



**Health  
Information  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

|                            |                                     |
|----------------------------|-------------------------------------|
| Name of designated centre: | 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:        | 04 June 2026                        |
| Centre ID:                 | OSV-0000364                         |
| Fieldwork ID:              | MON-0049236                         |

## 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: | 52 |
|------------------------------------------------|----|

## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

| Date                 | Times of Inspection  | Inspector      | Role    |
|----------------------|----------------------|----------------|---------|
| Thursday 4 June 2026 | 09:00hrs to 16:30hrs | Sandra Rowland | Lead    |
| Thursday 4 June 2026 | 09:00hrs to 16:30hrs | Fiona Cawley   | Support |

## What residents told us and what inspectors observed

This inspection found that overall, residents were very complimentary of the service they were receiving in Sonas Nursing Home Moyridge. Residents were happy to chat with inspectors and spoke positively about life in the centre. Residents informed inspectors, 'I'm very happy here,' and 'I love it here'. Some residents spoke about how they spend their days, 'I don't bother much with activities, that's my choice', while another stated, 'comfortable, day passes okay, and there are plenty of friendly people around'. Many residents were complimentary about the food. Inspectors spoke with residents who were sharing their bedroom, they stated 'happy sharing bedroom', and 'they have enough space'. Another resident informed inspectors that they were on the list for a single room when it became available. Numerous residents who were unable to communicate verbally smiled and nodded when inspectors spoke with them.

Inspectors spent time observing staff and resident interactions in the various areas of the centre. There was a relaxed atmosphere in the centre, and residents were seen to be happy as they went about their daily lives. Residents were observed to be content and familiar with one another and in their environment. It was evident that residents' choices and preferences in their daily routines were respected. Residents moved freely around the centre and were observed to be socially engaged with each other and staff. Other residents were observed sitting quietly, relaxing and observing their surroundings. A small number of residents were observed enjoying quiet time in their bedrooms.

Sonas Nursing Home Moyridge is located along the river Moy in Ballina, Co. Mayo. The location offers an idyllic riverside view for residents to enjoy. Residents informed the inspectors that they liked to sit outside when the weather was nice. Many communal areas and bedrooms overlooked the water. The centre is located on the outskirts of the town centre, with shops and amenities within walking distance. Many of the residents were from the local area and enjoyed accessing the town, and some residents continued to visit their own homes.

There are two floors in the centre, with residents occupying both floors. There was a mix of twin and single-occupancy bedrooms. The centre was tastefully decorated, and there was a homely atmosphere throughout. Several residents had indoor plants, artwork and small furniture items to personalise their individual space. There were two enclosed garden spaces in the centre, they were well maintained and clean. A smoking room overlooking one of the gardens contained a fire extinguisher, smoking apron, and fire blanket as required.

Inspectors arrived at the centre and were greeted by the clinical nurse manager. Following introductions and relaying the plan for the day, they commenced a walk around the centre. This allowed the inspectors to observe the day-to-day practices

and residents' morning routine. Inspectors met with the person in charge as they commenced a walk around.

Visitors were observed attending the centre throughout the day. Inspectors spoke with some visitors during the inspection. They were complimentary of the service provided and were confident that any queries or concerns that they had would be addressed by management. Residents' information was signposted throughout the centre. It included information on safeguarding, abuse and advocacy services that were available to residents.

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

## Capacity and capability

This inspection found that this was a well-managed centre that supported residents to have a good quality of life. There were systems in place to ensure the service was safe, effective and consistently monitored.

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 to 2025 as amended. The inspectors also followed up on the actions submitted by the provider to address the findings from the inspection carried out in June 2025.

Three twin-occupancy rooms had reduced capacity to single-occupancy bedrooms. This was part of the provider's compliance plan to address the findings of the inspection carried out in June 2025. Furthermore, the provider had committed to the extension of nine new single-occupancy bedrooms with en-suites. Work had not commenced on this extension on the day of the inspection.

Storey Broe Nursing Service Limited is the registered provider of Sonas Nursing Home Moyridge. There was a clearly defined structure for governance and management with clear lines of authority and responsibility. This provided assurances that there were sufficient resources and effective delivery of care in the centre. The person in charge has been working in their role since 2017. They are supported by two clinical nurse managers, registered nurses, healthcare assistants, activities staff, housekeeping, catering, laundry, maintenance and administration. The assistant person in charge post has been vacant since March 2026. To address the absence of the assistant person in charge, interim arrangements were made to promote two senior staff nurses to clinical nurse managers with dedicated supernumerary hours. The appointed clinical nurse managers have worked in the

centre for more than three years, and they deputise for the person in charge when required. The inspectors received assurances that recruitment campaigns were ongoing for the appointment of the assistant person in charge. Additional clinical support and oversight were provided by the quality manager and chief clinical officer. Both worked full-time for the nursing home group and have responsibility for other nursing homes within the group.

There was evidence that core concepts in the operation of the centre were discussed and analysed regularly during governance and management meetings. In addition, regular reporting arrangements to drive quality improvements were enforced. Key performance indicators were analysed frequently. A range of audits was available for inspection; they contained action plans that were timely and specific when improvements were required. The person in charge had completed the annual review for 2025 and devised the quality improvement plan for 2026. Residents' feedback was captured via surveys to support the completion of the annual review. There was evidence of regular staff meetings with action plans formulated where required.

While there was evidence of a robust governance and management system that supported the operation of the centre, further review was required in relation to the oversight of suspected outbreaks of acute respiratory illness in the centre. Records indicated that there were possible respiratory outbreaks in the centre in quarter one of 2026 and in May 2026, which were not reported as suspected outbreaks to the office of the Chief Inspector of Social Services, which is a requirement under the Regulations.

Staff were observed to be respectful and responsive to residents' care needs throughout the day. Interactions were pleasant and kind. Residents appeared familiar with staff, and it was evident that staff had a strong knowledge base on the residents they were supporting. There were an appropriate number of staff with the required skill-mix to meet the needs of the residents on the day of the inspection.

Staff had access to appropriate training and were appropriately supervised in the centre. Staff informed the inspectors that they were confident in bringing any training requests to the attention of management. There was a training schedule in place to support staff in maintaining compliance with their training requirements. The person in charge informed inspectors that additional training on culturally significant holidays and practices in Ireland was provided to staff who may not be familiar with Irish culture. This enabled staff to gain deeper insight into residents' backgrounds and supported more effective communication with residents.

The complaints procedure was accessible and displayed for residents. The procedure set out how the centre processes a complaint as per the centre's policy, which followed all requirements of the regulation. Residents and family members informed the inspectors on the steps they would take if they had any complaints or concerns in the centre. They were confident that their views would be taken on board and addressed appropriately. Staff were aware of the complaint procedure and their role

in supporting residents to lodge complaints or concerns and in addressing these issues for residents.

### Regulation 15: Staffing

The skill-mix and number of staff available on the day of the inspection were appropriate to meet the current needs and dependency levels of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training and were appropriately supervised in the centre. There was a training schedule in place to support staff in maintain compliance with their training requirements.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was available in the centre and contained all the information as required under Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Governance and management systems in some areas did not provide sufficient oversight mechanisms, and this is evidenced as follows:

- The management systems in place did not ensure that the suspected outbreak of acute respiratory illness in the centre was appropriately monitored and notified to the Chief Inspector.
- There was a lack of oversight to monitor premises and medication management.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Suspected outbreaks of acute respiratory illness in the centre were not notified to the Chief Inspector as required under the Regulations. Records demonstrated that six residents were prescribed antibiotic treatment for respiratory symptoms in a two-week period at the start of May. In addition, 30 residents were prescribed antibiotic for respiratory symptoms in quarter one of 2026.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The complaints procedure was accessible and displayed for residents. The procedure set out how the centre processes a complaint as per the centre's policy, which followed all requirements of the regulation.

Judgment: Compliant

## Quality and safety

Residents living in Sonas Moyridge Nursing Home were satisfied with the service they received and reported feeling safe and content living in the centre. Inspectors observed that the standard of care which was provided to residents was of a very good quality. Staff were kind, compassionate and respectful with residents.

Nursing and care staff were knowledgeable regarding the care needs of the residents, and this was reflected in the nursing documentation. Inspectors reviewed a sample of seven residents' care records. Residents had a comprehensive assessment of their needs completed prior to admission to the centre, to ensure the service could meet their health and social care needs. Validated clinical assessment tools were used to identify potential risks to residents such as poor mobility, impaired skin integrity, and the risk of malnutrition. The outcomes of assessments were used to develop a holistic care plan for each resident, which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre and reviewed every four months or as changes occurred, in line with regulatory requirements. The care plans reviewed were person-centred and

contained the necessary information to guide care delivery. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents received a good standard of nursing care, and there was appropriate oversight of residents' clinical care by management. Residents had access to medical assessments and treatment by their general practitioners. Arrangements were in place for residents to access the expertise of health and social care professionals when required.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had appropriate assessments completed. Person-centred care plans were developed detailing the supports and the interventions to be implemented by staff, to support a consistent approach to the care of the residents. Care plans included details of interventions to support the resident to manage responsive behaviours. Interactions observed between staff and residents were seen to be person-centred and non restrictive.

Inspectors observed that residents' rights and choices were upheld, and their independence was promoted. Residents were free to exercise choice in their daily lives and routines. Residents could retire to bed and get up when they chose. Opportunities to participate in recreational activities in line with residents' choice and ability were provided. There were sufficient staff available to support residents in their recreation of choice. Residents were supported to meet together and to consult with management and staff on how the centre was organised, as evidenced by the minutes of resident meetings. Access to an independent advocacy service was facilitated where required.

The design and layout of the premises were suitable for its stated purpose and met the residents' individual and collective needs. The environment and equipment used by residents were visibly clean, and the premises were generally well-maintained. However, while the centre had a sufficient number of suitable storage areas available, inspectors observed that the organisation and management of storage were not adequate.

The person in charge ensured that, where a hospital admission was required for any resident, transfers were safe and effective by providing all relevant information to the receiving clinicians and that all relevant information was obtained on the resident's return to the centre.

The inspectors found that while there were processes in place for the prescribing, administration and handling of medicines, the oversight of medicines management did not support safe medicine administration, in line with current professional guidelines and legislation. This is detailed under Regulation 29: Medicines and pharmaceutical services.

## Regulation 17: Premises

The premises were found not to conform fully to the matters set out in Schedule 6 of the regulations. For example:

- Several storage areas were unclean and disorganised.
- A wheelchair and hoists stored in a hallway posed a risk to residents who were mobilising independently in the centre.
- There were cracked tiles in two bathrooms, which prevented effective cleaning.

Judgment: Substantially compliant

## Regulation 25: Temporary absence or discharge of residents

Where a hospital admission was required for any resident, the person in charge ensured that all relevant information about the resident was provided to the receiving hospital and that all relevant information was obtained on the resident's return to the centre.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The arrangements in place for dispensing, administering, and storage of medicines did not meet the requirements of the regulation. For example;

- The labels on a small number of named residents' medicine containers were illegible. As a result, the resident's name, the specific instructions for the medicine, and the medicine's expiry date could not be clearly read. This posed a risk of unsafe medicine administration.
- A small number of medicinal products had not been marked with the date of opening, as required by the manufacturer. This created a risk that these products could become ineffective or unsafe if used beyond the recommended period after opening.
- Storage presses in the dining room were being used to store residents' medications. This is not in line with best practice.

Judgment: Substantially compliant

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Regulation 5: Individual assessment and care plan                                                                                                                                                           |
| Residents had person-centred care plans in place, which reflected residents' needs and the supports they required to maximise their quality of life.                                                        |
| Judgment: Compliant                                                                                                                                                                                         |
| Regulation 6: Health care                                                                                                                                                                                   |
| Residents had access to appropriate medical and other health and social care professionals and services to meet their assessed needs.                                                                       |
| Judgment: Compliant                                                                                                                                                                                         |
| Regulation 7: Managing behaviour that is challenging                                                                                                                                                        |
| The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage. |
| Judgment: Compliant                                                                                                                                                                                         |
| Regulation 9: Residents' rights                                                                                                                                                                             |
| The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives.                                                            |
| Judgment: 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                                    | Compliant               |
| Regulation 16: Training and staff development              | Compliant               |
| Regulation 19: Directory of residents                      | Compliant               |
| Regulation 23: Governance and management                   | Substantially compliant |
| Regulation 31: Notification of incidents                   | Not compliant           |
| Regulation 34: Complaints procedure                        | Compliant               |
| <b>Quality and safety</b>                                  |                         |
| Regulation 17: Premises                                    | Substantially compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant               |
| Regulation 29: Medicines and pharmaceutical services       | Substantially compliant |
| Regulation 5: Individual assessment and care plan          | Compliant               |
| Regulation 6: Health care                                  | Compliant               |
| Regulation 7: Managing behaviour that is challenging       | Compliant               |
| Regulation 9: Residents' rights                            | Compliant               |

# Compliance Plan for Sonas Nursing Home Moyridge OSV-0000364

Inspection ID: MON-0049236

Date of inspection: 04/06/2026

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

| Regulation Heading                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Judgment                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Regulation 23: Governance and management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Sonas Nursing Home Moyridge acknowledges the findings identified during the inspection and has reviewed its governance and management arrangements to ensure that appropriate systems are in place to identify, manage and monitor risks and to provide assurance that required improvements are implemented and sustained.</p> <p>The Person in Charge (PIC), supported by the management team &amp; Quality Manager, has strengthened the governance and oversight arrangements within the centre. Identified risks and areas requiring improvement will be recorded, assigned to a responsible person and monitored through to completion within agreed timeframes.</p> <p><b>Infection Prevention and Control</b></p> <p>The management team has reinforced the systems for the identification, monitoring and escalation of clusters of infection and suspected outbreaks.</p> <p>Infection surveillance information will be reviewed by the Person in Charge and the Infection Prevention and Control Link Nurse. This review will include trends in respiratory illness, signs and symptoms of infection, antibiotic prescribing and any other indicators that may suggest an emerging cluster or outbreak.</p> <p>Where a cluster of illness or suspected outbreak is identified, it will be promptly assessed and managed in accordance with the centre's infection prevention and control procedures. Appropriate control measures will be implemented, the actions taken will be documented, and the Chief Inspector will be notified where required in accordance with regulatory requirements.</p> <p><b>Premises</b></p> <p>The Person in Charge has strengthened governance and oversight of the premises through education and increased awareness of the importance of regular environmental walk-rounds and audits involving the management team and the Nurse in Charge. In addition, the Facilities Team will complete a quarterly audit of the premises. Any issues identified through environmental walk-rounds, reviews, or audits will be documented, assigned to an appropriate responsible person, and allocated a defined timeframe for completion.</p> |                         |

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| <p>Associated audit action plans and Quality Improvement Plans (QIPs) will be reviewed at monthly governance meetings with the Quality Manager. Progress against identified actions will be monitored, and completion will be verified to ensure that the required remedial actions have been effectively implemented and sustained.</p> <p>The Person in Charge will review audit and environmental findings, including repeated or recurring issues, to identify trends and determine whether further corrective or preventive actions are required. This strengthened process will support ongoing oversight, clear accountability, timely completion of identified actions, and continuous improvement in the safety and quality of the premises.</p> <p><b>Medication Management</b></p> <p>Following the inspection, the Person in Charge (PIC) has taken action to strengthen medication management practices and ensure compliance.</p> <p>All nursing staff have been re-educated on the requirement to label medication items immediately upon opening, including the date of opening and any other relevant information required to support safe storage and use.</p> <p>The management team will conduct regular spot checks of medication storage and administration areas to monitor compliance. Any non-compliance identified will be addressed promptly with the nurse concerned, with further education and/or corrective action implemented as required.</p> <p>Medication management audits will specifically include monitoring of the labelling of opened medication items. Audit and spot-check findings will be reviewed by the PIC to identify trends, ensure corrective actions are completed, and develop Quality Improvement Plans where required.</p> <p>The PIC will maintain oversight of these measures to ensure that improvements are embedded in practice and sustained.</p> |               |
| Regulation 31: Notification of incidents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Following the inspection, Infection surveillance processes have also been strengthened, with particular attention to clusters of respiratory symptoms, increased antibiotic prescribing and other indicators of potential infection. Any identified concerns will be promptly reviewed and escalated where an outbreak is suspected.</p> <p>Going forward, all suspected outbreaks will be appropriately assessed and documented, and the Chief Inspector will be notified within the required timeframe and in accordance with Regulation 31.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |

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| Regulation 17: Premises                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Storage areas: All storage areas have been reviewed, cleaned and reorganised. Unnecessary items have been removed, and equipment is now stored safely and appropriately in designated areas. Storage areas will be checked daily as part of routine management walkarounds to ensure these standards are maintained.</li> <li>• Safe storage of equipment: The wheelchair and hoists identified in the hallway have been relocated to the newly designated storeroom. Staff have been reminded and re-educated regarding the requirement to store mobility equipment and hoists safely and to ensure that corridors and escape routes always remain free from obstruction.</li> <li>• Damaged/cracked tiles: The cracked tiles identified in the two bathrooms have been replaced. The areas have been reviewed following completion of the works to ensure that the surfaces are safe, intact and suitable for effective cleaning and infection prevention and control.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |
| Regulation 29: Medicines and pharmaceutical services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Following the finding during inspection that medication items had been opened without being appropriately labelled with the date of opening, the Person in Charge (PIC) has taken action to strengthen medication management practices and ensure compliance. All nursing staff have been re-educated on the requirement to label medication items immediately upon opening, including the date of opening and any other relevant information required to support safe storage and use.</p> <p>The management team will conduct regular spot checks of medication storage and administration areas to monitor compliance. Any non-compliance identified will be addressed promptly with the nurse concerned, with further education and/or corrective action implemented as required.</p> <p>Medication storage arrangements have also been reviewed, and residents medicines will be stored securely in designated medication storage areas</p> <p>Medication management audits will specifically include monitoring of the labelling of opened medication items. Audit and spot-check findings will be reviewed by the PIC to identify trends, ensure corrective actions are completed, and develop Quality Improvement Plans where required.</p> <p>Ongoing medication audits and checks will be undertaken by the nursing management team to ensure that medication is stored, labelled, dated and administered safely and in accordance with Regulation 29.</p> |                         |

## Section 2:

### Regulations to be complied with

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

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

| Regulation          | Regulatory requirement                                                                                                                                                             | Judgment                | Risk rating | Date to be complied with |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------|--------------------------|
| Regulation 17(2)    | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow      | 14/08/2026               |
| 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.          | Substantially Compliant | Yellow      | 14/08/2026               |
| Regulation 29(5)    | The person in charge shall ensure that all medicinal products                                                                                                                      | Substantially Compliant | Yellow      | 14/08/2026               |

|                  |                                                                                                                                                                                                                       |               |        |            |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------|------------|
|                  | are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product. |               |        |            |
| Regulation 31(1) | Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.         | Not Compliant | Orange | 14/08/2026 |