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:	Riverside - Sonas Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	22 September 2025
Centre ID:	OSV-0005452
Fieldwork ID:	MON-0039592

About the designated centre

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

Riverside Sonas is a community-based residential home for up to six adult residents with an intellectual disability and high support needs. The centre is located in West Co. Dublin close to a variety of local amenities and public transport links. It is a detached two-storey building located in a quiet residential area. The ground floor comprises of a large entrance hall, three en-suite bedrooms, bathroom facilities, a kitchen, a conservatory area and a utility area. The second floor comprises of four bedrooms two of which are ensuite and two which utilise a shared bathroom. One of the bedrooms is used as a staff sleep over room/office. There is a large back garden which overlooks a local river and a large outdoor storage area beside the house. Staffing support is provided for residents 24 hours a day, seven days a week. The staff team comprises of a person in charge, social care workers and health-care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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 22 September 2025	10:00hrs to 17:00hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection carried out in response to the provider's application to renew registration of the designated centre. The inspector had the opportunity to meet with six residents, four staff, the person in charge and the service manager. Overall, the inspection found that residents enjoyed living in their home and had access to meaningful activities within their local community. However, the inspector found that improvements were required in relation to Regulation 15: staffing, Regulation 28: fire precautions and Regulation 9: residents' rights.

Riverside Sonas Residential comprises a two story house in North West Dublin. It is within walking distance of a large village and has access to multiple public transport routes. The designated centre is home to six residents, at the time of the inspection there were no vacancies. The centre has a large entrance hallway, sitting room, kitchen and dining room, conservatory, staff office, bathroom, six individual bedrooms, five of which are en-suite, and three of the bedrooms were equipped with walk in wardrobes. The premises had a large garden to the front of the property, with a large enclosed patio which was equipped with garden furniture and decorative flower pots.

Residents had a variety of communication support needs and used speech, vocalisations, gestures, facial expressions and body language to communicate. Throughout the inspection, staff were observed to be very familiar with residents' communication styles and preferences. They spent time listening to residents and residents were observed seeking them out if they required their support. Some residents told the inspector what it was like to live in the centre, and the inspector used observations, discussions with staff and a review of documentation to capture the lived experience of other residents. In addition, the inspector received six resident questionnaires which had been sent out to the centre prior to the inspection taking place. The questionnaires seek resident feedback on aspects of the service such as the staff, the premises, and their ability to make choices and decisions, and meals. All of the questionnaires received were completed with staff support. Feedback received by residents through the questionnaires and through the course of the inspection were mostly positive with residents commenting that they love their home and bedrooms. One resident noted that "there were very few drivers" on some days in the centre. The provider was currently operating on 3.5 staff vacancies and this was having an impact on the number of drivers available in the centre.

Over the course of the inspection, the inspector observed that there was a warm and friendly atmosphere in the centre. Staff were observed communicating essential plans throughout the day and the inspector observed one staff discussing with all residents that the fire alarm was being tested. This was an audio test and the residents did not need to respond, however, the staff member was forewarning residents of the loud sound that the alarm was going to make. The inspector found that residents like to participate in a number of activities both in their home and

local community. Residents enjoyed participating in gardening, nature walks, shopping, meals out and visiting friends.

One resident told the inspector that they love their home and their bedroom. The resident discussed that their bedroom is very large and that they like to spend time there listening to music or watching television. The resident said that they go home regularly and that they also have visitors in the centre. The resident explained that they like to do a number of things in the community which is supported by staff. For example, the resident discussed they like to go to shows and concerts and attend Gaelic football games.

The inspector spoke to four staff during the course of the inspection, two of the staff were permanent staff members and two were agency staff. The agency staff had been block booked in the centre to cover a number of shifts ensuring continuity of care for residents. All staff spoken to were found to be knowledgeable of residents assessed needs and when asked could tell the inspector the fire procedures for the centre and who to contact should they have a safeguarding concern.

On review of documentation the inspector found that health screening practices were in place in the area of women's health. The inspector found that monthly breast checks were being completed by frontline staff both social care workers and healthcare assistants in the absence of clinical support guidance or training. Furthermore, there was no documentation to support that residents had been provided with support to understand the procedure or to document if residents demonstrated that they wished to participate in the monthly check.

In summary, the inspector found that residents lived in a comfortable and welcoming home. The person in charge and support team were providing residents with support to meet their planned goals and maintain meaningful friendships. However, improvements were required in relation to fire procedures and residents' rights.

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

Capacity and capability

This section of the report describes the governance and management arrangements of the centre and how effective they were in ensuring the quality and safety of care. This inspection found that the residents were in receipt of care and support in line with their assessed need. While the centre was operating on a staffing vacancy of 3.5 whole time equivalence, the inspector found that the person in charge was ensuring regular and consistent agency staff were being utilised to support residents needs. Furthermore, the provider had completed a number of recruitment

campaigns and had identified the requirement for a liaison nurse to support residents in the centre.

The provider had established governance and monitoring systems to ensure the centre is safe and consistently monitored. They conduct annual reviews, six-monthly reports, and a series of audits to assess the quality and safety of the services provided. The person in charge had a suite of audits in place and the findings of same were discussed at staff meetings. Furthermore, the inspector found that members of staff had an active role in audits, These roles included health and safety officer, fire marshal and infection prevention and control lead.

There was a training matrix in place that supported the person in charge to monitor, review and address the training needs of staff to ensure the delivery of quality, safe and effective service for the residents. Overall, staff training was up-to-date including refresher training.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre had been received in advance of this inspection and was reviewed. This was found to contain all information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information for the person in charge and found that they had the qualifications and experience to fulfill the requirements of the regulations. During the inspection the inspector reviewed the systems they had for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required.

Through interactions, the inspector found them to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge had responsibility for two additional centres, however, the inspector found that they had adequate administration time to ensure governance and management of all centres under their remit. Furthermore, the inspector found that support staff were aware of systems in place to ensure concerns or issues in care and support were highlighted and escalated to the person in charge.

Judgment: Compliant

Regulation 15: Staffing

At the time of the inspection, the designated centre was operating on 3.5 WTE social care worker vacancies. The inspector reviewed the planned and actual rosters for the centre from June, July and August 2025 and found that the person in charge had ensured that the vacancies identified on the roster were being covered by regular agency staff. Due to the level of vacancies in the roster, the inspector found that on average the centre required 19 agency shifts per week to support residents. Furthermore, the inspector found that agency staff was being utilised to cover night time and sleep over shifts in the centre a minimum of four times a week. The person in charge had ensured that the agency staff had completed relevant mandatory training in order to support the needs of residents and to ensure evacuation of residents in the event of a fire. The inspector found that the person in charge had completed an agency induction plan for the centre, however on review of induction plans the inspector found that not all agency staff identified on the roster had completed the induction list.

The person in charge and support team had identified changing medical needs in the centre and had developed a plan for a community liaison nurse to be assigned to the centre in order to support residents. This position had been advertised and the provider was in the final stages of the recruitment process.

Judgment: Not compliant

Regulation 16: Training and staff development

Effective systems were in place to record and regularly monitor staff training in the centre. The inspector reviewed the staff training matrix and found that staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, managing behaviour that is challenging, and safeguarding of vulnerable adults.

All staff were in receipt of formal and informal supervision and support relevant to their roles from the person in charge. The person in charge had developed a schedule of supervision for 2025 for all staff members. The inspector reviewed four staff supervision records and found that they were in line with the provider's policy. The inspector found that supervision also provided an opportunity for staff to raise concerns and discuss changing needs of residents.

Regular staff meetings were held, and a record was kept of the discussions and required actions. The presence of the person in charge in the centre provided all

staff with opportunities for managerial supervision and support. The inspector reviewed minutes of staff meetings held from May to September 2025 and found them to contain information in relation to reach resident, accident and incident trending, governance and oversight in the centre. Furthermore, the staff meetings were used as an opportunity to discuss future needs for the centre with the identification of nursing support required in a liaison role.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre with associated lines of authority and responsibility. The person in charge was full-time, and demonstrated effective oversight and management of the centre. While the person in charge had responsibility for two other designated centres, the arrangements in place ensured that this did not impact on their management of this centre. The inspector found that the support staff and shift leads in the centre had knowledge of residents needs and were actively escalating concerns or issues to the person in charge or the provider. There were good arrangements such as regular meetings and sharing of governance reports for the management team to communicate and escalate issues.

There were management systems to ensure that the quality and safety of the service provided to residents was monitored, such as various audits on areas including safeguarding, accidents and incidents and infection prevention and control. The provider and person in charge had completed an annual review for 2024 for the designated centre. The annual review was found to take into account the views of residents and their representatives.

The person in charge and senior management team held regular meetings in relation to the quality of care and support for residents in the centre. The provider had systems in place to complete six-monthly unannounced visits to the centre. The inspector reviewed the most recent six monthly audit from July 2025 and found that they were comprehensive and identified areas of improvement. For example, the six monthly audit had identified the need for a number of staff to complete training in dsyphagia, the inspector found that this had been escalated to the providers training department and that the training had been completed in line with the completion date identified by the audit.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations.

The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety.

A copy of the statement of purpose was readily available to the inspector on the day of inspection. It was also available to residents and their representatives.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had effected a complaints policy which had been reviewed and updated in the past three years, as required by the regulation. An accessible version of the complaints policy was also available to the residents.

The inspector reviewed the complaints log held by the person in charge in the centre and found that on the day of the inspection there was one open complaint. The inspector found that the person in charge and the provider had open lines of communication with the complainant and were in the process of closing the complaint.

The inspector spoke to one resident about the complaints process. The resident discussed that they have not needed to make a complaint before and that they were very happy in their home. However, the resident said they would speak to staff but there was nothing they would change in their home. They also discussed that their family would talk to staff if they had a problem.

Resident satisfaction surveys had been completed by the provider as part of the annual review of the service. The feedback from families noted that they were aware of who to make a complaint to should they wish to.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support in the centre. Residents appeared to be happy and content in their home and with the service provided to them. The inspector

observed a homely environment, and staff engaged with residents and attended to their needs in a kind and professional manner.

The premises was designed and laid out in a manner which met residents' needs. Residents were provided with suitable and homely private and communal spaces. Each resident had their own private bedroom which was decorated and furnished in line with individual preferences.

Improvements were required in relation to fire evacuation procedures in the centre during the day and at night time in order to further enhance and guide staff practices. On review of fire evacuation plans and the level of support required by residents for safe evacuation, the inspector was not assured that in the event of a fire residents could be evacuated in the time demonstrated during evacuation drills.

Regulation 17: Premises

The inspector found the atmosphere in the centre to be warm and welcoming to visitors. The inspector completed a walk through of the centre and found that there was ample communal space for residents to meet with visitors. Each resident had their own bedroom which was decorated to their own personal tastes. Residents' bedrooms were found to be spacious with large walk-in wardrobe and sufficient storage for residents' possessions.

Residents' bedrooms were decorated with family pictures, memorabilia and life events that had take place. Residents had areas in their room where they could sit and relax and watch television or listen to music. One resident said that they call their bedroom their own apartment were they like to go and watch football matches or movies.

The centre had a large garden area which included an enclosed patio area. The patio are had flower pots positioned near the entrance to the centre and at the windows overlooking the garden. During the course of the inspection, the inspector observed residents sitting in the garden and being assisted by staff to water flower arrangements.

Equipment used by residents was easily accessible and stored safely and records reviewed by the inspector evidenced that this equipment was serviced regularly.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities

available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the provider's risk management policy and found the provider had ensured the policy met the requirements as set out in the regulations. The inspector found that the policy was reviewed every three years with the next review due in October 2025.

The provider had ensured consistent implementation of the risk management systems which it had in place in the centre. For example, there was a risk register in place which was regularly reviewed. Residents had individual risk assessments in place. Adverse incidents were found to be documented and reported in a timely manner. These were trended on a quarterly basis by management to ensure that any trends of concern were identified and actioned.

The provider had appropriate arrangements in place to ensure that serious or critical adverse incidents or accidents were reviewed in line with risk policies. The inspector found that following the identification of a serious incident or near miss the provider implemented a systems analysis review to identify the factors that led to the incident and what steps were required to minimise possible recurrence. Furthermore, the inspector found that the learning from such reviews was communicated to all staff and formulated on going safety pauses in the designated centre.

The person in charge had completed a range of risk assessments, which included appropriate control measures, that were specific to the resident's individual health, wellbeing and personal support needs.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed fire evacuation drills occurring in the centre and was not assured that the times presented in actual drills were reflective of the level of supports required by residents in the designated centre. The centre was home to three residents who required the support of two staff and evacuation aids in order to successfully evacuate from the event of a fire should it present during night time hours. The inspector reviewed an actual night fire drill, which is the completion of a full evacuation of all residents in the centre with the lowest number of staff and

highest number of residents present. This evacuation included three residents to be supported to wheelchairs requiring support of one staff each, two residents to be supported by two staff using an evacuation aid and an additional resident to be evacuated from their bedroom with the support of two staff. The inspector found that the drill completed in June 2025 demonstrated that two staff evacuated the designated centre in two minutes.

The inspector found that a fire evacuation plan had been devised for the designated centre which incorporated both day and night time evacuation plans. However, the inspector found that the guidance available to staff did not sufficiently guide staff to ensure that residents were evacuated from the centre in an effective manner. The fire evacuation plan developed for night time evacuation of residents did not give clear instruction of how to evacuate residents should a fire occur in different areas of the centre. For example the evacuation plan did not discuss that residents who required minimal assistance from the first floor of the designated centre should be evacuated first before residents requiring the support of two staff on the ground floor. Furthermore, the fire plan did not detail to staff that the centre had identified fire containment areas which would result in parts of the centre being compartmentalised to reduce the spread of fire and give residents protection time. For example, if a fire was to start in the kitchen of the designated centre, residents could be supported to evacuate to the hallway of the centre while awaiting further support from staff. The inspector spoke to four staff members during the course of the inspection and found that they were aware of the fire evacuation procedures in place both day and night.

The inspector reviewed the personal emergency evacuation plans (PEEP) of six residents and found that further information was required in order to fully guide staff. The inspector found that due to the high number of staff vacancies, the centre was reliant on a number of agency staff to support residents. The inspector found that the PEEPs required further information in order to highlight the specific needs of each individual in order to safely evacuate the centre. On a review of the rosters from July to August 2025 it was evident that a minimum of four shifts per week for night staff and sleep over staff were being supported by agency staff.

The inspector completed a walk through of the designated centre and completed a manual check on all fire doors. The inspector found that six of the fire doors in the centre were not closing fully. This was brought to the attention of the person in charge and was rectified by the provider during the course of the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of each residents' health, personal, and social care needs had been carried out. The inspector reviewed five residents files and found that were reviewed on an annual

basis or more frequently if required. Furthermore, the inspector found that keyworkers for each resident were reviewing associated care plans each quarter and ensuring that each individual resident was included in this review.

The person in charge had ensured that personal plans were developed for residents. The plans were informed by the assessments and reflected the supports required to meet each resident's needs. The plans viewed by the inspector were up-to-date and readily available to guide staff in the appropriate delivery of care and support interventions. However, the inspector found for the identified area of women's health, sufficient support plans had not been devised for female residents in the centre. This will be discussed further under Regulation 9: residents rights.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. The provider and person in charge had ensured that all agency staff in the centre had completed safeguarding training and the records of training were available to the inspector on the day of the inspection.

Staff spoken with were knowledgeable about abuse detection and prevention and promoted a culture of openness and accountability around safeguarding. In addition, staff knew the reporting processes for when they suspected, or were told of, suspected abuse. It was evident to the inspector that staff took all safeguarding concerns seriously.

The inspector found that when required the provider had initiated reviews to ensure that learning from investigations were used to inform changes and enhance shared learning in practice.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector completed a review of care plans for six residents in the designated centre. On review of support documentation the inspector identified a breast check practice taking place in the centre on a monthly basis. This practice incorporated

support staff including social care and healthcare assistants performing a monthly check on female residents. However, the inspector found that this check was not supported by evidence based guidance or training for staff. The check was completed monthly and staff would document if any changes where identified in a table which included the date, findings and staff signature. The inspector found that for one resident four different staff had completed the check and after each check the findings box stated no changes, the inspector questioned how four different staff could provide commentary on possible changes particularly when there was no detail of previous findings or clinical guidance on how to complete the checks. Furthermore, the inspector found that the checks where taking place at different times throughout each month and for one resident who received their check by their GP within the same month was subject to a further check in the centre by support staff.

The inspector found that each female resident had a support section highlighting woman's health, however, this document had not been completed with the residents previous clinical history or family history and for one resident highlighted that staff should demonstrate abnormalities noted on a diagram. The inspector could find no evidence of diagrams held for residents and when brought to the attention of the person in charge and the staff team such evidence could not be produced on the day of the inspection. Furthermore, the inspector reviewed intimate care plans in place for residents which did not demonstrate if consent had been sought or if residents were informed of the need for such examinations. A table box was present which highlighted that residents would require verbal and physical assistance for the check to be completed.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Riverside - Sonas Residential Service OSV-0005452

Inspection ID: MON-0039592

Date of inspection: 22/09/2025

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The provider continues to recruit and advertise for all current vacancies to ensure the number of qualifications and skill mix is appropriate to the assessment of needs of individuals and as per Statement of purpose. • Care staff Interviews held on October 14th and 21st • Social Care Interviews scheduled for November 17th, 2025. • Recruitment open Day scheduled for November 19th, 2025, for all current vacant posts. • Advertisements on Social media platform sites utilize re-current vacancies. • The center continues to engage with Regular agency to provide continuity of care during recruitment phase. • Community Nurse has completed recruitment processed commenced 20th October. • New Induction Form implemented for all staff/Agency . Standard operating procedures are being implemented locally in relation to local induction procedures. • All new agency staff will have induction form completed by person in charge or shift leader at the commencement of designated shift.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Fire Evacuation plans have been reviewed in the centre to ensure sufficient information and guidance is in situ for all staff. • Both day and night Evacuations will have clear instructions in how to support everyone for Fire evacuation.	

• Fire Plans will also identify Fire containment areas within the centre.
• All PEEPS have been reviewed and contain all information in relation to specific individual needs and identify how to evacuate safely.
• Fire Procedures will also be included at all handovers; safety pause and induction to ensure all staff aware of all evacuation procedures.
• Fire evacuation Review roster to ensure one regular staff is allocated on roster Day and Night.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• The operation of local Monthly breast Checks has ceased.
• Breast checks will now be incorporated as part of the Annual General Practitioner Review and relevant individuals will be offered the National Breast Screening program.
• Each individual will have their Woman's and Men's Health section fully updated and completed to include Family history.
• All intimate Care Guidelines are under review to ensure there is documented evidence in relation to Individuals consent and Decision making, and staff are aware of Avista Intimate care guidelines DOCS 064

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.	Not Compliant	Orange	30/04/2026
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	30/04/2026
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	09/11/2025

	reviewing fire precautions.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	09/11/2025
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	30/12/2025