



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

## Issued by the Chief Inspector

Name of designated centre:	Firstcare Beneavin House
Name of provider:	Firstcare Beneavin House Limited
Address of centre:	Beneavin House, Beneavin Road, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	05 June 2025
Centre ID:	OSV-0000694
Fieldwork ID:	MON-0047359

## About the designated centre

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

The designated centre is located in north County Dublin and is close to local shops and amenities. There is a car park situated at the front of the building and disabled parking is available. Beneavin House is a purpose built nursing home that provides accommodation for 150 residents over the age of 18 years. The nursing home offers 24 hour care to dependent residents with low, medium, high and maximum dependencies including people living with dementia. Accommodation is provided across four floors which are arranged around a central courtyard garden. Oakfield unit is situated on the ground floor and has 31 single bedrooms and four twin bedrooms. Willowbrook is situated on the first floor and has 35 single bedrooms and five twin rooms. Claremont is situated on the second floor and has 41 single rooms and one twin room. Claremont is divided into two units Claremont and Claremont Walk. Claremont Walk provides accommodation for 11 residents living with dementia and is designed specifically to meet their needs. Most of the bedrooms on Oakfield, Willowbrook and Claremont units have en-suite facilities. Cedars Unit is on the fourth floor and has 19 single and two twin bedrooms. All bedrooms on Cedars are en-suite. Each floor has additional communal bathrooms and wheelchair accessible toilets. There are communal lounges and dining rooms on each floor and Claremont has an additional lounge. There is also a hairdressing salon, an oratory and a family room with overnight facilities which can be organised through the Home manager. Activity rooms and a smoking room for residents are also available.

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

Number of residents on the date of inspection:	130
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 5 June 2025	19:00hrs to 22:15hrs	Geraldine Flannery	Lead
Tuesday 17 June 2025	07:45hrs to 16:45hrs	Geraldine Flannery	Lead
Tuesday 17 June 2025	08:00hrs to 16:45hrs	Helen Lindsey	Support
Tuesday 17 June 2025	07:45hrs to 16:45hrs	Manuela Cristea	Support
Tuesday 17 June 2025	07:45hrs to 16:45hrs	Sheila McKeivitt	Support
Thursday 5 June 2025	19:00hrs to 22:15hrs	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 living in Firstcare Beneavin House, and spoke more in-depth with 48 residents and 18 visitors. Overall, the feedback was mixed, some positive and some negative, a synopsis of which will be reflected below.

This inspection was conducted over two separate days. The first day of the inspection commenced in the evening at 19:00hrs. When inspectors arrived on the first evening of inspection, they observed that the atmosphere in the centre was relaxed and calm. There were adequate levels of stock, including linen and incontinence wear on every floor. However, significant concerns in relation to staffing levels were observed on the evening inspection, as the numbers of available staff did not appear to be sufficient to ensure effective supervision or to meet the needs of residents.

Examples of insufficient staffing included; 11 residents were left unsupervised in a communal area for more than 45 minutes; a medication round on one floor was interrupted eight times over a 35 minute period when the staff nurse was required to answer resident's call bells. Nursing staff detailed the stresses relating to administering medication to 40 residents, which included the inevitable delays in administering time sensitive medications such as insulin or class A drugs, due to having to await staff nurse assistance from another floor. Routinely, there was no on-site management or clinical oversight during the night shift other than the individual staff nurses on each floor, some of whom were responsible for the care of more than 40 residents and the supervision of the staff delivering that care.

An immediate action plan was issued on the first evening which required the registered provider to provide extra staff to ensure efficient oversight to support the well-being and needs of the residents. The day after the inspection, written assurances were received from the registered provider that extra staff had been assigned to night duty with immediate effect. Inspectors noted that on day two of the inspection the registered provider had upheld their commitments to increasing staff. Staff reported that the extra staff on night duty was 'welcome' and said this had a positive impact on the quality of care for residents. While inspectors noted the increased staffing levels, further improvements in staffing were required, and will be discussed further in the report.

The environment was clean and clutter-free. Residents had access to communal day rooms and dining rooms. A prayer room was located on the third floor where residents could relax and reflect however, there was no seating available for residents to sit in this area. In general, inspectors observed that there was a lack of seating in several communal areas within the centre. This was highlighted to management on the day of inspection who confirmed that new seating had been ordered.

Residents reported that overall, the service was good and that they were happy living in the centre. They were complimentary about the staff saying they were kind and caring, and expressed overall satisfaction about the standard of care provided. Some residents and visitors reported how fond they were of some of the caring staff, saying that when these staff members were working, they knew they would have a good day. It was evident that they had formed relationships of trust however, they also mentioned that a lot of the good staff had left and there were many new faces.

Some residents reported that they were often left waiting for long periods of time for their call-bell to be answered, due to staff shortages. One resident described how, at times the allocation of healthcare staff to serve and assist with the meals, impacted on the availability of staff to provide assistance with care. This was also verified by a relative who told inspectors that, on return from a day-trip one evening, they had to wait until the dinner time was finished and staff were free to assist their tired relative to bed. One resident said they would like to be up and dressed in time for activities, but there was not enough staff to assist them with this, which meant that on occasions, they missed the activities. Several residents described waiting until after 11 or 12 o'clock to be supported to dress in the morning.

Residents told inspectors that sometimes they did not know the names of staff as they often have no name badge in view. A number of residents also described how at times they found it difficult to verbally communicate with some staff due to a language barrier. This was confirmed by several visitors, who said that they preferred to be in the centre to discuss concerns as communication was very difficult over the phone. Some residents reported that the centre was loud at times, especially in the morning when trolleys were moving up and down the corridor or when the call bells were ringing.

Inspectors observed that the breakfast routines were institutional in nature across all units, as all residents received their breakfast in bed or at their bedside at a set time, despite some residents being up and dressed earlier than others. Breakfast trays were set up the previous day, and hot or cold breakfast as ordered, was delivered to residents' rooms. Inspectors spoke with a number of residents who reported that the food was good, but that they were never given the choice to attend a dining room for breakfast, and therefore had never considered this option. Other residents said that they loved having breakfast in bed, as that was their choice.

In general, residents had mixed views about the food. Some described it as good, while others described it as 'so-so', 'good some days, not so good on other days'. One resident gave an example, that their 'toast was cold this morning, who wants to eat cold toast', while another resident mentioned that the portions were too small. Inspectors found that residents were offered a choice of meals at each mealtime and had access to drinks and biscuits between meals, however, there were no other snacks available to residents in the pantries on all four floors.

Residents told inspectors that they were seen by their general practitioner (GP) of choice, and inspectors saw evidence that residents were reviewed by their GP and members of the allied healthcare team on a regular basis. However, some said they would like more frequent visits from the chiropodist. Inspectors followed up on this information and noted that the chiropodist had been in the centre on two different dates in April 2025, and reviewed residents in the centre every four months or sooner.

Residents said they could come and go from the centre, once they inform staff of their plans. Residents described how they went out with family and friends, and this was facilitated by the staff. However, many residents reported that they never went on a trip out with activity staff and would love if this could be possible.

Visitors were mostly positive about the care their relatives received and spoke about the great efforts that were made by staff to ensure they had everything they needed. They said they knew who to complain to if they needed to, and said in general their complaints were dealt with appropriately. However, one family member who spoke with one inspector said that they were still awaiting a response to their complaint.

Some relatives spoke about their sense of anxiety since the airing of the RTE Investigates program. They said it led them to intensely scrutinise practices in the centre, however they had 'never witnessed such behaviour here'. One visitor said they questioned their relative if they ever had been mistreated in the centre and they said 'no, never'. One resident told inspectors that it was shocking to see the footage, they never witnessed anything like that, while another resident said there was no time they were left without resources. Notwithstanding the positive feedback, some relatives expressed concern relating to 'inadequate numbers of staff at times' and poor oversight of care.

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. There was a schedule of activities displayed on the notice boards. Three activities were scheduled for the day of inspection, two of which were group activities where residents from different floors came together in one communal area on a specific floor. The inspectors observed a group exercise class in the morning, where eight residents attended. Later in the afternoon a larger group of residents and their visitors enjoyed the 'Cameo café' which was observed to be a very lively and much enjoyed experience.

Throughout the inspection, the inspectors noted that, in general, on all floors there were long periods of time that residents had minimum interactions with staff other than task-related activity, with limited time being engaged in meaningful activities.

Residents on one floor were observed to spend most of their day in their bedroom. Some residents attended the dining room for the lunch-time meal service and when finished were brought back to their bedrooms.

Residents on another floor spent most of the day watching a television screen in one of the two dining rooms. Inspectors observed that when staff were supervising,

there was minimum interaction with the residents. Inspectors found that dedicated activity staff were not available on this floor to engage with the residents in meaningful activities. In addition, the staff in place did not have access to appropriate resources to promote interaction and involvement.

There was ample storage in bedrooms for residents' personal clothing and belongings. Laundry was provided on-site; however, some residents chose to have their clothing laundered at home. While a small number of visitors recounted some examples when personal items of clothing had gone missing, the overall feedback from visitors and residents in respect of the management of personal possessions was positive.

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 affect 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

The governance and oversight arrangements in place in the centre had not identified or addressed the impact of reduced staffing levels on the quality of resident care.

This was an unannounced risk inspection which occurred in the days following the airing of an RTE Investigates program, which featured a neighbouring nursing home owned and operated by a different registered provider comprised of the same directors as Firstcare Beneavin House Ltd. The purpose of the inspection was to ensure that issues witnessed on the RTE Investigates program were not impacting the care of residents living in Firstcare Beneavin House. This inspection followed up on information of concern that was received by the authority relating to care and welfare of residents since the RTE Investigates program, some which was substantiated as outlined further in the report. The inspection also assessed the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended).

The inspection was conducted over two days; on the first day of inspection, there were 130 residents living in the centre but this had reduced to 125 residents on the second day. Findings from this inspection identified that action was required in respect of governance and management and staffing, as well as in key areas that are fundamental for a high quality and safe service including individualised assessment and care plans, managing behaviours that are challenging and residents' rights. This will be discussed further under the relevant regulations.

The registered provider is Firstcare Beneavin House Limited, which is part of the Emeis Group. A senior management team was in place to provide managerial

support at group level. The centre had a full-time person in charge who was supported in their role by three assistant directors of nursing, four clinical nurse managers (one post vacant; however a successful candidate had been recruited and was on-boarding at the time of inspection), a team of nursing staff, care staff, housekeeping, catering, administrative and maintenance staff. On the grounds of the nursing home there are central laundry and supplies facilities which service this nursing home and two others that are located on the same site.

Overall, there was a clearly defined management structure in place, which identified lines of authority and accountability. There were on-call arrangements for management support at night, but the findings of this inspection was that there was insufficient managerial oversight of resident care at night, and this formed part of the immediate action plan at the end of the first day of inspection. This was promptly actioned by the registered provider. Nevertheless, this inspection found that further action was required by the provider to ensure that the service was adequately resourced to support the safe and effective delivery of care to residents.

Inspectors spent time in the four units during both days of inspection, and saw that the routine in the units was often task orientated. For example, in the Oakfield unit on the ground floor, many residents remained in night clothes up until the lunch time. There were no staff available to support those residents in receiving personal care, and there was no supervision of those who were sitting in the TV area. Another example was on the first floor where one resident was only provided with personal care after lunch. While staffing levels had been increased by one member of staff in each unit during the day, the delays in care had not been fully addressed.

There was evidence that audits had been carried out, however records did not demonstrate that action plans were put in place to address issues that were identified by the audits.

Staff were facilitated and supported to attend training relevant to their role. Staff demonstrated an appropriate awareness of their training with regard to their role and responsibility in recognising and responding to allegations of abuse, manual handling and fire safety procedures. Supplementary training was also available including, human rights-based training.

## Regulation 15: Staffing

Inspectors were not assured that the provider had the required numbers of staff available with the required skill-mix, having regard to the size and layout of the centre and the assessed needs of the resident's. This was evidenced by:

- On the first day of inspection, there were inadequate numbers of staff on night duty, which adversely impacted on the quality of care and quality of life that residents received, as evidenced in the first section of the report. Inspectors acknowledge that written assurances were given the day following

the inspection that extra staff had been put in place and inspectors confirmed this on the second day of inspection.

- Staffing resources on the second day of inspection were inadequate on most floors, as evidenced by;
  - Administration of some residents' medicine was delayed and not given at the time as prescribed by their general practitioner (GP). Residents did not receive medicines prescribed for administration at 09.30hrs until 11:15hrs on one floor and 11.30hrs on another floor. This posed a safety risk to the residents both during the day time and night time medication administration rounds.
  - Additional staff were not available to support care of residents assessed as requiring additional support during an outbreak of COVID-19.
  - There was a lack of supervision in some communal areas, which posed a safety risk to residents.
  - There was inadequate staff available to continually meet the social needs of all residents.
  - Healthcare staff had a dual role in both the provision of personal care and the serving and delivery of food to the residents. This was particularly evident at breakfast times, when residents who wanted to get up could not do so or enjoy the breakfast in the communal areas, as staff were busy serving the breakfast to residents' in their bedrooms.

Judgment: Not compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training. All staff had attended the required mandatory training to enable them to care for residents safely.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had failed to ensure that adequate resources were in place with regard to the needs of the current residents and the size and layout of the designated centre.

- There was ineffective staff supervision at night, resulting in a lack of resident and staff supervision and support. For example, the oversight of staff practices with respect to resident supervision and medication management was not adequate. Staffing resources overall required review at all levels, to

include nursing, healthcare, activities and catering staff, as detailed under Regulation 15: Staffing.

- Material resources required for the effective delivery of care were not available. For example, inspectors observed communal spaces lacking essential furniture, and insufficient and inadequate supplies for the provision of stimulating activities. Inspectors observed a group of residents participating in a puzzle game. It was a 1000 piece puzzle. Each resident was provided with a handful of the puzzle pieces from this box and left to complete the activity with no image to support them. As a result, residents were disengaged and not meaningfully supported to complete the puzzle.

The quality assurance systems that were in place did not ensure the quality and safety of the service were effectively monitored. This had a potential to negatively impact residents' safety. For example:

- The oversight of service was not adequate. Management had not identified the impact of insufficient staff on residents, which resulted in a culture focused on task-centred care, limited social engagement, and limited access to activities and occupation.
- While clinical audits were being performed, one such audit identified a call-bell malfunction, however the record was incomplete and did not provide assurance as to whether the call-bell had been fixed.
- A manager night-time audit identified that fire exits were blocked and a resident's incontinence wear required attention, however no action plan was documented to provide assurance that these items were addressed in a timely manner.
- The oversight of documentation required review; some care plans were repetitive and did not provide sufficient insight into the care the resident required. For example, safe guarding care plans reviewed consisted of a long, overly detailed list of past safeguarding events or incidents which occurred involving the resident.
- There was insufficient oversight of management processes. For example, staff handover sheets and methods of delivery of handover were not standardised, with some deficits identified on some floors.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The complaints procedure was on display in various prominent positions within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process, it also included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

## Quality and safety

The inspectors found that the interactions between residents and staff were kind and respectful throughout the inspection. Most residents reported that the staff were kind, but that there were not enough of them. Some residents said that staff made them feel safe living in the centre, and numerous visitors commented on the relationships they had developed with some of the long-standing staff.

Nonetheless, the inspectors found that insufficient staffing levels and ineffective systems of governance and management impacted on the quality and safety of consistent person-centred care to residents. Consequently, improvements were required in relation to care delivery, with particular regard to residents' assessments and care plans, managing behaviour that is challenging, food and nutrition and residents' rights.

Inspectors reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. There was evidence that that they were completed within 48 hours of admission and reviewed at four month intervals. While some care plans were personalised for the resident's needs, further action was required to reflect the assessed needs of residents and to guide staff to provide appropriate care for residents.

Residents had good access to general practitioners (GPs) and other health and social care professionals. There was clear evidence of appropriate referrals being made for residents, to the out-of-hours doctor, psychiatry of old age, speech and language therapist, chiropody and tissue viability nurse.

There was a low level of restraint use within the centre. 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 reflected trigger factors, if identified, for individual residents. However, they did not always reflect de-escalation techniques that staff should use to prevent the behaviour escalating.

Residents had access to a range of media, including newspapers, telephone, Internet and TV. There was access to advocacy, with one resident availing of their services on the day of inspection, and contact details were displayed in the centre. There were resident meetings to discuss key issues relating to the service provided. However, inspectors found that the social experience of residents was inconsistent and on some floors there were not sufficient opportunities for residents to engage in meaningful activities. Some interactions observed were task-led by the routine and resources available, rather than the residents' support needs and wishes. This had a negative impact on residents as they spent long periods of time alone with no interaction with other staff or residents.

Residents had access to safe supply of fresh drinking water at all times. Residents' nutritional status was assessed monthly, and healthcare professionals, such as dietitians, were consulted if required. While adequate quantities of food was observed to be offered at the main meal on the day of inspection, improvements were required to ensure a variety of suitable snacks were more readily available across 24 hours and to consult with residents on meal timings.

### Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents' clothes were laundered in the centre, and they had access to and control over their personal possessions. Every resident had access to lockable storage for safe-keeping.

Judgment: Compliant

### Regulation 18: Food and nutrition

Notwithstanding some good practices, the following issues required review to ensure compliance with the regulations:

- Snacks were not available to residents at all reasonable times. For example, biscuits were the only snack available in each of the pantries on the day of inspection.
- There was a long time lapse between the last hot meal served in the evening and breakfast served the next morning. Inspectors were informed that a tray of sandwiches was delivered to each floor every evening and were available to residents during the evening and night.
- The serving of food at breakfast required review. Food was delivered to residents' bedrooms at a set time, which did not support a person-centred approach to the mealtime experience.
- A number of residents spoken with felt the quality of food offered needed to improve.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of comprehensive assessments, risk assessments and care plans in place for residents. Improvements were required to ensure that all residents were receiving person-centred care. For example:

- A number of residents had care plans in place for issues that had not been identified on assessment. For example, some residents had a care plan in place for 'managing behaviour that is challenging' however this was not identified during their assessment and staff said the residents did not display any such behaviours. Indeed, some of these care plans started with an acknowledgment that the resident did not have any responsive behaviours.
- Some care plans were seen to be generic in nature. For example, an activity care plan stated that the resident had a right to activities, but no further details was recorded regarding preferences or dislikes.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had good access to medical and other health and social care professionals and were supported to access a GP of their choice. Recommendations from medical and other health and social care professionals were accurately incorporated into residents' care plans.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Notwithstanding the low use of restrictive practices in the centre, the following findings were:

- A review of documentation including care plans and behaviour charts for residents identified as displaying responsive behaviours, found that de-escalation techniques and ways to effectively respond to behaviours were not fully outlined to direct the care of the resident.
- A number of residents care plans stated to give medication as the first point of treatment once the resident displayed responsive behaviour. This is not best practice.

Judgment: Substantially compliant

### Regulation 8: Protection

There was a safeguarding policy in place. Staff had completed safeguarding training and were aware of what to do if they suspected any form of abuse. Any incidents that had occurred in the centre were appropriately investigated and all residents reported that they felt safe in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

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

- Notwithstanding the busy Cameo Café attended by many residents and visitors in the afternoon, there were limited activities on the day of inspection, especially for the residents with higher needs. Many residents were observed sitting in the centre's communal rooms or in their bedrooms for long periods of time with no activities to occupy them. Staff interaction with residents was observed to be predominantly task-oriented, centred around activities of daily living and lacked meaningful and stimulating engagement.
- Residents living with dementia did not have access to meaningful activity opportunities in accordance to their assessed needs, interests and capacities. For example, there were just two activities that had a dementia-care focus on the activity schedule for the second floor, this was despite approximately 66% of the residents having a diagnosis of dementia.
- The choice in relation to access to the dining room was restricted. For example, all residents in the designated centre were served breakfast in their bedrooms. Therefore, residents did not have access to a proper breakfast dining experience, should they prefer not to have breakfast in bed.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Substantially 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	Not compliant

# Compliance Plan for Firstcare Beneavin House OSV-0000694

Inspection ID: MON-0047359

Date of inspection: 17/06/2025

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            An updated SOP reflecting the provision of additional staff and improved supervision was submitted on 18th July 2025- complete</p> <p>The increased numbers of nursing staff and health care assistants are now rostered to provide additional support on day duty &amp; night duty-complete</p> <p>The addition of the Senior Nurse/CNM in a supernumerary capacity provides for enhanced oversight, increased monitoring and a more robust morning handover to the management team. The observations of the Senior Nurse/CNM in a supernumerary capacity is documented in the manager’s walkabout document daily and at night. Issues identified are actioned with staff- complete and ongoing</p> <p>The increase of healthcare assistants on both day and night shifts has facilitated increased focus on meaningful activities and improved interaction between staff and residents- complete</p> <p>The allocation of staff has been reviewed to ensure that residents who are in communal areas are now supervised more closely. This enhanced level of supervision and engagement is further monitored by the PIC/ADON walkabouts which occur several times throughout the day and at night by the Night Senior Nurse/CNM who is working in a supernumerary capacity- complete and ongoing</p> <p>An external activity consultant alongside the group activity manager has assisted the team in the creation of an improved activity programme which has been introduced. The revised activity programme combined with an increase in healthcare assistant staffing provides opportunities and choice for more meaningful activities for all residents, including those with dementia, in accordance with all residents’ assessed needs.            - complete</p> <p>Feedback from residents on this new programme will be sought at their monthly Resident’s Council Meeting scheduled for 31st July 2025 and any changes suggested by</p>	

residents will be added to the programme following that consultation.

Breakfast clubs are currently being provided on all floors. Residents who choose to get up early and enjoy their breakfast in the company of others can now do so in the communal dining rooms. This change was agreed & supported by the residents who were surveyed prior to commencing- complete and ongoing

For any outbreak of an infection where resident needs identify a requirement for additional staffing, dedicated staff will be rostered on duty for day and night shifts. This is now included in the Outbreak Contingency Plan and is included in the Risk Register- complete

The current process of medication administration by nursing staff is under review to determine all the factors which can result in delayed medications rounds. The results of this review will determine the course of action taken. The review will be completed by 15th August 2025.

The increase in HCAs during the day, late evening and nighttime will allow for medication rounds to be completed with minimal interruptions. All calls to the centre after 20.00hrs are now diverted to the Senior Nurse /CNM (supernumerary) to minimize and reduce distractions for nurses involved in medication rounds and direct care for the residents- complete

Regulation 23: Governance and management

Not Compliant

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

An updated SOP reflecting the provision of additional staff and improved supervision was submitted on 18th July 2025- complete

An observational workflow analysis and staffing allocation review is underway to ensure that the allocation of staff remains appropriate to the needs of the residents throughout the day. This will be completed by 15th August 2025

The allocation of staff has been reviewed to ensure that residents who are in communal areas are now supervised more closely. This enhanced level of supervision and engagement is further monitored by the PIC/ADON walkabouts which occur several times throughout the day and at night by the Night Senior Nurse/CNM who is working in a supernumerary capacity- complete and ongoing

An enhanced system of monitoring to review staffing levels in accordance with dependencies of residents per floor has now commenced with the introduction of twice monthly dependency reviews of all resident's care needs- complete and ongoing

All future potential admissions' preadmission assessments will be considered with due regard to the needs of the residents who are currently in the centre and the skill set of current staff. This will be overseen by the PIC and Regional Director- 1st August 2025 and ongoing

Furniture which had been ordered prior to the inspection has since been delivered. This order included new dining room tables and chairs, coffee tables and lounge chairs- complete.

Daily Managers' walkabout reports will also include an environmental review to highlight any deficits in resources available for the resident's needs. This will be then escalated to Procurement in a timely manner- by 31st July 2025.

Additional resources for the provision of person-centered activities have been ordered and deliveries have been received. The outstanding items should be in place by 15th August 2025.

Ongoing monitoring of activity resources is now being audited by the activity staff and reported at the monthly governance meetings to ensure the PIC has oversight- complete and ongoing monthly.

A more robust review of audits completed to ensure that appropriate actions have been identified and addressed in a timely manner will be implemented by the PIC by 31st July 2025 and overseen by the Regional Director bi-monthly from 1st August 2025.

Care plan training is currently underway to support the nursing staff in the creation of meaningful person-centred care plans. This will be complete by 31st August 2025

The standard of care planning in the centre will be assessed by CNMs and ADONs on a weekly basis through auditing a number of care plans across each floor. The use of a new care plan tracker will enable the team to action any identified improvements in care planning in a timely and comprehensive manner, including resident and family consultation. This has already commenced and will be an ongoing oversight task for the clinical team- complete and ongoing

The handover sheets have been reviewed and information standardized to support improved staff communication of resident needs- complete

Improved staff supervision at night is now in place with the addition of the supernumerary Senior Nurse/CNM- complete

The introduction of the morning breakfast clubs and enhanced activity provision, incorporating an all-team approach, will provide for a culture shift away from a task-based approach to a more engaging person centred care approach. All staff engagement with residents will be monitored by managers during their daily walkabouts and their findings documented and actioned- complete and ongoing

Training for staff in relation to the provision of person centred activities will be completed by 31st August 2025.

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>A wider range of nutritious snacks, both hot and cold for residents with varying needs are now available on snack trolleys and also in all pantries. These snacks are available 24 hours a day. The stock levels will be monitored by the catering supervisor and records maintained– complete</p> <p>Choices for breakfast menus and varieties of snacks will be discussed at all resident’s council meetings from 31st July 2025 and ongoing. The management team have received very positive feedback from residents</p> <p>The quality of the food is being audited weekly by the ADONs and the PIC and findings are being reported back to the catering manager and chef for implementation of improvement plan. The results of all food tastings and dining experience are discussed at the monthly governance meetings with the catering team- complete and ongoing</p> <p>Dining experience supervision and monitoring is ongoing and supported by all clinical staff (Nurses, CNM’s and ADONs). Resident feedback is sought and any issues raised are escalated immediately to the catering team for action- completed</p> <p>Weekly meetings with the catering team will be held to review actions and trends in resident feedback to ensure items identified have been addressed satisfactorily- from 1st August 2025 and weekly thereafter.</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>Care plan training is currently underway to support the nursing staff in the creation of meaningful person-centred care plans. This will be complete by 31st August 2025</p> <p>The allocation of specific residents to named nurses is in place since 14th July 2025 to ensure a more person centered approach to care planning which reflects the needs of individual residents and enhanced engagement with residents and their families/nominated representatives- complete and ongoing</p>	

The standard of care planning in the centre will be assessed by CNMs and ADONs on a weekly basis through auditing a number of care plans across each floor. The use of a new care plan tracker will enable the team to action any identified improvements in care planning in a timely and comprehensive manner, including resident and family consultation. This has already commenced and will be an ongoing oversight task for the clinical team- complete and ongoing

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  
 Care plans have been updated to ensure clear, person centered and therapeutic de-escalation strategies to include non- pharmacological interventions are included and implemented prior to administering any medication – complete

Compliance with this practice will be overseen weekly by the PIC and monthly by the Regional Director- from 1st August 2025.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 An external activity consultant alongside the group activity manager has assisted the team in the creation of an improved activity programme which has been introduced. The revised activity programme combined with an increase in healthcare assistant staffing provides opportunities and choice for more meaningful activities for all residents, including those with dementia and/or those residents whose preferred option is not to attend group activities or for those who would benefit from a 1:1 activity- complete

Feedback from residents on this new programme will be sought at their monthly Resident's Council Meeting scheduled for 30th July 2025 and any changes suggested by residents will be added to the programme following that consultation.

Breakfast clubs are currently being provided on all floors. Residents who choose to get up early and enjoy their breakfast in the company of others can now do so in the communal dining rooms. This change was agreed & supported by the residents who were surveyed prior to commencing- complete and ongoing

Additional external providers are currently being sourced to provide support to the activity staff in providing meaningful activities to the residents, with a specific focus on residents with dementia, this will be completed by 31st August 2025

Dementia training for nursing and healthcare assistant staff to promote a person centred approach and to improve interactions between staff and residents and will be completed by 31st July 2025

## 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	15/08/2025
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	31/07/2025
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	31/07/2025

Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/08/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/08/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	31/08/2025
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	23/07/2025
Regulation 9(2)(b)	The registered provider shall provide for residents	Not Compliant	Orange	31/08/2025

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