Health Information and Quality 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 Cloverhill
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Lisagallan, Cloverhill, Roscommon
Type of inspection:	Unannounced
Date of inspection:	19 February 2026
Centre ID:	OSV-0000384
Fieldwork ID:	MON-0049591

About the designated centre

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

Sonas Nursing Home Cloverhill is a 57-bed purpose-built facility combining care and a home environment for those no longer able to live alone. A full spectrum of individualised care is available for residents. Residents can avail of gardens, sitting rooms, a TV lounge and an activity room. It is situated in a rural area approximately two miles from Roscommon town. The centre's statement of purpose states that Sonas Nursing Home offers long-term care for residents with chronic illness, mental health illness, including Dementia type illness and end-of-life care in conjunction with the local Palliative Care Team. The centre comprises three different care areas, each with its own sitting and dining areas. There are enclosed accessible gardens available and ample parking is available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55

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 19 February 2026	09:00hrs to 17:00hrs	Michael Dunne	Lead
Thursday 19 February 2026	09:00hrs to 17:00hrs	Sandra Rowland	Support

What residents told us and what inspectors observed

Overall, residents were generally happy and content living in the designated centre, and those residents who expressed a view said that their needs were, for the most part, being met by staff who were kind and caring. While feedback from residents was mostly positive regarding their quality of life and the standards of care provided, focus was required in areas that had the potential to impact on residents' quality of life. Observations confirmed that there was insufficient staffing available to provide a sustained programme of activities and to provide supervision of communal areas.

During the walkabout of the centre, many residents were observed seated in the communal sitting rooms and carrying out their normal routines. Residents appeared to be well-dressed and were neat and tidy in their appearance. Inspectors observed that there was a lack of supervision in two of the day rooms, particularly on the morning of the inspection. Some residents told inspectors that there were "not enough staff" , and that the staff "are always running, and racing", and they are often waiting for long periods when they rang the call-bell for assistance. One resident told inspectors that they would "love dearly to go outside fo walks around the building, but there is nobody to bring me".

Inspectors reviewed minutes of residents' meetings, and found that there was evidence of consultation with residents about the day-to-day running of the centre, and that their suggestions were listened to. Agenda items included the maintenance work in the centre, food, activities, and the importance of hand hygiene.

Activities observed on the day of the inspection, included a word search game, live streaming of music, discussions on newspaper articles, and exercise therapy. The provider had incubated 12 chicken eggs over the recent months, and this was an ongoing topic of discussion with the residents. There was great excitement in the centre as four chickens had hatched, and this was providing great entertainment, and a sense of reminiscence for residents with a farming background. Several residents mentioned that they are content with the activities provided in the centre; however, some other residents expressed an opinion that there was insufficient activities in line with their capacities and capabilities.

Overall, residents were provided with access to televisions, radios, and newspapers. Many residents' bedrooms were personalised with photographs and personal belongings. However, three twin-bedded rooms did not meet the requirements of Schedule 6 of the regulations due to their current layout. There was limited space available for the use of mobility equipment, such as mobility chairs in two of the three bedrooms, to provide support to residents of maximum dependencies without having a negative impact on the privacy and dignity of the other residents sharing

that room. There was only space for one resident sharing these rooms to have access to a chair located within their bed space due to the size of the bedroom.

Additionally, one residents' ability to access natural light or to see out of the window was prohibited if the other resident had their privacy screen closed in these three rooms. Residents in one of these bedrooms were required to share a television, which did not facilitate individual residents to choose what they wanted to watch on television. Storage space for residents to store, and access their personal belongings was limited in one of the bedrooms observed.

While the centre was comfortable and nicely decorated, some aspects of the environment in the older part of the building were not in a good state of repair. Some doors and wooden surfaces were scuffed and damaged, which prevented them from being effectively cleaned. The provider had a maintenance plan in place to upgrade these doors. The residents' library was being used as a storage area for maintenance equipment on the day of the inspection, which prevented residents from using this space. Confirmation was received from the provider that this space reverted to its original function the day after the inspection.

Inspectors noted that the oversight of infection prevention and control measures was not adequate to ensure that records of the cleaning of equipment used to assist residents' mobility, and transfer were accurately recorded, and signed off by senior personnel. This was a repeat finding from the previous inspection. Overall, the centre was clean, and there were sufficient cleaning resources in place to maintain the environment.

The inspectors observed a meal service, and found that there were enough staff on duty to support residents at meal times. Menus offered choices of main courses at each meal. The lunch time meal consisted of a cottage pie or cod fillet option. Residents said they were content with the portion sizes available, and that there was always a choice on the menu. Tray service was available for residents who wished to take their meals in their bedrooms. Specialist diets were catered for, and residents who needed textured meals were offered choices at each meal time.

The following sections of this report detail the findings with regard to the capacity and capability of the provider, and how this supports the quality, and safety of the service provided to residents.

Capacity and capability

This was an unannounced inspection carried out by inspectors of social services to review compliance with the regulations, and to follow up on actions taken since the last inspection in September 2025. Inspectors found inadequate levels of compliance in relation to governance, and management, and the oversight of staffing resources

required to meet the assessed needs of the resident, the statement of purpose, and for the provision of effective supervision.

Sonas Nursing Homes Management Company Limited is the registered provider for this designated centre. There is a clearly defined management structure in place that is responsible for the delivery, and monitoring of effective health and social care support to the residents. However, there were gaps found in this structure on the day of the inspection as the assistant director of nursing (ADON) role had not been filled. This impacted on the quality of care delivery to residents, and is discussed in more detail under the relevant regulations. Inspectors were informed by the registered provider that they were in the process of recruiting an assistant director of nursing to support the person in charge.

The management team consisted of a person in charge, who was supported in their day-to-day role by a regional quality manager, and by a director of quality and governance. A team of nursing staff, consisting of a clinical nurse manager provided clinical support, a team of health care assistants, a part-time physiotherapist, household, catering, and maintenance staff, made up the full complement of the staff team. The registered provider had submitted an application to renew the registration of the designated centre which was being processed at the time of this inspection.

There were arrangements in place to provide regular management oversight of the service provided. Monitoring systems to review care practices for their effectiveness did not always identify areas of practice, that required more focus in order to provide residents with positive health, and social care outcomes. This meant that there was not always a quality improvement plan in place to address these areas of deficit.

Observations confirmed that there was insufficient care staff resources available in the morning time, which meant that residents had to wait for care intervention. This also meant that the provider was unable to implement all aspects of residents' care plans in line with resident preferences for care.

In addition, the inspectors found that there were insufficient numbers of staff available in the designated centre to provide a sustainable, and well-planned activity programme. The inspectors reviewed staff rosters and observed staff practices during the day, and found that the system of staff allocation for social care support was insufficient. As a consequence, residents did not always receive appropriate support to participate in activities in line with their preferences and interests.

The provider's statement of purpose did not accurately reflect the number of staff or the number of hours available to support residents. Inspectors found that the number of hours allocated for activity support on the centre's roster was less than the number of hours recorded on the statement of purpose. The registered provider submitted a revised statement of purpose post-inspection to indicate an improved allocation of activity staff to meet the residents' assessed social care needs of the residents going forward.

There was an overall improvement in the management, and oversight of staff training, and staff development. Records were well-maintained, and made available for inspectors to review. Staff spoken with during the inspection were able to describe the training they had done, and on how it had helped them in their day-to-day work.

The provider maintained a policy and procedure on complaints that was accessible to the residents. Records reviewed found that the provider had not received any formal complaints since the last inspection. The provider was keen to learn from complaints, and to identify patterns that may impact on the quality of the service provided. Complaints were a regular item on the provider's governance meetings agenda.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre prior to the inspection visit. In addition to the application to renew the registration the provider also submitted all the required information to comply with Schedule 1, and Schedule 2 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had recently recruited a person in charge who met all the requirements of this regulation.The person in charge was a registered nurse. They were full-time in post, and were actively involved in the governance, and management of the centre. They were knowledgeable regarding legislation pertaining to running a designated centre.

Judgment: Compliant

Regulation 15: Staffing

The inspectors found that the number of staff was not sufficient to meet the assessed needs of the current residents given the size and layout of the designated centre. In addition, the number of allocated hours made available to provide social care support to residents' was not in line with the statement of purpose. For example:

- The inspectors found that there was a reduction of allocated hours for the activity co-ordinator role.
- There were insufficient staff available to supervise residents in two day rooms.
- There were significant delays observed in responding to call-bells and to receive an assistance with their personal needs when they preferred to get up early in the morning.
- The activities co-ordinator was assisting in the supervision of two communal areas as well as co-ordinating the activity programme for the day.
- In the morning, the maintenance personnel was assisting the activities co-ordinator to support residents in one of the communal areas.
- The physiotherapist was also assisting care staff in the provision of morning care and supervision

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge did not ensure that staff were appropriately supervised according to their roles to ensure that they carried out their work to the required standards. This was evidenced by the following findings:

- Nursing staff were not administering residents' medications in line with professional requirements and the centre's medication administration policy.
- Staff were not responding in a timely manner to residents ringing their call-bells for assistance. Inspectors informed staff that residents were heard calling out for assistance.
- Inspectors observed that there was a lack of oversight and supervision to ensure that residents' care plans were implemented.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had not ensured that there were sufficient resources allocated to promote the effective delivery of care. This impacted on the routine monitoring of service provision. The providers' contingency plan to ensure all clinical roles were in place to support the effective management of the centre was not effective. The provider was aware in advance of changes to the clinical team but had not put in place effective arrangements to manage these changes.

An assistant director of nursing position was vacant at the time of this inspection. The clinical nurse manager was assisting the person in charge at the time of this

inspection, but this impacted on effective governance and oversight of the service on the floor.

The governance and management systems in place did not adequately ensure that the service provided to residents is effectively monitored regarding the following findings on this inspection. For example:

- The staffing resources available to meet the assessed needs of the residents were not sufficient, and as a result, the residents were not receiving their care according to their assessments and care plans.
- Oversight systems did not ensure appropriate staff allocations throughout the day, residents were observed unsupervised in communal areas for extended periods of time on the day of inspection.
- The oversight systems in place did not identify or take action on the lack of meaningful, interactive engagement with residents through the activity schedule.
- Monitoring systems to review the quality of the care provided did not identify gaps in the care plan audits, where resident care plans and associated risk assessments were not adequately outlined to meet residents' assessed needs. This is discussed in more detail under Regulation 5: Individualised assessment and care plan.
- The oversight arrangements to ensure the premises were in line with Schedule 6 were not appropriate.

The provider's management of risk in the centre was not effective, and as a result, the systems in place to identify, manage, and respond to risk and ensure residents' safety were not adequate. This was evidenced by the following:

- The lack of supervision of residents, particularly during the morning, when care was being delivered by staff, meant that there was potential for harm to occur to residents, or that residents' requests for support would not be responded to.
- Some store rooms were left unlocked, and there was potential for residents to access chemicals in these stores.
- An immediate action was issued to the provider as inspectors found medication for one resident on the floor of their bedroom. The clinical team identified the medication, and proceeded to carry-out an investigation into the circumstances of this medication error. The provider carried out a review of the residents' health conditions to ensure that they were not adversely impacted as a result of not receiving all of their medication.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A review of a number of contracts for the provision of services confirmed that residents had a written contract of care that outlined the services to be provided, and the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 3: Statement of purpose

Although there was a statement of purpose in place, this document did not accurately describe the following:

- The number of staff working in the centre, and their whole-time equivalent (WTE) roles. Several discrepancies were found regarding staff numbers working in a nursing capacity, and for those involved in the activity coordinator role.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed for residents in numerous locations throughout the centre. The policy was up-to-date, and was on display in the centre. Residents were aware of how to make a complaint and indicated that they felt supported to do so. Staff were also familiar with the complaints procedure, and what they were required to do in the event a resident brought a complaint to their attention.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life, which was respectful of their views and choices. There was evidence of ongoing communication and consultation with residents regarding the quality of the services they were receiving. Although inspectors found that the quality and safety of care delivered to residents required several actions to ensure that current interventions were sufficient to meet the assessed needs of the residents. In particular, more focus and effort were required to address recurring sub-compliance in regulations relating to individual assessment and care plan, infection prevention and control, and the provision of meaningful activities for all residents. There were a significant numbers of doors, which were damaged due to wear and tear. This is a recurring finding from previous inspections.

Residents were provided with good standards of nursing care, and they had access to timely health care from their general practitioner (GP), who attended the centre on a regular basis. Residents had the option of retaining their own GP should they wish to do so. There was also good access for residents to a range of services from health and social care professionals, and including psychiatric services.

Residents' care plan documentation had improved since the last inspection, and mostly ensured that the information clearly directed staff on residents' care delivery in line with residents' usual routines, preferences, and wishes. Notwithstanding this progress, some actions were found necessary to ensure that residents' family members were involved in care plan reviews, and had the opportunity to support residents at these reviews. Inspectors reviewed a sample of resident files, and found that residents had been assessed within 48 hours of being admitted to the designated centre as per the requirements of the regulations; however, some assessments did not sufficiently inform the resident's care plan. Additionally, where risks had been identified on the initial assessment, these had not been followed up using a validated risk assessment tool.

Inspectors found that residents at risk of experiencing responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were, on the whole, well supported. However, behaviour support care plans did not provide sufficient detail to guide staff on all de-escalation strategies to support resident in their needs.

There were arrangements in place to ensure residents were facilitated to practice their religious beliefs.

There was a small oratory and a small library in the centre; however, residents were unable to use the library facility on the day of the inspection as it was being used to store building materials. Inspectors were informed the day after the inspection that this facility reverted to residents' use. Residents had access to local and national newspapers, television and radio.

A review of three twin-occupancy rooms found that the provision of one television set in two of the three twin bedrooms did not afford each resident personal choice regarding their television viewing and listening. Furthermore, the configuration of three twin bedrooms meant, that one resident did not have access to the window or to the natural light should the other resident have their bed screen closed.

In two of the three twin rooms, access to storage and to seating was limited, and as a result, not all residents could have seating within their bedspace. In two of the twin rooms, residents' ability to store clothes in their wardrobes was limited due to the wardrobe size.

There were infection prevention and control measures in place in the centre; however, there was no effective system in place to identify whether assistive equipment had been cleaned between resident use, which increased the risk of cross contamination. Gaps were found in the oversight of records to confirm that equipment cleaning had occurred, and this is a recurring finding in this centre. There was a lack of equipment to promote effective infection control, such as clinical hand-hygiene sinks, and alcohol hand rub in the centre.

Regulation 12: Personal possessions

There was insufficient wardrobe space available for residents to store and maintain their personal possessions and clothes in bedroom 17. Residents could only store a small amount of clothing due to the limited space available, which would not allow residents to have a choice in what they wanted to wear.

Judgment: Substantially compliant

Regulation 17: Premises

The centre’s premises did not conform to all of the matters set out under Schedule 6 of the regulations. For example:

Inspectors found that the layout of the three twin-occupancy rooms that currently accommodated five residents did not meet the requirements of regulations. For example:

- The current layout of two twin bedrooms 17 and 20, did not allow the residents to have a comfortable bedside chair within their own private space or sufficient storage space to store their personal belongings.
- There was insufficient circulation space around the beds in these rooms, which did not facilitate residents' needs for privacy and dignity during personal care and transfer procedures.

- The layout of room 11 did not allow for one resident to access daylight if the privacy curtain of the other resident was drawn for a significant period of time, and the overhead light at the bedhead was not accessible.
- In addition, there was one television in this twin bedroom, which did not allow for residents' choice should both residents wish to watch different programmes at the same time.

A review of the premises found that the following areas were not kept in a good state. The residents' doors and architrave surrounding these doors were scuffed and damaged.

- The privacy curtain in one of the twin rooms was heavily stained.

Furthermore, the residents' library facility was found to be used as a temporary maintenance storage, which meant that residents could not use this facility should they have wanted to.

Judgment: Not compliant

Regulation 27: Infection control

The infection prevention and control processes that were in place did not adequately address risks associated with the transmission of healthcare-associated infections. For example:

- The provider had introduced a system to identify equipment that had been cleaned. However, this system had not been consistently implemented at the time of inspection. Documentation to confirm that equipment had been cleaned was not consistently completed or signed off by senior personnel. This was a repeated finding from the last inspection.
- A full-body hoist and a standing hoist were found to be unclean.
- Unidentified slings were found stored in a multi-occupancy room, which could increase cross-contamination.
- There was a limited number of clinical hand-wash sinks in the centre to promote effective hand hygiene.
- Store rooms were cluttered with items stored on the floor of these rooms, preventing them from being appropriately cleaned.
- The floor in the sluice room was stained and unclean.
- There was a lack of alcohol hand-rub at the point of care along one corridor.
- The fabric on a chair in the oratory room was torn, which meant this chair could not be cleaned effectively.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of resident care documentation found:

- Where risk was identified for one resident in relation to their proximity to an electric stove, this was not sufficiently addressed in their care plan. A risk assessment had not been completed to identify the measures to be taken to reduce or eliminate this risk.
- There was no documented evidence of discussions with residents or nominated representatives in the review and development of care plans.
- A review of residents' behavioural support care plans found that trigger factors and de-escalation techniques were not always fully outlined to adequately guide staff practice to safely interact and support residents during episodes of responsive behaviours.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' had good access to general practitioner services. Out-of-hours medical services were also available. Some residents had maintained their own GP, with some opting to change on admission for convenience. There was access to additional multi-disciplinary team services (MDT), such as speech and language therapy, a dietitian, psychiatry of old age, and a tissue viability specialist.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was inadequate oversight of residents' behavioural patterns to inform effective care interventions. Inspectors found no evidence that residents' behaviour patterns and cues for support were analysed and that de-escalation techniques identified in the residents care plans were used.

There were some restrictive practices in use that did not reflect best-evidence practice guidance, and did not fully ensure that these practices were used in the least restrictive manner, and for the minimum amount of time required. For example;

- Residents could not freely access an outside garden facility located outside one of the units. The codes used to control access to this facility were not made available for residents who may wish to access this area independently

Judgment: Substantially compliant

Regulation 8: Protection

The centre had policies and procedures in place to protect residents from abuse. The provider ensured that staff were facilitated to attend training on safeguarding. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre.

Residents told the inspectors that they felt safe in the centre. In addition, a review of monies and valuables held in the centre on behalf of residents was maintained and stored securely.

Judgment: Compliant

Regulation 9: Residents' rights

The systems in place did not ensure that residents' rights were fully upheld in all areas of the service. For example:

- Although there was an activity programme available in the designated centre, on the day of inspection, there was one activity coordinator available to provide social care support to 57 residents located in four separate communal rooms.
- While there was a schedule of activities for residents to participate in, staff coordinating these activities were regularly interrupted in their role, and called away to provide assistance with personal care as requested by residents. This meant that when the activity coordinator was assisting these residents, residents who were participating in these activities had to wait for their return to resume the activity.
- The layout of two twin bedrooms did not allow residents to undertake personal activities in private, as there was not sufficient space between each bed. In addition, some residents were unable to sit out within their own bedspace because there was no space for a chair. Some residents in these rooms were also sharing a television, which impacted on the residents' choice of what they watched or listened to on the television.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sonas Nursing Home Cloverhill OSV-0000384

Inspection ID: MON-0049591

Date of inspection: 19/02/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
A comprehensive review of the staffing levels and allocations and occupation of communal areas has been conducted. Additional staffing is now rostered and the impact of this is being monitored in terms of call bell response time, resident feedback and resident supervision.
Allocations have also been reviewed to ensure that there are allocated staff for responding to call bells.
Currently, manual audits of call bell response times are being conducted whilst we seek a more automated ability from our call bell software.
The maintenance person and the physiotherapist and not included in the morning allocation of supervision, care or activities and will strictly adhere to their roles. This is being supervised by the nurse in charge of each area.
The 0.5 WTE activities role has now been filled. In the interim HCAs were rostered extra to the HCA hours required and thus additional hours were rostered for the provision of activities.
The APIC role recruitment is active and interviews have commenced. There are 40 hours supernumerary available for the management roster and these are being filled by the centres CNM – therefore there is no gap in the management hours for the centre. The Quality Manager is providing onsite support on a weekly basis and remains available for additional operational and clinical support as required.

Clinical review meetings are held weekly between the PIC and QM in order to review resident care, incidents, staffing levels and quality improvement actions and this is reported to the CCO who in turns reports to the RPR and senior leadership team.

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Following the inspection:

• The nursing staff have completed refresher training on medication management, with particular focus on adherence to the "ten rights" of medication administration and professional standards of practice.
• Reflective practice has been conducted in relation to medication practices and the incident which occurred.
• Assessments of administration have been conducted with all nurses in order to ensure that all nursing staff demonstrate safe medication administration practices and understand the accountability relating to same.
• Enhanced staff allocations are now in place so that all call bells are answered within an acceptable timeframe. This is being closely monitored by the PIC and Quality Manager.
• At the recent staff meeting and at daily huddles the PIC discussed the importance of answering residents bells on time and the importance of adhering to their own roles and allocations.
• A full review of the care plans has been conducted – an improvement plan is in progress. A further plan for regular maintenance has also been developed. This is overseen on a weekly basis by the Quality Manager. A peer audit of the care plans has also been conducted whereby another Quality Manager from another region in the group has audited the care plans.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• Active recruitment is in progress to fill the vacant 1 x WTE APIC and the 0.5 WTE activities role has been filled.
• The home management team together with the Quality Manager have met with the residents and discussed their rising and settling times with them and their preferences for the social, therapeutic and engagement programme. As a result of this the way in which the day rooms are being utilised has changed. The activities schedule has been adjusted to accommodate these preferences and the allocation of staff has been reviewed in addition to the rostering of additional care hours. Following the review and consultation with the residents we now use three of the days rooms as general communal rooms and "cams" is used as a recreational space. This means that residents have a choice over where they would like to spend their time and it also facilitates better

staff/resident supervision. We will seek resident feedback again in order to ensure that these options are working for them. Healthcare staff have received guidance regarding meaningful engagement and social interaction with residents throughout the day. External entertainers, community groups and therapeutic activity providers continue to be scheduled.
• Staffing allocation has been revised to ensure supervision is maintained in all day/sitting rooms throughout the day.
• Specific staff members are assigned to each communal area during peak resident usage times.
• Additional care hours have been rostered during mornings, mealtimes and evenings to support residents who choose to rise later or retire earlier.
• A revised activities schedule has been implemented based on residents' assessed preferences, cognitive abilities and participation levels.
• The Person in Charge, CNM and NIC conduct daily observational walkarounds to ensure residents are appropriately supervised and engaged.
• Regular feedback will be sought through the residents meetings following these changes.
• A full review of the care plans has been conducted – an improvement plan is in progress. A further plan for regular maintenance has also been developed. This is overseen on a weekly basis by the Quality Manager. A peer audit of the care plans has also been conducted whereby another Quality Manager from another region in the group has audited the care plans. The results of these audits have been presented for review and for action plan sign-off by the Chief Clinical Officer.
• Staff have been reminded of their responsibility to ensure that all storerooms remain locked, regular checks are carried out by the management team to ensure that this is being done. Live risk assessments are conducted if a new or temporary hazard arises.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

• An updated SOP has been submitted to the chief Inspector.
• Active recruitment is ongoing for the vacant 1 x WTE APIC and the 0.5 WTE activities role has been filled.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
An immediate review of the residents personal storage requirements has been undertaken to ensure adequate space is available for clothing and personal possessions in bedroom 17. The wardrobe capacity has been increased to accommodate the residents needs and to ensure sufficient choice of clothing is available at all times. This has achieved through the re-configuration of the bedroom layout Completed

Regulation 17: Premises	Not Compliant

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

The registered provider acknowledges the findings of the inspection in relation to Schedule 6 of the regulations.

n Bedroom 11, the bed layout will be rearranged to improve residents access to natural daylight and enhance privacy and dignity. Works will also include improvements to the dividing privacy curtain arrangement and the installation of a second television to ensure residents can exercise personal choice in relation to television viewing. Painting and re-wiring is complete and TVs purchased. The remainder of the works will be complete by 12 Jun 26.

The damaged and scuffed residents doors and surrounding architraves have been repaired and redecorated to ensure the premises are maintained in a good state of repaired.

The stained privacy curtain identified during the inspection has been removed and replaced.

The residents library facility has been fully cleared of maintenance storage items. New curtains and furniture have been provided and the room has been reinstated as a comfortable communal facility for residents use.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

• The system to identify the decontamination of resident equipment has been further reviewed and it is now clear that it is being consistently done. This is signed off by the home management team and the records are clear and easily retrievable.
• The hoists were cleaned immediately during the inspection and the new system in place ensures that dirty hoists will no longer be in use.
• Additional hand-washing sinks are being provided through the capex budget and this is currently risk-assessed.
• Storage rooms were immediately de-cluttered and are now checked on a daily basis during the home management team walkarounds.
• The sluice room floor was immediately cleaned. Cleaning schedules have been reviewed so that this does not occur again.
• Alcohol hand-rub is risk assessed and applied at point of care.
• The fabric chair was disposed of immediately.
• Ongoing staff training and education in IPC practices continue to be delivered through daily huddles, structured education, sharing learning from audits and through guidance and mentorship from the in-house IPC link facilitator.
• Immediately after the inspection the hoist slings were reviewed. All slings were washed and labelled and assigned to each residents room. Staff received refresher training regarding infection prevention and control practices, including safe storage and handling of resident equipment.

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:

• A risk assessment has been completed for this resident and all residents have been reviewed by the PIC to ensure that all relevant risk assessments are in place.
• Discussions had taken place with residents and their NSPs but this had not been clearly documented or recorded. The nursing staff have been re-educated about the importance of recording this information.
• Behaviour support care plans have been reviewed and updated to include residents individual triggers, early warning signs and de-escalations strategies.
• Regular audits are being conducted by the home management team to ensure that the nursing process is complete in its entirety and spot check reviews are conducted by the quality manager.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
• The oversight of the care plans for residents with responsive behaviours has been enhanced through peer audit at the quality manager level.
• New ABC charts trigger an automated report every Monday for the Quality Manager and thus the Quality Manager can follow up and review if a sufficient care plan is in place. This is reviewed every Monday.
• The associated care plans have been reviewed and updated.
• Open access to all external garden facilities is now in place.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• A comprehensive review of the social, therapeutic and recreational programme has been undertaken. This has included resident feedback and a comprehensive review of resources. As a result, resources have been increased. Further resources are also approved and recruitment is ongoing for same. Enhanced staff allocations are in place and how each day room is being used has also been reviewed. The review of the day room usage has meant that the residents can choose how they wish to spend their day and what level of interaction they would like. It also ensures sufficient staff allocation to both communal areas and to residents bedrooms.
• In Bedroom 11, the bed layout will be rearranged to improve residents access to natural daylight and enhance privacy and dignity. Works will also include improvements to the dividing privacy curtain arrangement and the installation of a second television to ensure residents can exercise personal choice in relation to television viewing. In addition, the overhead bedhead light accessibility will be addressed as part of these works.

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(c)	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 he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	12/06/2027
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/05/2026

Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	12/05/2026
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/12/2027
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	30/06/2026
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	30/06/2026
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that	Not Compliant	Orange	30/06/2026

	identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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	30/06/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	12/05/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/06/2026
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs	Substantially Compliant	Yellow	12/05/2026

	of each resident when these have been assessed in accordance with paragraph (2).			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	12/05/2026
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	12/05/2026
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of	Substantially Compliant	Yellow	12/05/2026

	Health from time to time.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	12/05/2026
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	12/05/2026
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	30/06/2026