Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Special Dementia Unit - Sonas Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	12 May 2026
Centre ID:	OSV-0003746
Fieldwork ID:	MON-0041657

About the designated centre

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

The designated centre is based on a campus setting in suburban area of west Dublin and provides specialist dementia care to persons with intellectual disabilities some of whom have end-of- life care needs. The centre is comprised of one large building which operates as two separate units within the one premises. Services are provided through 13 long term beds and one respite bed. There is a staff team of clinical nurse managers, staff nurses, care assistants and household staff employed to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Tuesday 12 May 2026	09:50hrs to 17:15hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to assess the provider's regulatory compliance and to inform a recommendation for renewal of the centre registration. The findings of the inspection were in the main positive, with the majority of Regulations reviewed found to be compliant. Some improvements were identified as required, in the areas of staffing, risk management and in identification of possible safeguarding. A particular concern in relation to the management of schedule 2 or control medicines is addressed under Regulation 26: Risk management and was responded to on the day. The inspector found that the provider was for the most part aware of areas where improvements were required, particularly following completion of their internal audits and there were systems in place that addressed any actions identified as required.

From what the residents communicated and what staff told the inspector and based on what the inspector observed, this was a well run centre and residents were in receipt of good quality care and support. The Special Dementia Unit - Sonas Residential Service, provides a home for up to a maximum of 14 adults both male and female. The centre has experienced loss in the months prior to teh inspection with the passing of two residents and currently has two vacancies. There were 12 residents living in the centre and the inspector had the opportunity to meet with all of them during the inspection.

The centre comprises one large purpose built premises divided internally to create two separate homes, which can be accessed through a door in the kitchen or door along one corridor. All residents who live in this home have a diagnosis of dementia and are supported by staff who are knowledgeable regarding their specific needs. The centre is located on a campus based setting operated by the registered provider in Co. Dublin. Both sides of the premises have a communal sitting room, kitchen-dining room, shared bathrooms, laundry and utility areas and staff offices, one resident lives in a self contained apartment within the centre. All residents have their own bedrooms some of which are en-suite and there are external shared courtyards and garden areas. The houses were clean, warm, well maintained and decorated. Communal areas were bright and colourful and contained soft furnishings, photos and art work. There was an area within the centre for families to use should they need to stay and be with their loved ones at end of life and this was carefully located to ensure all had maximum privacy. Residents' bedrooms were personalised to suit their tastes and they had their favourite items and belongings on display. These included items such as books, jewellery, electronic equipment, televisions, radios and family photos.

The inspector met with residents over the course of the day and also had the opportunity to meet with staff on duty, visiting day staff and representatives of the provider's management team. The inspector also met with an advanced nurse practioner in the field of dementia in intellectual disability. They worked for the

provider and worked closely with residents, their families, the multi-disciplinary team and support staff in providing supports around baseline screening, dementia assessment and diagnosis and follow up care and supports.

Residents presented with communication skills that were complex and the inspector observed staff taking time to observe and interpret subtle individualised signals such as eye gaze, facial expression changes or whole body movement. The inspector sat at the table in one of the kitchens with residents who were having a drink and looked through residents' easy-to-read plans and photograph memories. Residents were observed to smile and respond when familiar items were looked at. Staff requested individuals permission to look at these books in advance. One resident was observed looking towards the door and staff responded by getting the resident's favorite warm blanket and going out for a walk.

Another resident was observed expressing discomfort and the staff supported them to change position and move from sitting to resting in bed with a preferred television programme playing. The inspector spent a short while with a resident in their apartment where they were relaxing and watching photographs change on a digital album. When the inspector and staff arrived the resident indicated they would also like to colour and pens and a line drawing was given to them.

The inspector spoke with one resident who was going out to their day service and they shook the inspector's hand and explained where they were going and said that they liked going very much. The inspector observed staff supporting them with the preparation of a packed lunch. Another resident later in the day told the inspector that they had recently tried a new activity, that of swimming but was clear that they had not liked it very much. Staff had respected this and it was not an activity that was suggested again. Clear records were maintained of activities offered and enjoyed.

In the morning of the inspection the inspector observed a resident entertaining visitors in their kitchen with staff support. They had recently moved into the centre from another designated centre and their friends from their previous home were welcomed on a visit. In the afternoon a member of the provider's day service attended the centre and facilitated a movement and exercise group in one of the communal areas and some residents were observed to engage in this with others enjoying watching the activity.

The inspector found that the registered provider was capturing the opinions of residents and their representatives on the quality and safety of care and support in the centre in their six-monthly and their annual reviews. Resident meetings, were occurring regularly and there were pictures on display in the house in relation to complaints, the availability of. There were folders with a number of picture based or easy-to-read documents and there were folders in the kitchen with pictures of activity and meal choices.

As this inspection was announced residents had been sent questionnaires to complete in advance if they wished called 'Tell us what it is like to live in your home'. The inspector received questionnaires from all residents for review all of

which had been completed by residents supported by staff. Residents were overall very positive in their responses about their home and the staff team that supported them. The staff had noted in the responses where residents had limited communication and explained how they had been supported to respond to their best capability.

In summary, residents were busy and had things to look forward to. They lived in a clean, warm and comfortable home. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required. The provider was implementing the actions to bring about the required changes. A number of actions identified on the last inspection had been completed and others were in train.

The next two sections of the report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This announced inspection was completed to inform a decision on the renewal of registration for this designated centre. Overall, the findings of this inspection were that residents were in receipt of a good quality of care and support. The provider was for the most part identifying areas of good practice and areas where improvements were required. Areas which were not identified are discussed later in the report.

There were clearly defined management structures and the staff who spoke with the inspector were aware of the lines of authority and accountability. The person in charge had support from a team leader in place in this centre to support them in providing supervision and support to the staff team and in completion of internal audits. The person in charge received support and supervision from the CNM 3 who held the position of person participating in management of this centre. There was an on-call manager system available to residents and staff 24/7.

Regulation 15: Staffing

The provider had a recruitment policy which detailed the systems they employed to ensure that staff had the required skills and experience to fulfill the job specifications for each role. The centre was assessed as requiring 24.23 whole time equivalent (WTE) staff to provide care and support for residents' assessed needs. This included nurses and care staff, supported by the person in charge (CNM2) and

team leader (CNM1). In addition the centre was supported by the person in charge and housekeeping staff.

On the day of inspection the centre had 1.69 WTE care staff and 0.5 WTE nurse vacancies, one WTE planned leave and 3.5 WTE long term leave with an additional 0.38 WTE housekeeping vacancy. While some of the required hours were covered within the existing staff team for the most part the provider used relief and agency staffing. This was a reduction in the provider's ability to provide consistency of care and support for residents since the previous inspection which had also found some gaps in support.

The inspector reviewed staff rosters and staff schedules for the months of February 2026 to the day of inspection. These were found to be well maintained and clearly outlined which staff were on duty. These demonstrated the presence of both a core and familiar staff team and unfamiliar staff. Between the 26 of April 2026 to the 9 May 2026 the inspector found that 41 shifts had to be covered of which 25 were filled by agency staff.

While the inconsistency of staff support was a concern given the complexity of resident presentation the provider had taken steps to mitigate against the impact with core staff on every shift, relief staff used on a consistent basis in this centre and where possible a limited number of agency staff. The inspector spoke with staff on duty including relief staff and found them all to be resident focused, patient and kind.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix for all staff in the centre. Each staff had completed training listed as mandatory in the provider's policy including, fire safety, safeguarding, manual handling, and some infection prevention and control related trainings,

In addition, staff had also completed additional trainings in line with residents' assessed needs. All staff had completed training on managing feeding, eating, drinking and swallowing difficulties with six staff waiting to complete refresher training. Since the last inspection all staff had now completed dementia specific training.

The inspector reviewed the supervision records for 16 staff. The agenda for each was resident focused and varied. From the sample reviewed, discussions were held in relation to areas such as roles and responsibilities, residents' rights and support needs, safeguarding residents, positive behaviour support, health and safety, staff workload, team dynamics, incidents and accidents, resilience, well-being and training and development. The provider had worked to ensure that all staff were in receipt of supervision and support in keeping with their role and responsibilities and

all were scheduled for supervision twice a year. The person in charge or the CNM1 complete the supervision for all core staff and the provider has a system for the supervision of all relief staff by a CNM3.

Judgment: Compliant

Regulation 23: Governance and management

From a review of the statement of purpose, the minutes of management and staff meetings for five months in 2026, and through discussions with staff, there were clearly defined management structures and lines of authority and accountability amongst the team. The person in charge was also supported by the procedures of oversight and support in place from other of the provider's departments such as health and safety or finance.

The provider's last two six-monthly unannounced reviews and the last annual review were reviewed by the inspector. The annual review available was for 2025. The provider also completes six monthly unannounced audits. The inspector reviewed the February 2026 report. These audit reports were detailed in nature and focused on the quality and safety of care and support provided for residents, areas of good practice and areas where improvements may be required. The action plans for these reports showed that the required actions were being completed in line with the identified time frames.

Area-specific audits in areas such as medicines, care planning, infection prevention and control, transport and food safety, from January 2026 to the current date were reviewed by the inspector and the action plans from these audits showed that they were leading to improvements in relation to residents' care and support and their homes. Some of the area specific audits were delegated to specific team members.

The person participating in management for the centre meets with all persons in charge under their remit at least monthly and there was evidence of shared learning and a specific focus on areas for professional improvement.

Judgment: Compliant

Quality and safety

Overall a good quality service was provided for all residents and during the inspection, the inspector observed residents indicating their choices to staff around what they wanted to do, and when they required their support. The inspector observed residents' right to privacy being upheld by staff ensuring that they were

given time and space to be alone or to meet with staff, if they wished to. The staff team demonstrated good practice that was reflective of a human-rights based approach to health and social care.

The inspector found that residents were supported and encouraged to take part in the day-to-day activities within their home and in activities they find meaningful and that were accessible to them both at home and in their local community. Residents were making decisions about how and where they wished to spend their time. They were supported to develop and maintain friendships and to spend time with their families and friends.

Some improvement was required in the management of specific risks and in the review of incidents that required screening under safeguarding pathways.

Regulation 17: Premises

The inspector completed a walk through of the premises with the person in charge and all residents were informed that the inspector was looking around their home. The inspector later moved through the home again to view areas that were occupied in the morning or to meet with residents who had been resting when the inspector first walked through the premises.

The house was found to be clean and laid out to specifically meet the needs of residents living there. Residents were supported to paint their rooms in colours they liked and to have furniture and decoration that was personal to them on display.

The provider had ensured that the premises was well-maintained. A number of improvements and required actions had been made since the last inspection such as the repair of a leak and associated ceiling damage and painting in a number of areas. While some areas were observed to still require action such as the replacement of flooring in en-suite and communal bathrooms, these were flagged for completion on the provider's maintenance tracker. In addition the roof slates had been inspected and the safety netting in place to prevent risk of injury should a slate fall had also been inspected and were placed on a monthly review schedule by the provider. There was a centralised online maintenance system which tracked when maintenance requests were submitted and when any follow-ups were completed.

The person in charge had identified that the floor plans for the centre, submitted with the provider's application to renew the centre registration, now required amending as there were new areas for storage in previously used small living rooms. This update of the plans was in train on the day of inspection.

As found on the previous inspection residents' meals were cooked and delivered from a central kitchen on the campus. The provider had however, begun a trial of occasional in-home meal preparation at times when staff resources allowed and had ensured that the kitchens on both sides of the premises were equipped to prepare

meals and snacks and to amend food textures if required. This contributed to the homely nature of the centre.

One side of the premises has spaces laid out for residents to meet with visitors and the provider had an identified room for families to use with sleeping facilities and a small kitchenette. Externally there were internal courtyards and small garden areas that had been designed and laid out with the needs of the residents considered. A small sensory garden was planned in raised beds to one side of the home.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found two particular areas of potential risk that required review and were highlighted to the person in charge and to the person participating in management on the day of inspection. One related to the presence of control medicines (schedule 2 medicines) that were maintained in the centre for residents who did not live there. Where another two residents were prescribed a specific dose of a schedule 2 medicine this was not present for them as the named person. The staff would have had to use stock prescribed for someone else in different dosages should this be required to be administered which posed a specific risk.

For another resident there was a risk in place related to the management of epilepsy and possible seizures, where a control measure in place to manage the risk was for staff to call an ambulance. This guidance was contrary to the expressed wishes of the resident and those supporting them as outlined in an advanced care directive.

Risk assessments pertaining to the centre and individual residents were reviewed to ensure that they were reflective of the current risks in the centre. In addition the reviews ensured that appropriate control measures were in place. For example, the risk of slips, trips and falls was reviewed for individuals and the risk rating increased or reduced on the register as indicated when additional measures such as chair alarms or staff support were put in place.

The inspector acknowledges a positive and comprehensive approach to managing risk in the centre despite the two situations as outlined above. For instance following a recent change for a resident in using a kettle and spilling hot water additional control measures were put in place to support the resident in continuing to be an active participant in making a drink while enhanced supervision was in place. This provided assurance that risk assessments were viewed as live documents and reflective of the current position for residents in the centre.

All individual risk ratings reviewed by the inspector reflected the current risks for residents. For example, one resident had risks associated with skin integrity following a recent area of skin breakdown, risks for the individual in management of their wound were rated and reviewed in line with health reviews and personal care

plans. This demonstrated robust systems of ensuring that all information available to guide staff was connected and up -to -date.

The person in charge also completed reviews of all incidents and accidents and identified trends in information. For example as a result of the increase in unfamiliar staff in the centre there had been an increase of medication related incidents that had been identified due to this practice of review. The provider had provided enhanced training and reviewed medication administration practices and the number of incidents had significantly reduced.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector found through the review of documentation for residents and discussions with staff and engagement with residents, that there were detailed assessments of need and personal plans in place. Residents' health and social care needs were assessed and their strengths and talents were identified and celebrated. The language used in residents' assessments and plans was found to be person first and to positively describe the contribution residents make in their home and their local community. Staff sought the inspector out to showcase the positive and individualised plans they had been involved in supporting residents to develop. The inspector sat with residents and their key staff to read through and discuss the content of these plans and goals they had achieved or were working towards.

In each of the residents' plans reviewed, their goals included places they like to go, routines or habits they would like to develop and areas they would like to experience such as reflexology or massage. Residents spoke of or indicated their involvement in the development and review of their personal plan. All residents had an annual review of their personal plan completed. Each resident was currently being supported by staff to create and fill a memory box with personal and important items for them, these included sounds, textures, visuals and objects. The inspector saw these used between peers as a discussion starter and by staff to help a resident remember things that brought them joy.

Care plans were created and reviewed regularly. They captured the changing needs of the residents and gave clear directions on how to support them best in line with their wishes and preferences. The service used a document called "The menu of life enhancing activities" to guide the development of plans and each resident had a hierarchy of needs clearly identified. These included both health and social needs and were aligned to a personalised dementia care plan. The person in charge and staff team completed regular audits and reviews of plans to ensure they were current and reflective of the individuals living in the centre.

Health care plans were developed and reviewed as required with some residents having both long term and short term plans in place for support of acute needs such

as wound care or ongoing support for osteoporosis. These plans were associated with professional letters and review documents and up-to-date recommendations. Health plans also included supports for decision making, advanced care decisions and evidence where residents or their representatives were involved in discussions and decisions regarding their health.

Residents had individual emergency response protocols in place and their health care plans were linked to their associated risk assessments. For example an eating, drinking and swallowing plan had links to speech and language therapy reports, guidance on food and drink modification procedures, links to choking risk assessments and supported by a choking response plan.

Judgment: Compliant

Regulation 8: Protection

The provider had a safeguarding adults policy which detailed staff roles and responsibilities and guidance for staff. From a review of the staff training matrix, 100% of staff had completed safeguarding and protection training. Staff who spoke with the inspector were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

The inspector found however, that some improvement was required in identification of incidents which should be screened as potential safeguarding concerns. For the most part where incidents occurred or there were safeguarding concerns these were managed and investigated in line with the provider's policy and National policies. But a small number of reports of unexplained bruising had not been screened or flagged as requiring further review even following review by local management. These incidents were discussed further with the management team on the day of inspection.

The inspector reviewed current open safeguarding plans and recently closed plans and found that preliminary screenings including feedback from the Health Service Executive (HSE) safeguarding and protection team were in place for these allegations and all were available for review during the inspection.

The inspector reviewed five residents' intimate and personal care plans and found that they clearly detailed their preferences and support needs.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Special Dementia Unit - Sonas Residential Service OSV-0003746

Inspection ID: MON-0041657

Date of inspection: 12/05/2026

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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider has recruited 0.5 staff nurse since inspection, currently going through HR process. Care staff interviews held on 19th and 26th of May and no successful candidates identified for the centre. Currently live adverts for care staff and household advertised with closing date of 19/06/26. Consistent use of relief staff and regular agency staff to support consistency within the centre.	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The management of Schedule 2 medicines was immediately addressed and rectified. A systems review was completed for the incident involving Schedule 2 medicines and actions implemented. The provider also completed an audit of controlled, Schedule 2 medicines across the Centre. Shared learning was implemented to ensure that all Schedule 2 drugs are prescribed, stored and administered in line with NMBI Guidance for Registered Nurses and Midwives on Medication Administration (2020). All Epilepsy risk assessments have been reviewed. Midazolam training will be implemented for care staff and completed 31st December 2026. All Epilepsy risk assessments and Advanced Care Directives are currently under review to ensure guidance is consistent and in line with the expressed wishes of supported individuals.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The person has completed an incident review for all incidents for 2026 and has identified all reports of unexplained bruising that had not been screened or flagged. All incidents	

have been reported in line with the safeguarding policy and HIQA have been notified of the delayed reports.
Safeguarding and safeguarding plans are discussed during safety pause with staff teams at all handovers. All incident reports are being reviewed by the local management team, and all safeguarding concerns will be identified and reported going forward. Social Worker has met staff team to enhance awareness around identifying and reporting all safeguarding concerns in line with the provider's policy and national policies. All staff have completed SUPW and Children's first on HSEland and the 3 staff outstanding for safeguarding practical have scheduled to attend.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/11/2026
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/12/2026
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any	Substantially Compliant	Yellow	16/08/2026

	incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.			