



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

## Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Belmullet
Name of provider:	Storey Broe Nursing Service Limited
Address of centre:	Tallagh Road, Belmullet, Mayo
Type of inspection:	Unannounced
Date of inspection:	29 January 2026
Centre ID:	OSV-0005589
Fieldwork ID:	MON-0046703

## About the designated centre

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

Sonas Nursing Home, Belmullet, is registered to provide care to 48 residents over the age of 18 who require long or short-term care. Residents with dementia care, physical disability or palliative care needs are accommodated. The centre is located in a residential area approximately one kilometre outside the town of Belmullet, Co. Mayo. It is largely a single-storey bungalow-style building with some facilities for storage and staff accommodation on part of the upper floor. Bedroom accommodation for residents consists of 24 single and twelve twin-occupancy bedrooms. The communal space includes two sitting areas, a visitor's room/office, a dining room, an oratory and a smoking room. There is a suitable enclosed garden that is readily accessible to residents. Adequate showers, toilets and bathrooms are available. The overall objective of the centre is to promote, maintain and maximize the independence of each resident in accordance with his or her wishes.

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

Number of residents on the date of inspection:	41
--	----

I

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 29 January 2026	09:15hrs to 16:30hrs	Michael Dunne	Lead

## What residents told us and what inspectors observed

Residents living in this centre were supported to enjoy a good quality of life that was respectful of their choices, and autonomy. There was evidence to show that residents were involved in all aspects of their care, and where this was not possible that their designated person was consulted about how the resident would prefer care support to be delivered. There were effective communication systems in place to ensure that residents were kept informed regarding key events in the centre. There was good use of notice boards to update residents on the availability of activities, access to advocacy, and on how to register a complaint. In addition, resident meeting records confirmed that residents were communicated with on a regular basis and had the opportunity to raise issues about the quality of the service delivered.

This was an unannounced inspection carried out to review compliance with the regulations, and to follow up on actions the registered provider had agreed to take in order to achieve compliance with the regulations from previous inspections. Upon arrival the inspector completed the sign-in process, and completed a walk about of the designated centre. Later the inspector met with the person in charge, and discussed the format of the inspection.

There were 41 residents living in the centre on the day of the inspection, as the provider was keeping a number of rooms vacant to allow for the reconfiguration of the remaining four twin rooms.

There was a warm and welcoming atmosphere in this designated centre, which was apparent to the inspector on arrival. Residents told the inspector that both the management and staff were approachable, and were available to meet with them daily, should they have any concerns or requests. The inspector met with several residents during the inspection, and spoke with five residents in detail, about their lived experience of the centre. The overall feedback from residents was that they were content with the level of support provided to them, and that they got along well with the staff team.

Breakfast was available from 7am for those residents who arose early, and continued until 10.30am. There were several residents in the dining room observed on the centre walkabout. Residents were found to be relaxed in the company of staff, and there was friendly, and cordial banter observed between them. It was clear that staff were aware of the assessed needs of the residents, and this contributed to positive outcomes for them.

Several other residents had already had their breakfast, while some preferred to have their breakfast in their rooms. Many residents were observed mobilising throughout the centre independently, while others required the assistance of staff to

support their mobility and transfer. Staff were observed to be attentive to residents' needs, and residents' requests for assistance were provided without delay.

There were several communal areas available for residents to use. Two sitting rooms located near the entrance of the centre had views of the sea, and the local hinterland which residents said they enjoyed looking out at. Corridors in the centre were wide, and provided adequate space for walking, and for those using mobility aids. Handrails were in place on both sides of all corridors to enable residents to mobilise in a safe manner. Walls along the corridors were decorated with brightly coloured artwork. Residents had unrestricted access to all areas of their home, and included access to a secure courtyard area which was used for barbecues, and other events held in the centre. This area also contained an appropriate smoking facility. The external walls in the courtyard area looked dated, and dark required painting to brighten up the environment.

Resident bedrooms were tastefully decorated and well-laid out for the comfort of the residents. Residents personalised their rooms according to their individual tastes. Four twin-occupancy rooms required reconfiguration to support residents' unhindered access to the clothes, although the provider had a plan in place to have this work concluded within the next three months.

Throughout the day, residents were observed to be engaged in various activities, including a music concert on the online platform, and a light physical exercise session organised by the physiotherapist. Other activities organised on the day of the inspection included one-to-one support for residents, mass, and the reading of newspapers. The inspector observed that the activities coordinator knew the residents' personal abilities, and preferences very well.

The dining area was clean and well-designed to meet the needs of the residents. Tables were dressed with tablecloths, menus were printed, and located on each table. The lunch options consisted of a choice of main meal of beef stroganoff, or roast chicken option. The options available for residents to choose from at tea-time consisted of chicken goujons, sausages, chips, yoghurts, fruits, and a selection of sandwiches. Residents who shared their views with the inspector, said that they enjoyed their food, and that their meals always met their satisfaction. The inspector observed the breakfast, and lunch service, and found that there were sufficient staff resources available to provide support residents with their eating and drinking.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations assessed on the inspection.

## Capacity and capability

This inspection found that the provider had ensured the designated centre was well-managed for the benefit of the residents who lived there. There were systems to ensure that care and services were safe, and were provided in accordance with the designated centre's statement of purpose. This helped to ensure that residents were able to enjoy a good quality of life in which their preferences for care, and support were respected, and promoted. There were some improvements required to ensure that documentation submitted to support the renewal of the designated centre's registration was accurate, and up-to-date. In addition, there was a delay in the completion of reconfiguring 12 twin rooms, so that residents could access their personal belongings without entering the private space of the other resident sharing that twin room. The inspector noted that the provider had already completed the reconfiguration of eight of the 12 twin rooms, and anticipated that all of these rooms would be reconfigured within the next three months.

The registered provider for this designated centre is Storey Broe Nursing Services Limited. There was a clearly defined management structure in place. The local management team consists of the person in charge, an assistant director of nursing (ADON), and a clinical nurse manager (CNM). The remainder of the teams consists of nurses, health care assistants, activity co-ordinators, and housekeeping, catering administrative, and maintenance staff. Additional governance support was provided by the director of quality and governance, and by a regional manager who visits the centre on a weekly basis.

The statement of purpose required a small number of adjustments to ensure that it contained accurate information about the centre. The provider submitted an amended version post inspection, which clearly identified the number of buildings, and the use of rooms located in the centre.

Records were well-maintained, the directory of residents was accurate, and satisfied the requirements of the regulations, with key information updated as, and when required. The inspector reviewed a sample of staff records. These records contained the necessary information as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

The provider implemented a systematic approach to monitoring the quality and safety of the service provided to residents. This included, a schedule of clinical, environmental, and operational audits. Where improvements were identified, action plans were developed and implemented within defined time lines. There were regular meetings held by the provider where the results of key information gathered were reviewed and analysed. The provider was finalising the annual review of quality and safety for 2025 at the time of this inspection, and had developed a quality improvement plan for 2026, which included a number of improvements to the premises.

On the day of the inspection, there was a sufficient number, and skill-mix of staff available to meet the assessed needs of residents. There were two staff nurses on during the day supported by seven carers, while two staff nurses, and two carers

worked from 8pm to 8am. A review of the rosters confirmed that cover had been arranged, for members of staff who were unable to cover their shift due to sickness, training or annual leave. Communal areas were supervised at all times, and call-bells were observed to be responded to in a timely manner.

Records confirmed that there was a focus on providing regular training for staff. The provider organised training, either by face-to-face training or on-line via the providers' training platform, or through the HSE land training platform. Discussions with staff during the inspection found that they viewed the training provided as useful, and enhanced their ability to provide care to a high standard to the residents.

Incident records were well-maintained, and all incidents had been reported as required to the Chief Inspector as per regulatory requirements. There was a complaints management system in place to investigate, and address complaints that may be received by the provider. Staff were aware of their role in supporting residents make a complaint should they require assistance to do so. Advocacy arrangements were advertised in the centre.

#### 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. The application was currently being processed at the time of this inspection.

Judgment: Compliant

#### Regulation 14: Persons in charge

There was a person in charge in post who is an experienced nurse and who has the required management qualifications. The person in charge facilitated the inspection, and was well known to residents and to staff.

Judgment: Compliant

#### Regulation 15: Staffing

The number and skill-mix of staff on duty were appropriate, for the number of residents living in the centre. Staff were knowledgeable, and demonstrated

competence in their work. Rosters showed that there were two qualified nurses on duty in the designated centre at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of staff training documentation confirmed that all staff working in the designated centre were up-to-date with their mandatory training. This included training in fire safety, which was provided on an annual basis, while training in manual handling and safeguarding was provided in accordance with the designated centre's policies. There was a range of supplementary training available for staff to attend, such as wound management, medication management, dementia, infection prevention and control, dysphagia, phlebotomy, and cardio-pulmonary resuscitation (CPR).

Judgment: Compliant

### Regulation 19: Directory of residents

A review of the directory of residents found that the information specified in 3 (h) of Schedule 3 was accurate, well-maintained, and updated when required by the registered provider.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that the registered provider had management systems and several levels of oversight 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:

- Ensure that the premises met the assessed needs of the residents.
- Systems to ensure that information in the statement of purpose was accurate were not effective.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

Although there was a statement of purpose in place, this document required updating to accurately describe the following:

- The facilities available in the centre.
- The number of buildings used in the running of the designated centre.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a complaints policy in place, which was advertised in the designated centre, and was in line with regulatory requirements. There is a system in place to record complaints received; however, a review of records made available confirmed that no formal complaints had been recorded since the last inspection. There were a small number of concerns raised by residents or their families in relation to nail care that had been acknowledged, investigated promptly, and with appropriate interventions actioned by the provider.

Judgment: Compliant

## Quality and safety

Overall, residents' rights were respected where they were supported, and encouraged to enjoy a good quality of life in the centre. There were systems to ensure that care, and services were safe, and were provided in line with the designated centre's statement of purpose. This helped to ensure that residents were able to enjoy a good quality of life in which their preferences for care, and support were respected and promoted. Further actions were necessary; however, to ensure that the remaining residents who shared the twin rooms, which had not yet been reconfigured, were provided with suitable storage facilities. Some other areas of the premises required an upgrade, and this is discussed under Regulation:17 Premises.

A review of residents' care records confirmed that residents admitted to the centre had an assessment of their needs completed prior to being offered a place in the designated centre. Upon admission, care plans were developed to meet those assessed needs. There were effective arrangements in place to review residents' care plans, and to update care interventions to address residents' changing needs. Care plans were well-written with clear goals, and interventions describing how the

assessed needs would be met. Where improvements in care plans were identified, this was addressed in a timely manner by the local management team.

Residents had access to a range of health care services, which included a general practitioner (GP) service and support from a geriatrician. There were arrangements in place for residents to access health and social care professionals such as dietitians, speech and language therapists, and tissue viability nursing (TVN) to provide support with wound care if required.

Residents' rooms were well-appointed, with adequate storage available for residents to store their belongings, and personal items in all rooms apart from the remaining four twin rooms, which were awaiting reconfiguration. The current layout of these four rooms did not meet the requirements of the regulations, as there was insufficient individual storage space available for the residents sharing these rooms. In addition, one resident had to enter the bedspace of the other resident to access the wardrobe. These findings are set out under Regulations 17: Premises, Regulation 12: Personal possessions, and Regulation 9: Residents' rights, and impacted on six residents at the time of the inspection.

The findings of the walkabout confirmed that the centre was clean, and overall well-maintained. There were arrangements in place to maintain the fabric of the building, a maintenance resource was in place five days a week with on-call support available out-of-hours and on weekends. There were, however some deficits found on inspection which required attention and are discussed under Regulation 17: Premises.

There were effective arrangements in place to launder, and return residents' clothing items in a timely manner. Residents had access to television, radio and newspapers. There were flexible visiting arrangements in place, and residents were also supported to use electronic devices to maintain contact with family and friends.

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 trialled in the first instance, and there was effective monitoring of residents who presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). There was a restrictive practice register in place.

Records showed that all staff were up-to-date with their safeguarding training. Staff who spoke with the inspector were able to give a good account of the types of abuse they needed to be alert for, and what to do if they witnessed such an incident or when a resident raised a concern to them. Staff said that they were able to talk with the nurses or the person in charge if they had any concerns.

Residents' meetings were held on a monthly basis and there were clear records maintained, which confirmed that residents' were informed and consulted about key aspects of the service. Agenda items included feedback on activities, menus, and

information for residents regarding falls prevention, how to register a complaint, and how to maintain an infection-free environment.

There were arrangements in place for residents to pursue their interests on an individual basis or to participate in group activities in accordance with their interests and capacities. There was a schedule of activities in place, which was available for residents to attend seven days a week. Residents also had good access to a range of media which included newspapers, television, and radios.

### Regulation 10: Communication difficulties

Residents who were assessed as having a communication need were provided with the required levels of support to be able to communicate effectively. For example:

- A resident who had vision impairment had a detailed care plan in place identifying the supports that were required to ensure the residents was able to communicate freely. The care plan identified the individual needs of the resident, taking into account their lived environment, and the impact of this on their daily lived experience.

Judgment: Compliant

### Regulation 12: Personal possessions

The current layout of four twin occupancy rooms meant that residents would have to enter the bed space of the other resident with whom they were sharing the room in order to access their clothes.

Furthermore, there was only one wardrobe in the room which was used by both residents. This arrangement did not afford each resident enough space to store, and maintain control over their clothes, and personal possessions.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises did not conform to all of the matters set out in Schedule 6 of the regulations. For example:

- The inspector observed that residents in residing in four twin-bedded rooms did not have suitable storage facilities for their personal possessions.

- Doors leading to the courtyard and a number of bedrooms were scuffed, and damaged.
- The wooden floor in the main foyer area was tired, damaged, and detracted from the pleasant atmosphere and surroundings of this area.

Judgment: Substantially compliant

### Regulation 25: Temporary absence or discharge of residents

A review of documentation found that when residents were transferred to the hospital from the designated centre, relevant information was provided to the receiving hospital. Upon residents' return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging service or hospital.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy and procedure in place which contained details regarding the identification of risk, the assessment of risk and the measures and controls in place to mitigate against known risks. The policy met all the requirements as set out under Schedule 5 of the regulations.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents' health, and social care needs were assessed on admission, and personalised care plans were developed in response to any identified needs. Care plan reviews took place every four months or when residents' needs changed. A variety of evidence-based clinical tools were used to assess needs including mobility, nutrition, and skin integrity.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Residents who experienced responsive behaviours were observed to receive care, and support from staff that was person-centred, respectful, and non-restrictive. A restraint-free environment was supported in the centre, and there were three residents using bedrails on the day of inspection. Staff training had been provided for all staff in responsive behaviors since the previous inspection.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed, and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that the current layout of the four twin-bedded rooms had a negative impact on residents' privacy, and dignity, as one resident had to enter the bedspace of the other resident sharing that room in order to access their clothes.

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 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Sonas Nursing Home Belmullet OSV-0005589

Inspection ID: MON-0046703

Date of inspection: 29/01/2026

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A schedule of works has been developed and is in progress for the refurbishment of the four remaining twin bedrooms. The planned refurbishment will ensure that each resident has access to individual personal storage space for their belongings, thereby supporting residents' privacy and dignity and removing the need for residents to enter another resident's personal space. 30/06/2026.</p> <p>The external doors referenced were previously identified as part of the centers Continuous Improvement Plan. Their replacement has been approved and included in the 2026 capex budget. 31/12/2026.</p> <p>The Statement of Purpose was updated and submitted to the Chief Inspector. Document control of the SOP is now managed by the CCO and the CEO (RPR).</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Following the inspection, the centres Statement of Purpose was reviewed and updated to include details of the facilities available and the number of buildings on the premises. The updated Statement of Purpose has been submitted to the Chief Inspector.</p>	

]	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>A schedule of work has been developed and is in progress for the refurbishment of the four remaining twin bedrooms. The planned refurbishment will ensure that each resident has access to individual personal storage space for their belongings, thereby supporting residents' privacy and dignity and removing the need for residents to enter another resident's personal space. 30/06/2026</p> <p>The external doors referenced were previously identified as part of the centres Continuous Improvement Plan. Their replacement has been approved and included in the 2026 capex budget. 31/12/2026</p> <p>A second wardrobe has been provided.</p> <p>]</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A schedule of works has been developed and is in progress for the refurbishment of the four remaining twin bedrooms. The planned refurbishment will ensure that each resident has access to individual personal storage space for their belongings, thereby supporting residents' privacy and dignity and removing the need for residents to enter another resident's personal space 30/06/2026. In the interim additional storage has been provided for each resident. The scuffed doors have been added to the internal maintenance plan. The wooden floor in the main foyer is planned for replacement 30/06/2026.</p> <p>]</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>A schedule of works has been developed and is in progress for the refurbishment of the four remaining twin bedrooms. The planned refurbishment will ensure that each resident has access to individual personal storage space for their belongings, thereby supporting residents' privacy and dignity and removing the need for residents to enter another resident's personal space. 30/06/2026</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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/06/2026
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	Substantially Compliant	Yellow	30/06/2026

	and other personal possessions.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2026
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	18/03/2026
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.	Substantially Compliant	Yellow	30/06/2026
Regulation 9(3)(b)	A registered provider shall, in	Substantially Compliant	Yellow	30/06/2026

	so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			
--	---	--	--	--