



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	11 August 2025
Centre ID:	OSV-0004073
Fieldwork ID:	MON-0046947

About the designated centre

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

Sonas Services is a designated centre operated by Ability West, and can provide care and support for up to four male and female adult residents, with an intellectual disability who have been identified as requiring support levels ranging from minimum to high. The centre is located on the outskirts of Galway city, close to many amenities and services, and comprises of two semi-detached houses that are linked internally. Each house has resident bedrooms, sitting rooms, shared bathrooms, a staff office, and there is a laundry and utility room shared between both houses. There is a garden to the front and an enclosed secure garden area to the rear of the house. Staff are on duty both day and night to support residents availing of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 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
Monday 11 August 2025	10:00hrs to 15:45hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's overall compliance with the regulations. The last inspection of this centre in February 2025 identified a number of concerns in relation to staffing levels, some medication management practices, fire safety, risk management, and oversight and monitoring arrangements. Following this, the provider submitted a compliance plan to the Chief Inspector of Social Services, outlining a number of actions they planned to take to bring this centre back into compliance. This inspection specifically focused on these areas and found that this plan had been effectively implemented, resulting in better and safer arrangements in this centre. The inspector did identify where some records supporting new processes and systems did require further review by the provider which will be outlined later on in the report. However, it is important to note that these had no negative impact on the quality and safety of care that was being delivered to residents in this centre.

The day was facilitated by the person in charge, with the feedback meeting later attended by the person participating in management. The inspector also got to meet with both residents that lived in this service, and with three members of staff. Due to the assessed communication needs of these residents, their interactions with the inspector were brief, but both appeared very comfortable and happy in the company of staff that were on duty.

Two residents lived in this centre, one of whom had lived there for a number of years, while the second had only recently transitioned from another service. The inspector was informed that this transition had gone smoothly, and that the resident was well settled into their new home. Due to the layout of this centre, both residents had their own separate space but had met each other from time to time, and these interactions between them were positive. Both of them led very active lifestyles and loved to get out and about daily. One of them attended day service in the community, while the other received a wrap-around service in the comfort of their home. They each enjoyed going for walks, visiting nearby attractions, liked to engage in tabletop activities, and staff were also looking into commencing swimming with one of them. The inspector was also informed that the centre had engaged with occupational health services, to further explore and expand both residents' social activities. Both residents had their own transport and staff team, which meant that they were able to be as active in the community as they wished, and at all times had staff available to support them to do so.

Although both residents did require support with their social care and aspects of the personal and intimate care, they primarily were assessed with health care and positive behaviour support care needs. One of these residents had very complex health care needs in relation to diabetes management, which required robust monitoring of their blood sugar levels multiples times a day, with very specific protocols in place around their medication management and emergency care, should it be required. The second resident had particular behaviours that they engaged in,

which required on-going positive behaviour support interventions to be implemented by staff, along with regular input and review by multi-disciplinary teams. Both staff and local management were very knowledgeable on these two particular aspects of care, and throughout the inspection confidently spoke about all the measures that were in place to ensure robust and consistent monitoring of these particular assessed needs.

The centre comprised of two semi-detached houses, that had an interconnecting door on the first floor. This door was routinely locked, and only used to provide access for staff between both houses, and also provided an additional fire exit route, should it be needed. Each resident had their own house comprising of their own bedroom, bathroom, kitchen and dining area, living spaces, and each had their own front and back door. They shared a garden space to the rear of the property, and also had shared access to a laundry area. Since the last inspection, the provider had completed a number of upgrade works to both houses, which made a significant difference to the overall homeliness of this centre. In one house, the kitchen had been fully replaced, and in both houses a number of rooms had been painted and redecorated. The resident who recently transitioned to the centre brought the inspector in to see their sitting room, where there was area set up so that they could engage in their table top activities in comfort. This resident took interest in where the inspector was from, and also indicated that they were very happy in their new home.

Following on from the last inspection, the provider did review a number of systems and processes in this centre, aswell as taking action to address long-standing issues with regards to staffing resources, which at the time were negatively impacting the operations of this centre. Overall, this inspection found a marked improvement on the areas that were previously found not-compliant, which had also resulted in the increased capacity of the person in charge to be able to effectively manage this service.

The specific findings of this inspection will now be discussed in the next two sections of this report

Capacity and capability

In response to the findings of the last inspection, the provider put in better systems in place to oversee the quality and safety of care in this centre. This had a positive impact on many aspects of how this centre operated, and resulted in more robust oversight of fundamental aspects of care that was being delivered to residents in this centre.

At the time of this inspection, this service had a full complement of staff in place. Each resident required the support of one staff member both day and night, and this was being consistently provided. The provision of these additional staffing resources had a profound impact on the managerial arrangements for this centre, as the

person in charge was now able to sustain regular administration time each week to carry out managerial functions associated with their role.

The way in which care and support arrangements were being overseen and monitored in this centre had also improved. Six monthly provider-led visits had been revised to focus on monitoring the specific areas of care relevant to the service, with timebound plans being put in place to address improvements. Due to the complexity of medication and health care arrangements required in this centre, these were also subject to very regular oversight by the person in charge, and by a nurse who attended the centre on a weekly basis. Since the last inspection, changes were also made to the areas that were being reviewed by local management as part of their own meetings, which now placed emphasis on the regular review of potential risks relating to the operations of this centre. Along with regular supervision now being in place for the person in charge, these changes to governance and oversight arrangements, made a noticeable difference to how this centre was being effectively monitored and managed.

Regulation 14: Persons in charge

The person in charge held a full-time role and was based at this centre, with it being the only designated centre operated by the provider in which they were responsible for. They were supported by their staff team and line manager in the running and management of this service. They were very knowledgeable about the individual assessed needs of each resident, and of the operational needs of the service that was being delivered to them. Due to the increase in staffing resources in this centre since the last inspection, this had resulted in the person in charge resuming their allocated administration hours this week, which had a positive impact on their capacity to fulfill their managerial duties.

Judgment: Compliant

Regulation 15: Staffing

Since the last inspection, staffing levels in this centre had increased, with the centre operating within their full whole time equivalent at the time of this inspection. To ensure continuity of care to both residents, there was a separate staff team identified for each house, with a clear roster in place identifying the names of staff, and their start and finish times worked in the centre. At the time of this inspection, there were no staff vacancies, with familiar agency staff available to provide additional staffing resources, as and when required.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff had received up-to-date training in the areas associated with their role held in the centre. Since the last inspection, improvements were made to supervision arrangements, which had ensured that the person in charge was now receiving regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put in place better monitoring systems in this centre, which focused on the specific care and support arrangements relevant to the care residents received. For example, the last six monthly visit which was conducted in April 2025, placed particular emphasis on reviewing all areas that were found not-compliant upon the last inspection of this centre in February 2025. This resulted in further improvements being identified to these areas, as well as the provider reviewing if the actions taken after the last inspection, had been effective in improving compliance.

The improvements made to staffing levels in this centre, which previously had been a long standing issue. Local management were maintaining this under very regular review, which had a positive impact on sustaining the level of staff support needed in this centre. Better arrangements had also been put in place in relation to risk and medication management, which ensured safer and better care was being delivered in this centre.

Judgment: Compliant

Quality and safety

Residents' assessed needs were well-known and well-documented by staff and local management, and there were robust systems in place to ensure care was delivered in safe and suitable manner.

As earlier mentioned, one of these residents had a complex health care need, whereby, vigilant monitoring of their blood sugar levels was required multiple times a day. The centre was supported by a specialised clinic in the oversight of this, and only staff who were familiar with this resident provided direct care and support to them. Due to the complexity of their care, they did require weekly reviews of their

medication, with the last inspection resulting in an immediate action being given to the provider to address concerns regarding the transcription of their medicines. Since then, the provider had completely revised this process, whereby, transcriptions were assigned and completed by an external person who was trained to do so. Records were maintained in the centre which clearly outlined any changes to the residents' weekly medication dosages, and all staff were immediately made aware of any changes that had been made. Since this change commenced, it was reported to be working well and no medication errors relating to this had occurred. A protocol guiding this new practice had been developed by the provider; however, the inspector did observe that it required further review to give better clarity on some aspects of how this was being carried out. In addition, although it was evident that the resident's personal plans and risk assessments relating to this aspect of their care were subject to on-going review, some of these were also found to require some additional review.

Residents' needs were subject to very regular re-assessment, and the resident that recently transitioned to the centre had done so with a full transition plan in place. Given the assessed needs of one of these residents, the outcome of the last inspection did require the provider to review the staff skill-mix in this centre. In response to this, the provider reviewed the assessment of need for the resident in which this was intended for, and also conducted an additional nursing assessment. This resulted in on-site nursing support one day a week in this centre to oversee this resident's care and support arrangements; however, the resident's comprehensive needs assessment did require further review by the provider to ensure it clearly outlined how the level of nursing care required by this resident was determined and calculated, based on their assessed needs.

Since the last inspection, the provider ensured that the use of door wedges had ceased and also had maintained the route from rear fire exits to the fire assembly point clear of obstruction. They had also conducted a review of fire safety precautions in the centre in recent months, and any works required had been addressed. An additional fire panel had also been installed, which meant that each house now had the means to identify the location of a fire, should one occur. The last inspection of this centre did identify a number of fire doors that weren't closing properly, and upon walk-around of both houses by the person in charge and inspector, some doors were again found to have the same issue. The person in charge did act upon this immediately, informing maintenance personnel to attend the centre to rectify, which was done by close of the inspection. Although all fire doors were subject to weekly checks in this centre, the frequency and manner in which these were being completed required review by the provider to ensure the effectiveness of these checks in identifying any further issues.

Due to the nature and complexity of care and support needs of these residents, there was significant emphasis and vigilance placed on the centre's risk management systems. The person in charge was acutely aware of the potential risks these needs posed to the safety and welfare of these residents, and had a number of monitoring systems in place, particularly to oversee health care and medication management practices. This included daily checks of blood sugar monitoring and medication records, along with other various routine checks that were carried out

over the course of each week. As well as this, the person in charge maintained daily communication with the staff on duty about the status of the resident, and in relation to any changes required to their care. This level of robust communication and monitoring had resulted in only one medication error occurring in this centre over the last number of months. Although the risk management practices in this centre were working well in keeping residents safe from harm, some of the documentation in relation to the assessment of risk did require further review to ensure these were better guided on the specific measures that were routinely adhered to in this centre.

Regulation 26: Risk management procedures

Since the last inspection, the provider had reviewed and addressed risks previously identified in relation to staffing resources and medication management. Although it was also evident that action had been taken to improve the overall assessment of risk in this centre, this was still found to require further review.

Due to the complex care needs that some of these residents had, there were a number of risk assessments developed in response to these. However, further review of these were required to ensure that the specific measures that this centre had in place in response to these risks were clearly identified on associated risk assessments, particularly in relation to diabetes management. Furthermore, the risk-rating of some risks also required additional review to ensure these risk-ratings accurately reflected the level of risk posed.

The risk register for the centre was also found to require further review. Much of the oversight, monitoring and response to operational risks in this centre related to medication management, residents' health care needs, staffing levels, and fire safety. Although all of these areas were identified on the risk register, they required additional review to provide better clarity on the specific controls that were in place to monitor for these specific areas of risks. For example, there was considerable oversight in this centre of medication management, to include frequent checks and reviews, development of localised protocols to guide specific practices, and various other verification processes involving internal and external supports. However, the risk assessment for medication management didn't provide this level of detail so as to reflect the specific measures that had been deployed to oversee risks in this aspect of the service. Similarly, the same was found with regards to the risk assessment supporting fire safety precautions in this centre, which didn't include the specific measures that were in place to support the person in charge's on-going efforts in monitoring this risk.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Similar to the last inspection, issues were again found in relation to some fire doors. Upon a walk-around of the centre with the person in charge, three fire doors were found to not be closing properly. Upon identifying this, the person in charge immediately took action to contact maintenance, who attended the centre and addressed this issue. Although weekly checks of these doors were being completed, a review of the frequency and manner of this checking system was required by the provider to ensure its overall effectiveness in identifying any further issues with the operation of fire doors in this centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Since the last inspection, the provider revised the process for transcribing medications in this centre, and also ensured robust oversight of this process was maintained. However, this inspection where some improvements were required to the local protocol in relation to this new process, to the medication policy for the centre, and also in relation to the records maintained of the verification of this new process.

When the new transcribing process was developed, a local protocol was put in place for this. However, when reviewed by the inspector, it was identified that it did require further review to ensure it robustly identified the persons appointed to oversee this process, that it clearly identified the records that were maintained at the centre around prescription changes, and to ensure that verification steps that the provider had implemented were clearly laid out in this protocol. Furthermore, the medication policy for the centre also required updating to include the arrangements around transcriptions were being conducted by external persons, and also the verification and monitoring arrangements that were in place around this.

On the day of inspection, clear records were maintained at the centre around all transcribed medicines. However, the provider had not maintained signed records of those carrying out transcriptions or of those verifying and checking this. The day after this inspection, assurances were provided that this was being with immediate effect.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Following on from the last inspection, the provider did review residents' reassessments and personal plans, with a focus placed on assessing if residents'

assessed needs warranted nursing intervention. Informing this was the completion of an additional nursing assessment, which resulted in the provider allocating a nurse to attend the centre once a week to oversee one resident's care and support arrangements. However, it was unclear from this resident's comprehensive assessment of need how this level of nursing support was determined, which required review by the provider to ensure this assessment clearly indicated this.

Judgment: Substantially compliant

Regulation 6: Health care

There was a resident in this centre with a complex health care need, which was well-known by all staff and local management. Since the last inspection, the personal plan around this health care need had been reviewed. However, it was found to require further review to give better guidance around the day-to-day management of this health care need that was routinely carried out by staff, and to also ensure better guidance was provided, should an incident arise where staff were unable to support the resident back to baseline. For example, this particular resident required robust diabetes management, and at times experienced high and low blood sugar readings. However, the current personal plan didn't provide sufficient guidance as what staff were to do, should they be unable to bring the resident back to baseline blood sugar readings.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

In recent months, a resident transitioned to this centre who required specific positive behavioural support. The care and support they had received in relation to this aspect of their care had worked well since their admission, which had resulted in a significant decline in the number of behavioural related incidents they were experiencing. There was good oversight maintained of all incidents that were occurring, and there was also regular input from behavioural support. This resident had a behaviour support plan in place, and at the time of this inspection, the person in charge was scheduled to have a further multi-disciplinary review to update this plan. In response to residents' care and support needs, there were also a number of environmental restrictions required in this centre to maintain residents' safety. These were also subject to on-going review, to ensure the least restrictive practice was at all times used.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured procedures were in place in this centre to support staff in identifying, reporting, responding and monitoring any concerns relating to the safety and welfare of these residents. All staff had up-to-date training in safeguarding, and at the time of this inspection there were no safeguarding concerns in this centre.

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 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sonas Services OSV-0004073

Inspection ID: MON-0046947

Date of inspection: 11/08/2025

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The person in Charge will complete a full risk assessment review and enhancement in conjunction with the Health and Safety officer. Action 1: A full review of the individuals' risk assessments for the resident with complex needs/Diabetes's will be conducted. • Objective: To ensure that each risk assessment clearly outlines the specific control measures currently in place, including monitoring procedures, staff responsibilities, and escalation protocols. The risk assessment for medication management now provides specific detail and measures to guide specific practices, and various other verification processes involving internal and external supports. • Responsible Person: Person in Charge in conjunction with Community Nurse, Ability West. • Timeframe: Completed 27/08/2025. The Person in Charge conducting the review will ensure to simplify the risks and clearly state. 1. Description of risk 2. Specific control measures in place 3. Frequency of monitoring 4. Responsible person's 5. Risk rating pre- and post-controls Person in Charge will reassess all current risk ratings across the centre, focusing particularly on: • Medication management • Diabetes care • Fire safety • Staffing Objective: Ensuring risk ratings reflect actual likelihood/severity based on existing controls.	

Responsible Person: Person in Charge and Health and Safety Officer oversight.
 Timeframe: Completed 27/08/2025.
 The provider acknowledges the areas identified by HIQA as requiring further development and is committed to implementing this comprehensive compliance plan to ensure all risks are clearly assessed, appropriately rated, and effectively controlled with documented evidence. This plan will ensure continuous improvement in risk governance and enhance the safety and quality of care provided to both residents.

Completed 27/08/2025.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 Person in Charge will review the process of fire door inspections conduct a full review of the current fire door checking system to evaluate:

- Frequency of checks
- Method of inspection – Checked rigorously

Person in Charge will increase the frequency of fire door inspections from weekly to twice weekly, and implement spot-checks during routine workarounds.

Person in Charge has developed and implement a fire door fault reporting and escalation protocol, including:

- Timeframes for repair
- Communication lines to maintenance Flex system or direct contact with maintenance team.

The center's fire safety systems will be strengthened through more frequent and robust inspections, staff training, and clear reporting protocols, thereby ensuring the safety of all residents and compliance with regulatory standards.

Time Frame: 11/08/2025.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The Person in Charge will review the local protocol for medication transcribing to ensure the following:

- That the protocol clearly identifies the persons responsible for oversight and verification of transcribing.

- The records to be maintained for all prescription changes.
- The Protocol will detail each step of the verification process, including sign-off procedures any changes to prescription once transcribed by the pharmacist must be signed by the transcribing pharmacist.

To ensure the strengthening of record-keeping practices, The Person in Charge will implement a standardised documentation system to ensure:

- All individuals who transcribe medication records are clearly named and sign each entry on the Mars sheet.
- All transcriptions are verified and signed by a trained transcriber.
- An audit trail is maintained for all prescription changes, transcriptions, and verifications.
- Continued support from the diabetic community clinic will occur once weekly. If required, the Community Nurse is available to support the centre more frequently.

These actions will ensure that all transcription activities are fully governed, traceable, and compliant with regulatory and professional standards. Clear protocols, updated policies, robust documentation, and regular audits will support ongoing safe practice.

Completed 12/08/2025.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The provider is committed to ensuring that all nursing interventions are clearly justified within residents' assessments and that documentation reflects a transparent, needs-based approach to care planning. The level of nursing care support is determined based on several factors, assessed through a comprehensive evaluation of the patient's medical condition, functional status, and care needs.

A schedule for weekly community nurse visits has been agreed. This document outlines the rationale and agreed arrangements for weekly visits by the Community Nurse to the service user. This agreement was established following a multi-disciplinary review and assessment of the service user's complex healthcare needs, particularly related to diabetes management and medication oversight.

This assessment was conducted collaboratively, ensuring both the clinical expertise of the Community Nurse and the in-depth knowledge of the service user's day-to-day care needs held by the Person in Charge were incorporated into the decision-making process. This document reflects a shared commitment to person-centred care and multidisciplinary collaboration.

Completed 22/08/2025.

Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The residents personal plan has been reviewed and updated to include: • Detailed guidance on daily diabetes management, including routine blood sugar monitoring, meal planning, insulin administration and documentation requirements • Clear, step-by-step instructions on how to respond to high or low blood sugar levels with an emphasis on what steps to take if the initial steps to treat Hypoglycemia are not adequate to return the blood levels to the target range. The revised plan includes: - o Thresholds for when medical input is required - o Who to contact (e.g. on-call nurse, GP, emergency services) • Responsible Person: Person in Charge (PIC), in collaboration with the Nurse assigned to the resident and relevant clinical support. • The revised Care Plan will ensure any duplications of information is removed providing staff with a more direct and information based approach to supporting the service user. • Timeframe: A revised and updated Diabetes Care Plan has been completed on the 18/08/2025 The updated plan will be clinically reviewed by the designated nurse or a suitably qualified healthcare professional (diabetes specialist nurse) to ensure the interventions and escalation steps are evidence-based and person-centred.	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	27/08/2025
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	11/08/2025
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration	Substantially Compliant	Yellow	12/08/2025

	of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	22/08/2025
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	18/08/2025