Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Special Dementia Unit - Sonas Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	17 September 2025
Centre ID:	OSV-0003746
Fieldwork ID:	MON-0048068

About the designated centre

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

The designated centre is based on a campus setting in suburban area of west Dublin and provides specialist dementia care to persons with intellectual disabilities some of whom have end-of- life care needs. The centre is comprised of one large building which operates as two separate units within the one premises. Services are provided for up to 14 adult residents. There is a staff team of clinical nurse managers, staff nurses, care assistants and household staff employed to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 17 September 2025	10:00hrs to 17:30hrs	Maureen Burns Rees	Lead
Wednesday 17 September 2025	10:00hrs to 17:30hrs	Brendan Kelly	Support

What residents told us and what inspectors observed

This inspection outlines the findings of a short term announced risk inspection to assess the provider's regulatory compliance with the regulation in this designated centre. Over the course of one day, seven inspectors of social services completed an inspection in three designated centre located on the provider's campus setting. This included meeting with senior management to discuss oversight and governance systems in place for the wider campus. From what the inspectors of social services observed, there was evidence that the residents living in the centre received good quality care and support. Some improvements were required regarding the maintenance of the premises, safeguarding, staff training and personal support plans.

This designated centre is registered to accommodate up to fourteen adult residents and there were one vacancy at the time of this inspection. One or both of the inspectors met briefly with each of the residents on the day of this inspection. A number of these residents were unable to tell the inspector their views of the service but they appeared in good form and comfortable in the company of staff and their peers. A number of residents had limited speech but were observed to be supported by staff to communicate their feelings and wishes. Soft and calming music from a well known music player was heard playing in communal areas which residents appeared to enjoy. Staff were observed to be respectful, kind and caring in supporting residents' care routines. For example, inspectors observed staff knocking and seeking permission before entering a resident's bedroom and respectfully and patiently supporting another resident with personal care. The inspectors noted that residents' needs and preferences were well known to staff and the person in charge. Staff were observed engaging with residents throughout the day by sitting with them and interacting with them at eye level. One of the residents was observed joking and laughing with a staff member while having their meal, with other residents joining in on the joke. Over the course of the day a number of residents were observed to engage in activities in a day service on the campus while other residents engaged in planned activities on the campus such as choir which one of the residents told an inspector that they really enjoyed attending each week. A number of residents were supported to go out on planning outings for shopping and lunch within the community.

The centre is located on a congregated, mixed-use campus setting. There were five other bungalows on the campus with an overall capacity of 72 residents. The campus is located in close proximity, by car to local amenities, including shops, restaurants, cinema, swimming pool, public parks and public transport links. This centre is a purpose-built unit for residents who have an intellectual disability and a diagnosis of dementia. It is divided into two units which each had their own separate front door but an access door internally. Willow view is a six bedded unit for people living with mid stage dementia. One resident had a self-contained apartment within the unit. The second unit, Meadow view is an eight bed unit and provides specialised advanced dementia care up to and including end-of-life care.

The buildings were well suited to residents' assessed needs. Each resident had their own bedroom and en-suite bathroom. Tracking hoists were available in some of the rooms and the building was wheelchair accessible throughout. There was a good sized kitchen and dining area in each of the units. The centre has an internal courtyard which is accessible from both units. Residents could also access a number of communal gardens within the campus and a sensory garden.There were a number of additional spaces for residents to spend time in. These included an additional sitting room and an office space. The centre was beautifully decorated, with large colour photographs of residents, past and present, on the walls. Each residents' room was personalised in line with their life story and meaningful memorabilia for the individual.

Residents were at varying stages of their dementia journeys, and many of the residents presented with complex communication needs. This meant that they communicated using eye contact, facial expressions, body language, vocalisations and some speech. A number of residents had boards in their room with the date and time and their activities each day to orient them to what was happening in a consistent way. Other residents had life story books and/ or communication passports and guidance in their care plans.

It was noted that the behaviours of a small number of the residents could on occasions be difficult for staff to manage in a group living environment and had the potential to have a negative impact on other residents living in the centre. Overall, incidents appeared to be well managed and residents were provided with appropriate support. Staff were observed to interact with the residents in a caring, patient and respectful manner.

There was evidence that residents and their representatives were consulted and communicated with, about decisions regarding the residents' care and the running of the centre. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were supported to communicate their needs, preferences and choices at these meeting in relation to activities and meal choices. One of the inspectors met with a relative of one of the residents. This relative told the inspector that they were very happy with the care and support that their loved one was receiving. They also reported that they had been happy with how a complaint which they had previously made had been responded to. It was reported by the person in charge and staff that other relatives were happy with the care and support that individual residents were receiving. The provider had consulted with residents' families as part of its annual review of the quality and safety of the service and the feedback from families was positive.

Residents were supported and encouraged to maintain connections with their friends and families. A number of the residents were supported to visit their family home on a regular basis and visits by friends and family to the centre were facilitated. There were no restrictions on visiting in the centre.

Residents were supported to engage in some meaningful activities in the centre and within the local community at a level that best suited the individual resident and their age profile. The majority of the residents were engaged, on a sessional basis in

a formal day service programme operated within the campus for a number of days each week. The other residents had an individualised service coordinated from the centre, with dedicated staff scheduled to work with these residents each day. It was considered that this best met these residents' individual needs. Examples of other activities that residents engaged in, within the centre and within the community included, walks on the campus and to local scenic areas and beaches, church and family grave visits, family home visits,, massage therapy, sensory activities, flower arranging, 'zumba' classes, Karaoke, cooking and baking, gardening, arts and crafts, meals out, theatre, concerts, shows and shopping. A number of the residents had been on a short break holiday and overnight hotel stays in the preceding period which it was reported that they had enjoyed. A dog named Sammy visited the centre for pet therapy every month which it was reported that residents enjoyed. A massage and aroma therapist also attended the centre on a regular basis. One of the residents was a member of the provider's advocacy group ' Our voice, our choice' and attended meetings on a regular basis.

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

Capacity and capability

Further to the last inspection, whereby issues were identified in relation to staffing and oversight arrangements at night-time, measures had been taken to improve the management structure and oversight of the care and support of residents at night. It was also noted that a number of night duty staff attended staff meetings in the preceding period.

There were suitable governance and management arrangements in place to promote the service provided to be safe, consistent and appropriate to residents' needs. The centre was managed by a suitably qualified and experienced person in charge. The person in charge was a registered nurse in intellectual disabilities and held a certificate in management. They had more than four years management experience, were in a full time position and were not responsible for any other centre. They had a sound knowledge of the assessed needs and support requirements for each of the residents and of the requirements of the regulations. They reported that they felt supported in their role and had regular formal and informal contact with their manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge was supported by a clinical nurse manager 1 (CNM1) and senior staff nurses. The person in charge reported to a clinical nurse manager grade 3 (CNM 3) who in turn reported to the service manager. The person in charge and CNM3 held formal meetings on a

regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits, to review the safety of care, on a six monthly basis as required by the regulations. A number of other audits and checks had been completed. Examples of these included, infection prevention and control, health and safety, finance, incident reports, care plans and medication. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team consisted off the person in charge, clinical nurse manager 1, staff nurses, care assistants and household staff.

Regulation 15: Staffing

Overall, there were appropriate levels and experience within the staff team to meet residents' needs. However, there were two whole time equivalent staff vacancies at the time of inspection. These vacancies were being covered by regular relief staff and where possible, regular agency staff. This provided consistency of care for the residents. There were actual and planned staff rosters in place and inspectors reviewed the rosters for the month of August 2025. Rosters included the name, grade and shift pattern worked for each shift across the month. In total there were 57 vacant shifts covered across August 2025, 37 shifts were covered by relief staff and 20 were covered by agency staff. There were regular staff meetings taking place, standing agenda items included safeguarding, auditing, rosters, complaints, quality of life, care plans and risk. Inspectors saw evidence of agreed actions from each meeting were followed up on at the next meeting. The majority of the staff team had been working in the centre for an extended period.

Throughout the inspection, inspectors were in a position to observe all staff interact with and support residents in a person centred, professional and kind manner. Inspectors also observed residents who were comfortable in the presence of the staff team.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A training matrix was maintained showing all training provided and dates completed by each staff member. Staff were provided with mandatory and refresher training in areas such as manual handling, safeguarding, fire training, behaviour support and human rights training to support them in their role. However, 10 of staff team had not attended formal dementia training and given the profile of residents living in the

centre, this was considered to be required.

An inspector reviewed the centre processes for supervision and found improvements were required in this area. The providers supervision contract stated that staff should be in receipt of supervision a minimum of twice annually, however, inspectors found five staff working in the centre had one planned session in 2025. Inspectors also observed a supervision session for one staff that contained agenda items with no corresponding actions or time lines agreed for any actions.

Judgment: Not compliant

Regulation 23: Governance and management

Suitable governance and management arrangements were in place. The provider had completed an annual review of the quality and safety of care and this included consultation with residents and their families. Unannounced visits to review the safety of care, on a six monthly basis as required by the regulations had also been completed by the provider. There were clear lines of accountability and responsibility. Further to the last inspection, whereby issues were identified in relation to staffing and oversight arrangements at night-time, measures had been taken to improve the management structure and oversight of the care and support of residents at night. This included regular unannounced visits by the night manager at various times over the night.

Judgment: Compliant

Quality and safety

The residents living in the centre appeared to receive person centred care and support which was of a good quality. However, some improvements were required regarding maintenance of the premises, safeguarding arrangements and person centred plans.

Residents in the centre were receiving dementia-specific care, and the centre was regularly attended by clinical nurse specialist and advanced nurse practitioner in dementia care, along with other health and social care professionals, including speech and language therapy, physiotherapy and occupational therapy. The inspectors reviewed a sample of residents' assessments of need and associated care and support plans which were reflective of their life, family and choices. Inspectors found that care and support plans were easy to follow and written in a person-centred way. Each of the plans viewed by inspectors had documented residents' life stories and clearly outlined their hierarchy of needs. Accessible person-centred plans

were available for most of the residents which included photographs and pictures of specific memories and goals for individual residents. Life story work had been completed with individual residents.

There were communication care plans in place. These outlined strategies for staff to use to promote effective communication with residents, including positioning, eye contact and overall presentation. Residents had their own electronic tablet devices to use, to switch on preferred music or to look at photographs, which were reported to prompt interactions. Some residents were able to communicate verbally, while others relied on staff to know them well in order to respond to their communication gestures. Inspectors observed that communication of all forms was respected and responded to. Inspectors noted kind and caring interactions between residents and staff, and staff were able to use their knowledge of residents and their routines to elicit responses.

The residents' medical needs and welfare was maintained by a good standard of evidence-based care and support. This was a nurse led service with a registered staff nurse on duty 24/7. There was a health action plan for each of the residents which included an assessment and planning for individual resident's physical and mental health needs.

Regulation 17: Premises

The premises was found to be clean and well suited to residents' assessed needs. However, on the day of this inspection, there was an active roof leak in an area of the centre. Outside, netting had been placed below the roof neck as loose roof tiles had been identified as a risk. An issue had been identified with the flooring in a number of the en-suite bathrooms which was causing a leakage of water and impacting upon adjoining corridor walls. There was some chipped and worn paint noted on some doors and woodwork throughout the centre.

Judgment: Not compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. There were suitable risk management arrangements in place. Individual and environmental risk assessments had been completed in areas such as challenging behaviour, fire, absconding and restrictive practice. All risk assessments were subject to review in line with the providers policy. A risk register was maintained as a living document by the person in charge and was reviewed by inspectors. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in

place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences. Suitable arrangements were in place for the management of fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal support plans reflected the assessed needs of individual residents in areas such as dementia, depression and kidney disease. Plans in place outlined the support required in accordance with their individual health assessed needs, communication and personal care needs and choices. However, it was identified that an easy-to-read person centred plan had not yet been put in place for one of the residents who had been admitted to the centre some months previously. For the other residents, personal plans had been reviewed in line with the requirements of the regulations on an annual basis and involved residents' family representatives where possible. Personal individualised goals relating to independence and community integration had been identified for a number of the residents, which although limited for some, were considered to be appropriate for the residents' age profile, interests and abilities. However, it was noted that for a small number of residents, specific and measurable goals had not been identified. For example, a goal for one resident was to maintain a relationship with family. For others where goals had been identified, progress in achieving identified goals was not always recorded or evaluated. A 'menu of life enhancing activities' records were in place. However, there were inconsistencies in records maintained with some suggesting that individual residents had not left the campus for extended periods which was contradicted by other records held.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional support. As discussed under Regulation 8, the behaviours of a small number of residents could on occasions be difficult for staff to manage in a group living environment. On the day of inspection, the inspectors did not observe any of the residents to present with behaviours that challenge. Support plans were in place for residents identified to require same and these contained detailed proactive and reactive strategies to support residents. The plans had been devised and reviewed by the providers' clinical nurse specialist in positive behaviour support. Individual risk assessments were in place for behaviours of concern and were subject to regular review. There was a restrictive practice register in place which was reviewed at regular intervals. It was noted that there was a multi-disciplinary team decision making process regarding the use of

restrictive practices. There were reduction plans in place for some restrictive practices.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. However, It was noted that a small number of the residents presented with behaviours which could on occasions be difficult for staff to manage in a group living environment and could have a negative impact on other residents. Safeguarding plans had been put in place for a number of residents. In the preceding 12 month period there had been a noted increase in the number of safeguarding incidents relating to peer to peer incidents.

There were appropriate arrangements in place to respond, report and manage any safeguarding concerns. Safeguarding information was on display and included information on the nominated safeguarding officer. It was noted that safeguarding was discussed at staff and resident house meetings. Staff spoken with, were knowledgeable about safeguarding procedures and of their role and responsibility. The provider had a safeguarding policy in place.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

From observations and review of records, it was noted that residents were provided with a varied and nutritious diet. However, lunch and evening meals were prepared in a centralised kitchen which was not located in the centre but within the wider campus. These meals were then transferred cooked and in a heated mobile oven to the centre. The inspectors considered that the arrangements and practice of preparing meals in a centralised kitchen off site was an institutionalised practice and limited residents involvement in buying, preparing and cooking their own meals. A choice of meals was agreed in advance with residents through menu planning meetings. There were some provisions in the centre for staff to cook breakfast and other meals should they not like the meals that were delivered for them. It was noted that a number of residents required modified diets which were specifically prepared and delivered from the centralised kitchen for individual residents. Pictures of the meal choices for each meal were observed on the dining room tables at meal times. It was noted that residents in each unit sat together in the dining area and with the support of staff appeared to enjoy their meals. Am adequate supply of refreshments and snacks were available in the centre.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant

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

Inspection ID: MON-0048068

Date of inspection: 17/09/2025

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider continues to prioritize recruitment to fill outstanding vacancy in designated centre. A recruitment day was held on November 19th, all current vacancy posts secured and are under HR recruitment process. To support continuity of Care and support Residents in the Centre Regular Relief Staff and agency Staff are utilized for vacant posts at present. One WTE nurse has commenced in post since inspection.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge has scheduled 8 staff to complete their Dementia specific training since the inspection which were completed in October, and the 3 remaining staff will have completed same by March 2026. The person in charge has updated supervision schedule for staff to ensure staff receive their supervision in line with service policy. All supervision records will include actions and agreed timelines.	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider has put a plan in place for specialized contractors to review and repair loose tiles on roof of designated centre who will also inspect safety netting already in place.
The leak in roof in Meadowview corridor has been repaired since inspection.
There is a plan to upgrade floors in ensuite bathrooms.
The person in charge will link with maintenance manager re: woodwork and paint repairs in designated centre and plan to complete same works identified on maintenance log.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The person in charge has ensured a person-centred plan in accessible format has been developed for one supported individual since inspection.
All person-centred goals for supported individuals are under review to ensure all residents have specific and measurable goals and that all goals are evaluated with support from their key support circle.
A review of documentation of menu of life enhancing activities is also under review with support from CNS and ANP in Dementia to support accurate recording of activity records for all supported individuals.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Individuals who present with behaviours of concern will be reviewed by relevant MDT members based on their needs and have individualised support plans in place.
Guidelines are being developed by memory clinic team to support individuals with the non-cognitive symptoms of Dementia.
Any negative impact on supported individuals will be reported under safeguarding policy with on-going review by MDT members

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
A review will be undertaken to consider plan to implement cooking and meal preparation in the designated centre. Supported individuals will be supported and encouraged where possible, to be involved in buying, preparing and cooking meals within their home.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/03/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/03/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/01/2026

Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/03/2026
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if they so wish.	Substantially Compliant	Yellow	31/01/2026
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/03/2026
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	31/03/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	28/02/2026