

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

## Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Ard Na Greine
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Bothar na Cé, Enniscrone, Sligo
Type of inspection:	Unannounced
Date of inspection:	09 June 2025
Centre ID:	OSV-0005421
Fieldwork ID:	MON-0046445

## About the designated centre

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

Sonas Ard na Gréine is a purpose built nursing home providing 24-hour long term, convalescent and respite care for both male and female residents. The centre is situated in the town of Enniscrone, Co. Sligo. The aim of the home is to provide a residential setting wherein residents are cared for, supported and valued within the care environment that promotes the health and well being of residents.

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

Number of residents on the date of inspection:	52
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Monday 9 June 2025	09:00hrs to 17:00hrs	Michael Dunne	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a satisfactory quality of life, supported by a team of staff who were kind, caring, and responsive to their needs. The overall feedback from residents was that they were happy with the care they received, and that staff looked after them very well.

Following an opening meeting held with the person in charge, the inspector commenced a walkabout of the designated centre. During the walkabout, the inspector met several residents and staff as they began their routines for the day. The inspector observed that many residents were up and about, some were receiving personal care support from the staff team, while several residents were observed relaxing in communal rooms. Some residents chose to remain in their bedrooms, and were observed reading local papers, listening to their radios, or chatting to staff.

Sonas Ard na Gréine is a purpose-built two-storey nursing home providing long-term, and respite care for both male and female residents. The centre is located on the outskirts of Enniscrone, Co. Sligo. Residents' accommodation is provided in both twin- and single-occupancy bedrooms located on the ground floor. The inspector saw that bedrooms were personalised, with items such as photos of family, friends, or special occasions, ornaments, and soft furnishings. Residents told the inspector that they were happy with their rooms and said they were comfortable, warm, and cleaned regularly by the staff team. Residents confirmed they were also happy with the laundry service, and commented that their clothes were returned to them without delay.

Discussions with members of the staff team confirmed that they were familiar with residents' needs and preferences, and observations found that staff were respectful in their interactions with residents. Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were found to be provided with appropriate levels of support to maintain their safety, and that of the other residents. Residents who walked with purpose were supported by staff in a dignified manner, and this approach was seen to reduce potentially challenging situations and maintain the safety of those residents. The inspector observed that call-bells were answered promptly by the staff team, and staff were observed to announce their arrival when attending resident rooms. The inspector observed that one area of the centre where nine residents were in attendance was left unsupervised for a period of time. This was brought to the attention of the person in charge on the day and is discussed in more detail under Regulation 23: Governance and management.

The person in charge is well-known to residents and their families. Visitors to the centre were observed to be made welcome and were greeted by the staff team.

Visitors were seen to complete the sign in register prior to gaining entry to the nursing home. A visiting room was available should residents, and family members wish to meet outside of the residents private space.

While residents were accommodated on the ground floor, the first floor was used for staff facilities and storage purposes. Residents' facilities were well-maintained, with accessible bathroom/toilet facilities located throughout the designated centre. Corridors, toilets and bathrooms had handrails in place to support resident independence, to mobilise around the home safely. Communal rooms were well-lit and comfortably furnished for residents' enjoyment. There was a choice of larger and smaller, quiet seating areas for residents so they could choose the type of environment that suited them.

There are a number of designated storage rooms in the centre. Although the provider had made several improvements to the existing storage facilities, one storage facility did not ensure the appropriate segregation of items. This is discussed in more detail under Regulation: 27 Infection control. The inspector visited the laundry, and sluicing facilities in the centre, and found them to be suitable for their intended purpose. The provider was found to have made improvements to the layout of a sluice facility, which included the installation of a new bedpan washer, sink and worktop. Laundry skips were covered to protect linen and towels. However, the movement of laundry trollies along the corridors caused high noise levels in the centre. This had the potential to impact on residents peaceful enjoyment of their environment.

Residents were observed to be able to move about their home freely, two secure enclosed garden areas are available for residents to use, and were found to be well-maintained and contained shrubs, flowers and sufficient seating to support residents' comfort. The inspector noted that these areas were accessible to residents throughout the day. There was evidence of information displayed throughout the centre guiding and informing residents about on-site and local activities, as well as community services that were available. Advocacy services were also available to support residents, and contact details for these services were advertised in the designated centre.

Residents were observed taking part in activities throughout the day of the inspection. An activity schedule was displayed in the centre, and residents were facilitated to engage in activities of their choice. The inspector observed that there were a number of group and individual activities provided throughout the day. Residents were observed to enjoy a pet therapy session in the morning. In the afternoon, one-to-one visits to residents' rooms were prioritised, although group activities included arts and crafts, card games and sewing were also available. The inspector observed that some residents chose to spend time independently in their rooms, and those spoken with confirmed that this was their preference.

The inspector attended the dining room and spoke to kitchen staff who were supervising this area. The staff confirmed that residents were provided with a choice of main meal, and could also access alternative food should they not like what was on the menu. The menu options available on the day included a bacon or chicken

meal. There was a selection of snacks and refreshments available for residents throughout the day. There were water dispensers available in the designated centre to promote good hydration.

The next two sections of this report present the findings of this inspection in relation to the governance and management of the centre and how these arrangements impacted on the quality and safety of the service provided to residents.

## Capacity and capability

This inspection found that the centre was well-managed by an experienced team who promoted an open and inclusive culture in which residents received person-centred care in line with their needs and preferences.

This was an unannounced inspection completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspection was carried out over one day and was facilitated by the person in charge. An application to renew the registration of the designated centre was received by the Chief Inspector of Social Services, and was being processed in line with procedures at the time of this inspection.

The inspector found that overall, the provider had implemented the majority of their compliance plan arising from the last inspection in July 2024, and these actions had brought a number of regulations back into compliance. These improvements included the re-establishment of the Oratory facility to its original purpose, as it had been used as an equipment store identified on the last inspection. Actions carried out by the provider also included the storage, cleaning, and monitoring of mobility equipment, which improved the quality of infection control monitoring. While there had been a review of storage facilities, which improved overall access to products and equipment, one storage area required additional focus.

The designated centre is operated by Sonas Asset Holdings Limited. There is a clearly defined management structure in place that identified the lines of authority and accountability. The management team consists of the person in charge, an assistant director of nursing (ADON), two senior staff nurses, and a quality manager who attends the centre one day per week. A team of staff nurses, health care assistants, a physio assistant, household, catering, maintenance, and administration staff made up the full complement of staff.

There was a well-established audit schedule in place to monitor the standards of care provided. Results of audits confirmed high levels of compliance, and where improvements were identified, there were action plans in place to address the issues identified. Additional focus is required to ensure that segregated storage is maintained throughout the centre, and identified in audits where this is not the case. On the whole, records were well-maintained and updated as and when

required; however, some systems of oversight require strengthening to ensure that where gaps do occur, they are addressed as discussed under Regulation 21: Records and Regulation 23: Governance and management.

Records confirmed that there were sufficient staffing levels with an appropriate skill-mix across all departments to meet the assessed needs of the residents. There were no staff vacancies on the roster at the time of this inspection. In instances where gaps appeared on the roster they were filled by existing team members. Records confirmed the provider had accessed an additional resource to provide additional supervision for a resident who displayed responsive behaviours to maintain their, and other residents' safety.

During the walkabout, the inspector observed an unsupervised area where nine residents were located, five residents were located in the lounge area, and four in the dining area, and were finishing their breakfast. This area was normally supervised by a health care assistant (HCA) and a nurse. However, the inspector saw no staff presence in this area for a period of four minutes, which meant that resident safety was compromised. This was addressed by the management team when the inspector made them aware of the situation.

Staff reported that they had access to regular training and updates, and were knowledgeable about key areas of safe working practices such as fire evacuation procedures, infection control, and moving and handling techniques. Staff were observed using mobility equipment to transfer residents during the inspection, in a safe manner in line with standard guidance. Staff were observed to work co-operatively, and this helped to create a positive and caring environment in which residents told the inspector that they felt valued and well-cared for.

The provider had completed a comprehensive report on the quality and safety of care for 2024, which also included an improvement plan for 2025. This report provided key information about the performance of the service, and also included residents' feedback regarding their views of the service.

There was a complaints policy in place which met the requirements of Regulation: 34. The complaints policy was advertised in prominent locations in the designated centre. At the time of this inspection, there were no complaints open on the complaints register.

#### 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 15: Staffing

There were sufficient numbers of staff available with the required skill-mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staffing resources were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training for their roles. Mandatory training was provided in key areas such as adult safeguarding, moving and handling, and fire safety. Refresher training was available to ensure staff maintained their training requirements. There was a range of supplementary training available for staff to attend, such as wound management, medication management, dementia, infection prevention and control, dysphasia, and cardio-pulmonary resuscitation (CPR).

Judgment: Compliant

### Regulation 21: Records

The provider made available records in accordance with Schedules 2, 3 and 4 for the inspection. A review of these records found,

- The system for recording one residents' finances held in the centre was not sufficiently robust, as there was only one staff signature in place for some transactions.
- A number of gaps were found in the records to confirm cleaning had occurred.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided; however, some actions were required

to ensure that these systems were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- There was an inadequate staff allocation, and coordination of staff breaks, which resulted in residents located in one area of the centre being left unsupervised.
- The oversight of cleaning records had not identified gaps in records confirming that cleaning had occurred.
- Infection prevention and control (IPC) audits had not identified the risks associated with the storage of clinical and non-clinical items in the same storage area.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which described the facilities and services available in the designated centre. This document, which had been updated on 30 April 2024, contained all the required information as set out under Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an accessible complaints policy and procedure in place to facilitate residents, and or their family members, lodge a formal complaint should they wish to do so. The policy clearly described the steps to take in order to register a formal complaint. This policy also provided details of the complaints officer, timescales for a complaint to be investigated, and details on the appeal process should the complainant be unhappy with the investigation conclusion.

A review of the complaint's log indicated that the provider had managed complaints received, in line with the centre's complaints policy.

Judgment: Compliant

## Quality and safety

Residents were supported and encouraged to have a good quality of life where their choices were respected. A review of records confirmed that residents were in receipt of positive health and social care outcomes, and that their assessed needs were being met by the registered provider. Regular consultation between the provider and residents ensured that residents were kept informed about key events that impacted on their quality of life.

Records reviewed confirmed that residents living in this centre had a pre-assessment completed prior to being offered a placement to ensure that the provider was able to meet the assessed needs of the residents. Residents were consulted about how they would like care interventions to be provided, and where residents were unable to provide this information, significant others were consulted, such as family members. Care plan reviews took place every four months or when residents' needs changed. A selection of mood and behaviour and safeguarding care plans was reviewed, and found to accurately describe the assessed needs of the residents and the required interventions to meet those needs. There was access to specialist advice from medical professionals, and where this was accessed, care plans were found to be updated in line with the advice received.

Residents had access to a range of health care services, which included a general practitioner (GP) service, support from a geriatrician, and psychiatric review when required. There were arrangements in place for residents to access health and social care services such as dietitians, speech and language therapists, and tissue viability nursing (TVN) to provide support with wound care if required. Regular audits were in place from the local pharmacy to support and promote effective medicine oversight.

Staff and resident interactions that were observed by the inspector were found to be supportive and positive. The provider had maintained good levels of communication with residents, ensuring that they were kept up-to-date regarding key events in the home. Residents' meetings were held on a monthly basis and covered topics such as resident care, food and catering, resident activities, and infection prevention and control issues. In addition to the structured residents' meetings the provider kept residents informed either verbally or through regular written communication.

Residents' right to privacy and dignity were respected, staff were observed to knock on residents' doors prior to entry, and explain the purpose of their visit. There were opportunities for residents to engage in the activity programme inline with their interests and capabilities. Residents were seen to engage in planned activities throughout the day, while other residents pursued their own individual interests either in communal areas or in their own rooms.

There was a clear safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse and the procedure for reporting abuse when it was disclosed by a resident, reported by someone, or observed. The management team were clear on the steps to be taken when an allegation was reported. The staff team had all completed relevant training and were clear on what may be indicators of abuse and what to do if they were informed of or

suspected abuse had occurred. The provider maintained accurate and up-to-date records in relation to staff to ensure compliance with Schedule 2 of the Regulations.

While the provider maintained records in accordance with Schedule 3 of the Regulations, the system for recording monies held and withdrawn in the centre for one resident was not fully transparent. Records made available for the inspector to review did not give an itemised account of monies lodged and withdrawn.

The provider maintained a restraint register. The inspector found that the provider was working towards a restraint-free environment, and where restrictive practices were introduced, they were well-managed and kept under regular review.

The design and layout of the premises provided residents with sufficient communal and personal space to be able to enjoy their lived environment. The centre was well-maintained, and there were arrangements in place for ongoing maintenance. Communal rooms were tastefully decorated and were laid out to promote social engagement. There were secure garden facilities where residents could enjoy outside space. These areas were well-maintained by the provider.

The provider had ensured that there are sufficient storage facilities in this centre, which for the most part, allowed for the segregation of clinical and operational items to be stored separately. Nevertheless, one store room contained a number of clinical and non-clinical items such as face masks, pressure cushions, catering items, floor cleaning machines, televisions, which had the potential for cross infection. There was regular monitoring of these areas through audits and daily observations. The laundry and sluice rooms were clean and well-maintained, and a review of cleaning records confirmed that all areas of the centre were regularly cleaned although some cleaning records were incomplete.

There were service records available to show that the equipment was maintained and serviced. The centre's infection prevention and control measures were subject to regular review and discussed regularly at governance meetings.

## Regulation 17: Premises

The registered provider provided premises which were appropriate to the number, and needs of the residents living in the designated centre. The premises were clean, well-maintained, and conformed to the matters set out in Schedule 6 of the Regulations.

Judgment: Compliant

## Regulation 26: Risk management

A review of records confirmed that a risk management policy and procedure are in place to assist the management team monitor and control risks in the designated centre. This policy made reference to the five specific risks as outlined under regulation 26. Overall, there was good oversight of risks in the designated centre, which included a review of the risk register during management meetings.

Judgment: Compliant

### Regulation 27: Infection control

The provider did not ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services published by the Authority. This was evidenced by,

One storage room located on the first floor was cluttered, and did not provide for the segregation of clinical, and non-clinical products and equipment, which posed a risk of cross contamination. Some items were stored on the floor which hindered effective cleaning of the floor surface.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents' health and social care needs were assessed both prior to and on admission to the designated centre. Following these assessments, personalised care plans were developed in response to any identified need. Records confirmed that care plan reviews took place every four months or when residents' needs changed. A variety of evidence-based clinical tools were used to assess residents' needs, including mobility, nutrition and skin integrity.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that residents had timely access to medical, health and social care professionals. There were also arrangements in place for out-of-hours medical support for the residents. The registered provider ensured that there was a high standard of evidence-based nursing care in accordance with professional guidelines.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Staff who spoke with inspector had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours. Staff were familiar with the assessed needs of the residents, and were knowledgeable about the triggers that may cause distress or anxiety. Referrals were made to specialist services such as psychiatry of later life, and for additional staffing resources to maintain resident safety.

There was a restrictive practice policy in place to guide staff. Records show that when restrictive practices were implemented, a risk assessment was completed, and there was a plan in place to guide staff. Alternatives to restrictive practices were observed to be trialled in the first instance, with restrictions only introduced when required to maintain resident safety. There was a restrictive practice register in place, which was reviewed on a regular basis.

Judgment: Compliant

## Regulation 8: Protection

The provider had effective systems in place to ensure residents were protected from abuse. These included the provision of safeguarding training for all staff working in the centre. In addition, any allegations or incidents of abuse were recorded, investigated and followed up in line with the centre's safeguarding policy and procedures by the person in charge.

Staff who spoke with the inspector were able to give a clear account of the types of abuse they needed to be aware of, and what to do if they witnessed an abusive incident. Care staff confirmed that they were able to talk with nurses or the person in charge if they had any concerns in relation to abuse.

A review of staff records confirmed the provider maintained these records in accordance with Schedule 2 of the Regulations.

The inspector found the provider was working closely with safeguarding, social work and advocacy in an attempt to set up a separate bank account for a resident for whom they acted as a pension agent.

Judgment: Compliant

## Regulation 9: Residents' rights

There were arrangements in place for residents to pursue their interests on an individual basis or to participate in group activities. Residents' right to privacy and dignity were respected. Staff and resident interactions that were observed by inspectors were found to be supportive and positive.

The provider had maintained good levels of communication with residents ensuring that they were kept up-to-date regarding key events in the home. Resident meetings were informative and covered topics such as resident care, food and catering, resident activities, infection prevention and control issues. In addition, to the structured residents' meetings the provider kept residents informed either verbally or through regular written communication.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Sonas Nursing Home Ard Na Greine OSV-0005421

Inspection ID: MON-0046445

Date of inspection: 09/06/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: A review of how residents finances are recorded has been completed. As a result, the template used for documenting financial transactions has been updated. The revised template now requires two staff signatures for all transactions.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: On the day of inspection the PIC followed up on the inspectors feedback in order to determine why the day room was not supervised despite sufficient staffing and designated allocations. The reason determined was lack of communication between the team around break times. This has been discussed with all staff and the NIC ensures that all delegated allocations and break times are adhered to. The home management team supervise this daily.  The Director of Operations is currently implementing a new cleaning schedule system, which will digitise all cleaning records through our "Care Monitor System." This upgrade will enable the Person in Charge (PIC) to have live and remote access to monitor cleaning schedules in real time, ensuring they are fully completed each day. Additionally, the Quality Manager will have remote access to the system, providing an extra layer of oversight and governance.  A review of the Infection Prevention and Control (IPC) audit tool has been completed. As part of this review, a new section focusing on storage rooms has been added. Additionally, specific questions on the segregation of clinical and non-clinical items are now included.	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The storage of items on the floor and of non-clinical with clinical in the storage rooms was addressed immediately. The PIC has discussed with the home management team and the nursing team the importance of monitoring this on their walkarounds.</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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/07/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Substantially Compliant	Yellow	30/07/2025

	Authority are in place and are implemented by staff.			
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