

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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Moyridge
Name of provider:	Storey Broe Nursing Service Limited
Address of centre:	Ridgepool Road, Ballina, Mayo
Type of inspection:	Unannounced
Date of inspection:	27 June 2025
Centre ID:	OSV-0000364
Fieldwork ID:	MON-0046030

About the designated centre

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

Sonas Nursing Home Moyridge is situated on the River Moy next to the Salmon Ridge in the town of Ballina. It was opened in 1998. It is situated a short walk from the town and its local shops and amenities. The centre can accommodate 55 residents. Accommodation is organised over two floors. The first-floor accommodation is accessed by a passenger lift. Communal areas comprise two lounges, a dining room, a visitors/meeting room and a smoking room. There is an enclosed garden area to the rear of the building and a pleasant front courtyard which overlooks the river Moy and provides parking for visitors. The centre provides long-term and respite care for adults with a range of dependencies, including physical dependencies, end-of-life care and cognitive impairment, including dementia type conditions. Sonas Nursing Home Moyridge is committed to providing residents with person-centred care in a home-from-home environment. The centre's documentation states that residents will be treated as individuals and will be given every opportunity to be fully involved with their care and encouraged to lead as active a lifestyle as they choose.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 27 June 2025	09:30hrs to 16:00hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Overall, residents living in this designated centre were supported to enjoy a good quality of life as evidenced by residents' feedback and the inspector's observations. The inspector observed that there was a happy atmosphere in the centre, and that residents were kept central to the service provided. It was evident that residents and staff knew each other well and were comfortable in each other's company. All staff interactions with residents, as observed by the inspector throughout the day, were respectful and kind. As on previous inspections, a number of the residents told the inspector that they previously lived in areas local to the centre, and they were pleased that they could continue to live in the community that they were familiar with.

Residents told the inspector that they enjoyed participating in the social activities, and one resident said she was living her 'best life ' since coming to live in the centre. Another resident told the inspector she felt 'very happy'. Other residents said that there was 'always something interesting happening', and the arrangement where the priest came into the centre each week to celebrate Mass with them was of particular value to them. As Sonas Nursing Home Moyridge is located within walking distance of the town centre, one resident enjoyed being able to continue to go into the town centre independently each day.

Sonas Nursing Home Moyridge is a two-storey premises located on an elevated site overlooking the River Moy in the centre of Ballina town. Residents' communal rooms were located at the front of the centre, which provided them with opportunities to enjoy views of the river. All areas of the centre were in good repair, and were nicely decorated. Colourful artwork done by residents and notice boards, including information on the activities in the centre on a notice board called the 'Not Bored Board', were displayed along the corridors. This provided residents with information to make choices regarding how they spend their day and created points of interest for them as they went around the centre.

Two enclosed external courtyards were available for the residents' use. The doors to both of these areas were unlocked and residents could access them as they wished. Colourful mobiles, memorabilia, planting arrangements and outdoor seating in these outdoor areas provided residents with safe and pleasant spaces to spend time in the outdoors.

Residents' bedroom accommodation was arranged over both floors. The ground floor provided accommodation for 38 residents in 12 single-occupancy and 13 twin-occupancy bedrooms. Four of the twin-occupancy and four of the single-occupancy bedrooms on the ground floor share toilet and shower facilities between each two adjacent bedrooms. The other nine twin and eight single-occupancy bedrooms have en-suite toilet and wash hand-basin facilities only. The first floor provided accommodation for 17 residents in 15 single and one twin bedroom. The twin-occupancy bedroom and 14 of the single-occupancy bedrooms have en-suite toilet

and shower facilities. One single-occupancy bedroom on the first floor has an en-suite toilet and wash hand-basin facility. There were sufficient communal shower and toilet facilities on both floors, within reasonably close proximity to those bedrooms that did not have an en-suite with a shower facility available. Residents had access to spacious communal sitting rooms and a dining room on the ground floor, in addition to a sitting/dining room on the first floor. The provision of a communal sitting room on both floors gave residents a choice regarding where they wished to rest and relax during the day. A spacious passenger lift was available to ensure residents could access both floors as they wished.

The inspector observed that refurbishment work in some twin-occupancy bedrooms was completed. However, the inspector observed that the layout of eight twin-occupancy bedrooms on the ground floor did not meet residents' needs as the circulation space available between the beds and to the toilet facilities was not sufficient for residents using walking frames to safely move around their bedspace or for each resident to rest in a chair by their bedside without blocking their access to their locker. Furthermore, the space available in each resident's bedspace could not ensure that staff could safely manoeuvre assistive equipment such as large assistive wheelchairs and a hoist whilst ensuring residents' right to privacy and without disturbing the other resident in the adjacent bed. The inspector observed that residents' clothes were stored in a separate section of a wardrobe located on a wall outside of their bedspaces which meant they could not maintain control of access to their clothing and personal possession stored in this wardrobe.

Overall, residents were supported to enjoy a good quality of life in the centre. There was a varied schedule of social activities taking place in the two sitting rooms for the residents, and the inspector observed that the majority of residents were enjoying and engaged in the various social activities taking place. A separate social activity programme was specifically tailored to meet the individual interests and capacities of residents with dementia or who had increased needs for staff support, and was facilitated in one of the sitting rooms. Residents who did not wish to participate in the group social activities taking place in the communal sitting rooms were observed to be relaxing in the communal areas or in their bedrooms. Staff were observed regularly checking in on these residents and were heard by the inspectors encouraging and supporting them to engage in various activities that interested them in their bedrooms. Particular attention was also given to residents who did not have regular visitors and their social activity programmes supported them to go on regular outings to local amenities and the shops. Residents told the inspector that they enjoyed the social activities and that they could choose whether or not to participate.

Staff were observed to respond promptly to residents' needs and cared for them in kind, person-centred and respectful ways. Residents told the inspector that staff were 'always very kind' to them, and that they did not have to wait for assistance from staff. The residents also told the inspector that they were very well-cared for. One resident said that their health had improved since coming into the centre and attributed this to the care and attention they received from staff.

The inspector observed that the residents were offered a varied menu of hot and cold meal options. The main kitchen was adjacent to the dining room, and the chef was observed checking with residents that they were satisfied with their food and if they wanted extra portions. Residents told the inspector that the food provided for them was 'delicious and freshly cooked', 'the best I've ever tasted', and 'like eating in a top-class restaurant every day'. The inspectors observed there was enough staff available in the dining room to assist individual residents as needed. Many of the residents were seated with residents they had developed friendships with and were observed chatting and laughing together.

The inspector observed that some residents' family and friends visited them on the day of the inspection, and they were welcomed into the centre.

Residents told the inspector that they felt very safe in the centre and that they would speak to a staff member or their relatives if they had any concerns or were dissatisfied with any aspect of the service they received. Residents said that they were always listened to and any issues they ever raised were addressed without delay, and to their satisfaction.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered. Areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This unannounced inspection was carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended. The inspector followed up on the actions the provider had committed to take following the previous inspections and on the statutory notifications and other information received. This inspection found that the provider had reconfigured a number of the twin-occupancy bedrooms, which included structural works to change the location of the bedroom doors. Notwithstanding the efforts made to improve the layout and circulation space by changing around the position of the residents' furniture, eight twin-occupancy bedrooms continued to impact on residents' rights and quality of life.

The provider submitted an application to renew the registration of this designated centre, and this was assessed as part of this inspection.

Storey Broe Nursing Service Limited is the registered provider of Sonas Nursing Home Moyridge. The person in charge of the centre has worked in this role since February 2017, and their experience and qualifications meet regulatory requirements. The person in charge is supported by a regional quality and governance coordinator and a regional quality manager, who also provides clinical

oversight and support to a number of other designated centres operated by the provider. Locally, the person in charge is supported on a day-to-day basis by an assistant director of nursing (ADON), staff nurses, care assistants, catering, cleaning, laundry, activity, maintenance and administration staff. As the provider is part of a larger group involved in operating residential services for older people, this designated centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance.

The provider had effective systems in place regarding their oversight of the quality and safety of the service and the residents' quality of life. Key areas of the service were regularly reviewed, where necessary improvements were identified and timely action plans were developed to address the improvements needed. Overall, the auditing processes were found to be effective; however, improvements were required to ensure adequate resources were made available to ensure the layout of the twin-occupancy bedrooms met residents' needs in line with the centre's statement of purpose.

The provider had ensured there were adequate numbers of staff with appropriate skills available to meet the residents' assessed needs. Staff were familiar with residents' needs and competently carried out their respective roles. Staff were facilitated to attend mandatory and professional development training, and were well-supervised in their roles to ensure their care was effective and of a good standard.

Records were stored securely and maintained in the centre as required. A directory of residents in the centre was in place, but did not include all information regarding each resident as specified in the regulations.

Arrangements for recording accidents and incidents involving residents in the centre were in place and these were notified to the the office of the Chief Inspector of Social Services, as required by the regulations. Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was not acting as an agent for the collection of any residents' social welfare pensions.

Regulation 15: Staffing

There were sufficient numbers of staff with appropriate skills available to meet the care and social needs of the residents, including residents who chose not to attend the social activities taking place in the communal rooms. Staffing requirements were regularly reviewed to ensure the number and skill-mix of staff were aligned with residents' changing needs. An induction programme was in place that all new staff completed. Staff were knowledgeable regarding residents' needs and usual routines, and responded without delay to residents' needs for assistance.

Judgment: Compliant

Regulation 16: Training and staff development
All staff were facilitated to attend up-to-date mandatory training on fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in charge had a system in place to monitor staff training and ensured that all staff working in the centre attended professional development training, as necessary, to update their skills and knowledge to competently meet residents' needs. Staff were appropriately supervised according to their individual roles.
Judgment: Compliant
Regulation 19: Directory of residents
A directory of residents in the centre was maintained, but did not include the following information as specified by Regulation 19. Directory of residents. For example: • The date, time and cause of death where a resident died in the designated centre. • Name and address of any authority, organisation or other body that arranged a resident's admission into the designated centre.
Judgment: Substantially compliant
Regulation 21: Records
Records as set out in Schedules 2, 3 and 4 were kept in the centre and were made available to the inspector. The provider ensured that all records were stored securely, and a policy on the retention of records was available and in line with regulatory requirements.
Judgment: Compliant
Regulation 23: Governance and management

Whilst acknowledged that the provider has reconfigured the layout of a number of the twin-occupancy bedrooms, sufficient resources were not made available to address the eight remaining twin-occupancy bedrooms to ensure they meet residents' rights to privacy and dignity, and that these bedrooms are in accordance with the provider's statement of purpose. Furthermore, this lack of resources had a negative impact on oversight of residents' personal possessions, premises, and adequate support of residents' rights for privacy and dignity of residents residing in eight twin-occupancy bedrooms.

This finding is repeated from a previous inspection.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time-frames specified by the regulations.

Judgment: Compliant

Quality and safety

Overall, residents enjoyed a good quality of life in the centre and were provided with good standards of nursing and health care in line with their assessed needs. Residents' care and supports were person-centred, and informed by residents' needs, usual routines and individual preferences and wishes. Residents' rights were respected by staff, and residents were supported and encouraged to remain independent, and lead their lives as they wished in the centre. However, residents' rights were impacted by the layout of eight of the twin-occupancy bedrooms, which continued to impact on their independent choices and did not ensure their privacy during transfer and personal care procedures.

While acknowledged that the provider had effectively addressed the layout of a number of the twin-occupancy bedrooms to ensure they met residents' needs, efforts already made by the provider to reconfigure the layout of eight bedrooms were not effective as these bedrooms continued to negatively impact on residents' rights and quality of life. Residents could not maintain control of their personal clothing and possessions in these bedrooms, as their clothes were stored in one large wardrobe placed along a wall outside of their bed spaces. Otherwise, the residents' living environment was well-maintained and adequately ventilated. Residents had personalised their bedrooms with their family photographs and other

items of value to them. The corridors and communal areas were spacious, and the surfaces, finishes and furnishings facilitated cleaning. A variety of traditional domestic-style furnishings and various memorabilia that were familiar to the residents were used to enhance their comfort in the communal rooms. Appropriate storage for residents' assistive equipment and other ancillary facilities was available.

The provider had measures in place to protect residents from the risk of infection, including a number of assurance processes in place to ensure that environmental hygiene and infection prevention and control standards were maintained. Alcohol hand-gel dispensers and personal protective equipment (PPE) were readily available along corridors for staff use, and staff were observed to perform hand hygiene appropriately.

Residents were provided with good standards of nursing care and support to meet their assessed needs. Residents' records and their feedback to the inspector confirmed that they had timely access to their general practitioners (GPs), specialist medical and nursing services, and health and social care professionals as necessary. A weekly in-house physiotherapy service optimised residents' continued good health, independence and well being. Effective arrangements were in place to ensure treatments and recommendations for residents' care made by members of the multidisciplinary team (MDT) were implemented and monitored. Residents' care plans were regularly updated in consultation with residents or their representative, as appropriate. Residents' care plans were mostly sufficiently detailed to guide staff regarding each resident's care and support needs in line with their individual preferences and usual routines. However, actions were necessary to improve the information in a small number of the residents' care plans reviewed. The inspector's findings are discussed further under Regulation 5: Individual Assessment and Care Plan.

Residents' nutrition and hydration needs were met, their mealtimes were unhurried and were a social occasion for the residents who were seated together as they wished. Meals were prepared for residents requiring modified consistency and fortified diets in line with their choices, and the recommendations of the dietitian and the speech and language therapist.

There was a positive approach to care of residents predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A minimal restraint environment was promoted, and the procedures in place were in line with the national restraint policy guidelines.

Residents were provided with opportunities to participate in a variety of meaningful social activities to meet their interests and capacities. Residents who were unable to participate in more active group activities or who preferred to spend time in their bedrooms had equal access to social activities that interested them. Residents were supported to go on outings to places of interest to them in their local community.

Residents were supported to maintain contact with their families and friends, and their visitors were welcomed into the centre. Residents had access to local and

national newspapers, radio and televisions. However, as only one television was available in some of the bedrooms with two beds, both residents had to share the television and could not make independent choices regarding their personal television viewing and listening.

Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents' meetings were regularly convened, and their views on the service were welcomed by the provider. Issues raised or suggestions made by residents regarding areas they felt needed improvement in the service were addressed without delay. Residents had access to an independent advocacy service. Information about this service was displayed in the reception area of the centre, and the record of the residents' committee meeting confirmed that the purpose and availability of this service were discussed at this forum.

Measures were in place to protect residents from the risk of abuse, and all staff had been facilitated to attend up-to-date safeguarding training.

Regulation 11: Visits

Flexible arrangements were in place for residents to meet with their family and friends, and accommodation was available outside of residents' bedrooms to meet with their visitors in private as they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents could not maintain control of their personal clothing and possessions in a number of twin bedrooms as their clothes were stored in one large wardrobe placed along a wall outside of their bed spaces. Although, both residents' clothes were stored in a separate section of the wardrobe, this arrangement did not ensure that each resident's personal clothes and possessions were secure as the second resident could also access their section of the wardrobe in order to reach their own personal items.

This finding is repeated from a previous inspection.

Judgment: Not compliant

Regulation 17: Premises

The layout and design of many of eight twin-occupancy bedrooms did not adequately meet the needs of residents in accordance with the centre's statement of purpose and residents' needs. This was evidenced by;

The layout of eight of the twin-occupancy bedrooms numbered 1, 4, 5, 7, 8, 16, 17, and 18 could not safely meet the needs of residents needing assistive equipment when mobilising or for transferring in and out of their beds. Although these bedrooms varied in size from 16.5 to 23.2 square meters, the layout of the beds did not facilitate each resident to rest in a chair by their bedside or to receive personal care and assistance from staff without disturbing the resident in the other bed.

This finding is repeated from a previous inspection.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents' meals were served in the dining room and in the sitting/dining room on the first floor. Residents were offered a varied menu, which supported them to make choices regarding the food they wished to eat. Alternative dishes to the menu on the day were available to residents if they wished. Residents' special dietary requirements were communicated to the catering staff and their food was prepared in accordance with their preferences, assessed needs and the recommendations of the dietician and speech and language therapist. A variety of snacks and drinks, including fresh drinking water, were available to residents throughout the day.

There was sufficient staff available in the dining areas at mealtimes, and staff provided residents with discreet encouragement and assistance with eating their meals as needed.

Judgment: Compliant

Regulation 27: Infection control

The provider ensured that the requirements of Regulation 27: infection control and the National Standards for infection prevention and control in community services (2018) were met. The provider had effectively addressed the findings of the last inspection to ensure residents were protected from the risk of infection. The centre environment and equipment were visibly clean and were managed in a way that minimised the risk of transmission of a healthcare-associated infection. Staff completed hand hygiene procedures as appropriate, and waste was appropriately segregated and disposed of. Floor and surface cleaning procedures were in line with

best practice guidelines, and cleaning schedules were in place for all areas and were completed by staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Although each resident's needs were assessed and a care plan was developed to meet their needs, some residents' care plans did not ensure that this information was up-to-date and did not clearly set out the care interventions required to meet individual residents' needs as follows;

- The behaviour support care plans developed for two residents experiencing responsive behaviours did not clearly describe the effective de-escalation strategies staff could use before administering medication prescribed for administration on a PRN (as needed) basis.
- The care plan for a resident with diabetes and on insulin therapy was not sufficiently detailed to staff regarding the recommended parameters that their blood glucose levels should be maintained within, and the actions staff should take if their blood glucose measurements were outside the recommended parameters.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to their general practitioners (GPs), health and social care professionals and specialist medical and nursing services. These services included psychiatry of older age, community palliative care and tissue viability specialists as necessary. The provider had ensured that where there was any delay with residents accessing community health specialist services, arrangements were in place for residents for alternative access to these services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A positive and supportive approach was taken by staff in their care of a small number of residents who intermittently experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or

express their physical discomfort, or discomfort with their social or physical environment). Staff were attentive to residents' cues and needs for support. All staff were facilitated to attend appropriate training to ensure they had up-to-date knowledge and skills to care for residents who experienced responsive behaviours.

The person in charge and staff were committed to the use of minimal restraints in the centre, and their practices reflected the national restraint policy guidelines. The least restrictive alternatives were tried, and any restrictive equipment was risk assessed and appropriately used in consultation with individual residents and their representatives.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures in place to safeguard residents from abuse and was available to staff. All staff were facilitated to attend up-to-date safeguarding residents from abuse training. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Notwithstanding refurbishment completed in a number of the twin-occupancy bedrooms, the provider had not adequately addressed the layout of eight other twin bedrooms to ensure residents' rights and quality of life needs were met. This was evidenced by the following findings;

- The limited space between the residents' beds and their screen curtains in twin-occupancy bedrooms numbered 1, 4, 5, 7, 8, 16, 17, and 18 could not ensure that residents' needs for privacy and dignity during their personal care and transfer procedures were respected. The limited space available in these bedrooms meant that staff could not carry out care and transfer procedures without compromising residents' privacy and disturbing the resident in the other bed in these rooms. Furthermore, there was insufficient space for residents or staff to safely manoeuvre assistive equipment.
- The provision of one television in a number of twin bedrooms did not support both residents' choice of programme viewing or listening.

These findings are repeated from previous inspections.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sonas Nursing Home Moyridge OSV-0000364

Inspection ID: MON-0046030

Date of inspection: 27/06/2025

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Directory of Residents has been reviewed and fully updated. It now contains complete and accurate records for all residents as per regulation 19, including transfer dates, return dates, and, where applicable, the date, time, and cause of death for any resident who passed away in the home. Additionally, the Directory of Residents includes the name and address of the authority, organisation, or other body responsible for arranging each resident's admission into the designated centre.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Collectively the PIC, Quality Manager, Director of Quality & Governance, and the Facilities & Projects Supervisor will work together to ensure that this compliance plan is adhered to. Ongoing feedback will continue to be sought from existing residents and those newly admitted to ensure that they are satisfied with their bedrooms. The provider continues to make resources available to improve the storage and access of residents' personal possessions, and to support residents' rights to privacy and dignity in the eight twin-occupancy bedrooms. Each resident in a twin-occupancy room will be assessed to ensure staff can carry out care and transfer procedures without compromising privacy or disturbing the other resident. Two televisions will be provided in each twin-occupancy bedroom to support both residents' choice of programme viewing. In relation to the	

layout and space available in the eight twin bedrooms (Rooms 1, 4, 5, 7, 8, 16, 17, and 18), we will continue to work on reconfiguring layouts and furniture to best meet residents' needs while we await the completion of new single rooms. Each resident will be facilitated to rest in a chair by their bedside or to receive personal care and assistance from staff without disturbing the other resident. We have agreed a floor plan for nine new single en-suite bedrooms with our design team, and a planning application is ready for submission to Mayo County Council (December 2025). Once planning is approved, the contractor has agreed to commence work immediately, with a projected completion time of 12 months (Q4 2026). • With immediate effect, when a resident vacates any of the smaller twin-occupancy bedrooms (5, 7, 16, 17), that room will revert to single occupancy. • All residents currently in twin rooms will be given priority access to transfer into single bedrooms as they become available. • Monthly governance meetings will formally review progress on this compliance plan. Completion Date: Interim measures in place from December 2025; full compliance by December 2026.

Regulation 12: Personal possessions

Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

We will endeavor to work on the layout of the twin occupancy bedrooms to address the space available to meet each residents needs whilst we wait for new single rooms to become available. New wardrobes are being sourced to replace the existing ones and these will ensure that each residents personal possessions are secure and each resident is able to reach their own personal items without entering the other residents space.

Regulation 17: Premises

Not Compliant

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

The provider is working to ensure that the layout and design of eight twin-occupancy bedrooms meet the needs of residents. In relation to bedrooms numbered 1, 4, 5, 7, 8, 16, 17, and 18, we will continue to reconfigure the layout of these rooms to maximise available space so that residents can rest in a chair by their bedside and receive care without disturbing the other resident.

We have agreed a floor plan layout for nine new single en-suite bedrooms with our design team, and a planning application will be submitted to Mayo County Council by December 2025. The contractor has agreed to commence work on the extension once planning permission is granted. The work is expected to take 12 months, with completion

anticipated by Q4 2026.

- With immediate effect, when a resident vacates any of the smaller twin-occupancy bedrooms(5, 7, 16, 17), that room will revert to single occupancy.
- Privacy screens and furniture reconfiguration will be implemented as an interim measure to ensure dignity during transfers and personal care.
- New wardrobes have been ordered to ensure each resident has secure, individual access to their possessions within their own personal space.

Completion Date: Interim improvements in place by December 2025; full compliance by December 2026.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Following the inspection, all identified care plans have been reviewed and updated to ensure they clearly outline the specific care support required to meet each resident's individual needs.

The Quality Manager will continue to oversee the review and update of the care plans. In addition, the Quality Manager and the Director of Quality & Governance review both the care plan audits and their associated action plans during the monthly governance meetings and a focus on reviewing the individualised needs for residents with responsive behaviour and/or specific diagnoses such as Diabetes will be included in these reviews.

Regulation 9: Residents' rights

Not Compliant

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

Two televisions will be provided in all twin-occupancy bedrooms to support each resident's choice of programme viewing. New wardrobes have been ordered, and twin bedrooms will be reconfigured to improve space, privacy, and access to personal possessions.

- With immediate effect, when a resident vacates any of the smaller twin-occupancy bedrooms(5, 7, 16, 17), that room will revert to single occupancy.
- All residents in twin bedrooms will be consulted individually, with documented records of their preferences regarding transfer to single rooms. They will be given priority choice to transfer to single en-suite bedrooms as soon as they become available.
- Privacy screens and reconfiguration of furniture will be in place by December 2025 to

maximise dignity and independence.

- Monthly resident and family meetings will include updates on the extension project and opportunities for residents to discuss their choices around room allocation.

Completion Date: Interim measures by December 2025; full compliance by December 2026.

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Not Compliant	Orange	30/01/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2026
Regulation 19(3)	The directory shall include the information specified in	Substantially Compliant	Yellow	03/09/2025

	paragraph (3) of Schedule 3.			
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	31/12/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/12/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	03/09/2025
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	Substantially Compliant	Yellow	03/09/2025

	it, after consultation with the resident concerned and where appropriate that resident's family.			
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	31/12/2026
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/12/2026