Vetting Disclosure and a Personal Information Form have now been submitted in February 2026 to complete the necessary NF30A statutory notification form and the current PIC name is now reflected on the HIQA register online. 	
Regulation 23: Governance and management	Not 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 agenda for our clinical meeting has now been reviewed and revised to include the following additional standing items: <ul style="list-style-type: none"> o Review of open/ closed incidents o Actions plans and progress update reports (if any) for internal investigations and/or any third-party report completed o HIQA Compliance Reports/ Provider Assurance Reports Progress Update o Risk Register review o Discharge planning and follow up (including return of all items e.g. furniture, valuables in safe, etc.) o Allied Health Professionals (Referrals/ Follow-up) • Training on conducting investigations and incident analysis will be completed by relevant senior nurse managers by 31st May 2026 	

- Additional Manual Handling training was completed on 12th March 2026. CNMs are now monitoring all residents at high risk of falls to ensure that their supervision checks and items outlined in the residents' care plans are being implemented by staff.
- All items on the Provider Assurance Report are now complete.
- All outstanding statutory notifications have now been submitted - complete. Enhanced daily reporting of incidents will ensure that all required notifications will now be submitted on time.
- The large majority of the items on the the Fire Safety Risk Assessment action plan have been completed. The remainder are waiting completion by external contractors.
- An action plan for the external consultant report was developed immediately on receipt and implemented. Two remaining items which were outstanding at the time of the inspection are now complete.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- All outstanding notifications have now been submitted – complete.
- All relevant staff have received refresher training on notification requirements – completed on 6th April 2026.

Enhanced daily reporting (to include a centralised incident tracking log) and additional oversight of incidents at clinical meetings will ensure all further notifications are submitted on time – ongoing.

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

- The influenza outbreak report was completed by 9th April 2026.
- Staff have received refresher training on safeguarding procedures and responsibilities; transfer and discharge procedures and infection prevention and control procedures –

completed on 9th April 2026

- Additional monthly audits on safeguarding, infection prevention and control and transfers and discharges have been introduced effective from 8th April 2026
- A new rolling system of monthly policy-focused safety pauses will be introduced effective from 8th April 2026 to ensure all staff are implementing the policies in practice.

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Regulation 17: Premises

Not Compliant

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

- Floor plans and the Statement of Purpose have been updated to reflect current purpose of all rooms and now includes all external facilities in use by residents and/or staff – completed by 6th April 2026.
- A full repainting of the nursing home took place approximately six months prior to the date of the inspection. A small section of some skirting and doorframes was outstanding remedial work/ new damage occurring. These have now been repainted – complete.
- The bedpan washer has been serviced and is now on a rolling contract for ongoing servicing. Additional repair works were completed on 20th April 2026
- A contractor was engaged to investigate the source of the malodour(s) and some waste pipe connections have been repaired/ replaced. There are no longer any malodours in the centre – complete.
- The three single tiles in the administrators' office have been removed and the wall has been replastered and repainted – complete.
- A review of all ceilings was completed. One single tile (clinical storeroom) damaged from a recent water leak has now been replaced – complete.

A review of storerooms has been completed and additional/ replacement shelving has been installed on 3rd April 2026.

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Regulation 25: Temporary absence or discharge of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <ul style="list-style-type: none"> • The discharge policy for the nursing home will be reviewed and updated to ensure that all residents have access to comprehensive risk assessment, early identification of changing needs and access to multidisciplinary team input or other supports (as well as independent advocacy services where required) and that planning for discharge commences at the earliest possible stage based on residents’ assessed needs and preferences – completed and effective from 15th May 2026. • A new Discharge Planning Checklist will be introduced as part of this policy to ensure that all steps outlined in the policy (including alternative accommodation, MDT services required and the return of property/ personal items on the day of discharge) has been adhered to – effective from 15th May 2026. • Planned and recent discharges will be monitored on a weekly basis at the clinical meeting (effective from 9th April 2026) to ensure that: <ul style="list-style-type: none"> o residents requiring/ requesting discharge are identified, o residents have been provided with the opportunity to access independent advocacy services where required, o appropriate documentation is completed, o known discharges are progressing as planned o alternative suitable accommodation and/or required services are in place prior to discharge and o that all personal items have been returned on the day of discharge (wherever possible and in line with residents’ expressed wishes) • Residents who are in ongoing discussions with the nursing home regarding their continued residency and/ or those who may be issued with a Notice to Leave under the terms of their contract of care and have limited nominated representative input will now be referred to the local ‘Fair Deal’ Office and independent advocacy services as early as possible in the process to ensure that their discharge is better organised, planned and safe – effective from 9th April 2026. • Monthly audits of discharge planning and execution will be commenced to monitor overall adherence – effective from 31 May 2026. 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Fire evacuation plans identifying fire escape routes and the nearest available fire exits (which had been taken down for painting and redecoration works) have now been reinstalled throughout the centre – complete. • Fire door maintenance repair work has been completed by an external contractor. A full review of all door closers and magnetic locks was also completed and all remedial actions are now complete. • A sizeable majority of outstanding items on the Fire Safety Risk Assessment report are now completed to include removal of the office space in the laundry corridor. Any outstanding items are scheduled to be completed by external contractos. <p>]</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • Resident care plans identified on inspection have been reviewed and updated. Old information has been archived, the care plans have been updated to reflect current assessed needs, and person-centred information has been included – complete. • A full review of all resident assessments and care plans will be conducted to ensure that they reflect the residents’ current assessed needs and preferences, comply with all legislative requirements and include the option of input from the residents’ family (where desired) - complete by 31st July 2026 and ongoing as residents’ needs change or at a minimum of every 4 months. • Communication with all nursing staff regarding assessment and care plan standards and requirements has occurred via the Staff meeting held on 30th April 2026. • Monthly audits and random spot-checks will be completed to ensure that the company policy on assessment and care planning and relevant legislative requirements have been adhered to. Findings will be reviewed and analysed at clinical governance meetings – effective from 1st May 2026 <p>Education sessions will be provided to all nursing staff on care planning standards, person-centred care, and documentation requirements (to include guidance on linking assessment findings to care plan interventions) – to be completed by 31st July 2026</p> <p>]</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • The two residents identified on inspection have now been seen by the Speech and Language Therapist – complete on 8th April. <p>All residents requiring referral or follow up with an Allied Health Professional will now be monitored through the weekly clinical meeting to ensure that residents are reviewed in a timely manner – effective from 9th April. .</p> <p>]</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"> • Staff have been reminded of the need to complete an ABC and PINCHME assessment for all known behaviours to identify potential triggers and individualised de-escalation techniques and that this information must be reflected in the residents’ care plans – completed via staff meeting held on 30th April. • Monthly audits of incidents/ known behaviours will ensure that this is occurring in practice – effective from 8th April. <p>]</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • A full review of all current (and recently closed) safeguarding concerns has been completed to ensure that the residents’ care plan is up-to-date, person-centred and that reviews have been undertaken in line with company policy – completed on 8th April and actions addressed immediately. • All staff have received refresher training on safeguarding - completed on 8th April. • Monthly safeguarding audits have been introduced effective from 8th April. <p>]</p>	

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">• Additional posters providing information on independent advocacy services available to residents are now on display on every unit, in communal/ core areas on each floor and on the safeguarding notice board. This supplements the information already included within the Residents' Guide provided to each resident on admission and included within their bedrooms – complete. <p>The bathroom lock has now been replaced providing unrestricted access to residents – complete.</p> <p>]</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 6 (1) (b)	The registered provider shall as soon as practicable supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of the new person proposed to be in charge of the designated centre.	Not Compliant	Orange	28/02/2026
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	06/04/2026
Regulation 17(2)	The registered provider shall, having regard to	Not Compliant	Orange	20/04/2026

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
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	31/05/2026
Regulation 25(3)	The person in charge shall ensure that, in so far as practicable, a resident is discharged from the designated centre concerned in a planned and safe manner.	Not Compliant	Orange	31/05/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/05/2026
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/05/2026

Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	06/04/2026
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	09/04/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	31/07/2026
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional	Substantially Compliant	Yellow	09/04/2026

	expertise, access to such treatment.			
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	30/04/2026
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/05/2026
Regulation 09(5)	The registered provider shall ensure that a resident has access to independent advocacy services, including access to in-person awareness campaigns by independent advocacy services and access to meet and receive support from independent advocacy services. These services should be made available to residents in the designated centres and in private, as required.	Substantially Compliant	Yellow	06/04/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant	Yellow	06/04/2026

	may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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