Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Riverview
Name of provider:	Storey Broe Nursing Service Limited
Address of centre:	Morrison Terrace, Mullauns, Ballina, Mayo
Type of inspection:	Unannounced
Date of inspection:	30 January 2026
Centre ID:	OSV-0005504
Fieldwork ID:	MON-0047794

About the designated centre

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

Sonas Nursing Home, Riverview is a modern building that opened in 2017. It is registered to provide care for 59 male and female residents who require long-term, continuing, convalescent or respite care. Residents' accommodation comprises both twin and single rooms. Care is primarily provided to people over 65 years with low to maximum dependency care needs. The centre is located near the River Moy in Ballina and is a short drive from the train station, shops and business premises in the town. Residents have access to appropriately spacious communal sitting and dining areas, a visitors' room and an enclosed courtyard garden that can be accessed from several points around the building. The centre has good levels of natural light and windows throughout enable residents to see the outdoors when seated in armchairs. Catering, laundry and staff areas are also located within the building. The aim of the centre as described in the statement of purpose is to provide a residential setting where residents are cared for, supported and valued within the care environment that promotes the health and well-being of residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 30 January 2026	08:15hrs to 15:45hrs	Catherine Connolly-Gargan	Lead
Friday 30 January 2026	08:15hrs to 15:45hrs	Sandra Rowland	Support

What residents told us and what inspectors observed

Overall, this unannounced inspection found that residents were satisfied with the service provided to meet their needs. The atmosphere in the centre was calm and relaxed throughout the day, and staff were observed to be attentive to residents' needs for assistance and support.

The inspectors commenced this inspection at 8:15 am and on arrival were met by the assistant director of nursing, who was deputising for the person in charge on the day. Following a short introductory meeting, the inspectors completed a walk around all areas of the centre. This gave the inspectors an opportunity to meet with residents and staff, and to observe their routines in the centre. The inspectors observed that most of the residents were still sleeping. Three residents were dressed and sitting by their beds watching their televisions, and they told the inspectors that they liked to get up early, as they did prior to coming in to live in the centre.

Throughout the day, the inspectors spoke with a number of residents who said that they were well looked after and that staff were always caring and respectful towards them.

Sonas Nursing Home Riverview is located in a residential area along the river Moy. Works were completed to upgrade an additional outdoor area to facilitate the residents to safely enjoy the river views. Residents were involved in the design of this outdoor area.

The centre premises were generally well-maintained and the residents' lived environment was warm, bright and spacious. The circulation corridors and communal areas were decorated with residents' artwork and items of traditional memorabilia that were familiar to the residents. Residents could access a number of safe enclosed outdoor areas as they wished. The outdoor areas had suitable seating, pathways, and raised flower beds for residents' use. A comfortable seating area was located in the reception, and the inspectors observed that this area was chosen by and well used by residents as a place to meet with their visitors or for their rest and relaxation throughout the day.

Residents' accommodation in the centre was provided on the ground floor level throughout. Residents' bedrooms were mainly single-occupancy with five twin-occupancy bedrooms. All residents had access to full en-suite facilities in addition to a number of communal toilets and shower facilities conveniently located along circulating corridors and to the communal rooms. Residents told the inspectors that they liked their bedrooms, had enough space for their belongings and that their beds were comfortable to sleep in. The inspectors' visited a number of residents' bedrooms, including three of the five twin-occupancy bedrooms available and observed that many of the residents had personalised their bedrooms with their

family photographs, plants, artwork and colourful soft furnishings. However, due to the layout of the furniture and location of the bed screen privacy curtains in two of the twin-occupancy bedrooms, the circulation space available for residents using assistive equipment to safely manoeuvre around their beds, to rest in a comfortable chair by their bedside, and to maintain their privacy during transfer and personal care procedures in private was negatively impacted. The inspectors also observed that both residents in each of the three bedrooms shared one television, and meant that each resident could not have an independent choice regarding their television viewing and listening. The inspectors' findings are discussed further in the quality and safety section of this report.

The circulation corridors throughout the premises were wide and had handrails fitted in a contrasting colour to the surrounding walls to support residents' safe mobility and independence.

The inspector observed that most of the residents spent the day in two of the sitting rooms. A small number of residents chose to remain in their bedrooms. There was a social activity schedule displayed for residents' information on a notice board outside one of the sitting rooms. However, the inspectors observed that the social activities displayed were not available to residents on the day in this sitting room, and although there was staff present in the room with the residents throughout the day, these staff did not engage with residents to provide meaningful activities or social interactions with the residents. This sitting room was observed to be overcrowded with residents seated in chairs around the perimeter of the room and in chairs arranged in a number of rows across the room. This seating arrangement did not support social interaction among the residents and many of the residents could not see the television. While a small number of residents were engaged in self-directed activities such as reading and knitting, many of the residents either slept or sat watching the staff and other residents. The atmosphere in the second sitting room was observed to be more lively and the residents in this sitting room were enjoying participating in beauty therapy, hair-styling and chair exercises facilitated by two activity staff. As the activities taking place in this sitting room were not displayed, the residents in the other sitting room were not aware they were taking place, and could not choose to participate in them.

Residents spoke to a number of residents regarding the food provided and they observed the lunchtime meal for residents. While residents expressed their satisfaction to the inspectors regarding the food they received, not all residents attended the dining room during the lunchtime meal. Many of the residents remained in one of the sitting rooms during the lunchtime meal and were served their meals on tables in front of their chairs or at one table for four residents. A staff member told the inspectors that this arrangement was in place as there was not enough space for all the residents to eat their meals in the dining room. One resident told the inspectors that they had never being in the dining room during mealtimes.

Staff were observed to be attentive to residents' needs for assistance, and these observations concurred with the residents' feedback to the inspectors.

Residents told the inspectors that they felt safe and secure in the centre, and if they had any concerns, they would speak to the person in charge or their families.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

The inspection was carried out to monitor the provider's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended), and to follow up on the actions the provider had taken in line with their compliance plan response from the previous inspections. Overall, this unannounced inspection found that actions taken by the provider since the last inspection to ensure residents' social care needs are met and that the care and services provided for residents are in line with the designated centre's statement of purpose were not effective and continued to have an impact on residents' quality of life in the centre.

Storey Broe Nursing Services Limited is the registered provider of Sonas Nursing Home Riverview. The directors on the provider company board changed since the last inspection. The management structure in place identified the lines of authority and accountability, specified roles, and detailed responsibilities for all areas of care provision. The local management team consisted of a person in charge and an assistant director of nursing who were supported by a team of nursing staff, health care assistants, housekeeping and catering staff, activity staff, an administration team and maintenance personnel. Additional support to the local management team in the centre was provided by a regional manager who also had oversight responsibility for a number of other designated centres operated by the provider.

Regular governance and management meetings were taking place to review the quality and safety of the service, and the records of these meetings evidenced that quality improvement plans were being developed and implemented to address deficits identified in the service. However, as found again on this inspection, the audit programme in place to monitor the quality and safety of the service was not effectively identifying and addressing the non-compliant findings as set out in this report.

Although there were adequate numbers of staff on duty on the day of this inspection, the staffing allocation system did not ensure there were sufficient staff with the necessary skills to ensure residents needs were meet and that they were adequately supported to enjoy a meaningful quality of life in the centre.

While a programme of mandatory and professional development training was facilitated for staff to ensure they had the necessary skills and competencies to meet

residents' needs, the inspection findings did not evidence that staff had sufficient knowledge and skills to support residents' social activity provision and as a result, residents' quality of life was negatively impacted in the centre. Furthermore, staff supervision systems were not ensuring appropriate supervision of staff according to their roles to ensure that they carried out their work to the required standards. This is a repeated finding from the last inspection and is discussed further under Regulation 16: Training and staff supervision.

The provider had arrangements in place for managing accidents and incidents involving residents in the centre, including appropriately notifying the office of the Chief Inspector of incidents involving residents, as required by the regulations.

Regulation 15: Staffing

The inspectors found on this inspection that the registered provider had not ensured that there were sufficient staff available with appropriate skills to ensure that many of the residents, including those who required additional support to engage socially, were provided with adequate opportunities to participate in a meaningful social activity programme in line with their individual interests and capacities.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Care staff who spoke with the inspectors were not clearly able to describe their roles and responsibilities in relation to providing a programme of meaningful social activities for the residents. Furthermore, these staff did not have access to appropriate training in relation to this aspect of their role. As a result, the inspectors found on this inspection that there were limited opportunities for meaningful social activities available for many of the residents, especially in one of the communal sitting rooms, where the majority of residents spent much of their day.

In addition, staff were not appropriately supervised according to their roles to ensure that they carried out their work to the required standards. As supervision of staff was not adequate, the inspectors found the following;

- Staff were not completing residents' assessment and care plan documentation to the required standards and in line with the registered provider's own policy and procedures. The inspectors found that a number of the residents' care documentation did not accurately identify all of their care needs, and therefore, there was a risk that residents' needs would not be effectively communicated to all staff and that their needs would not be met.
- Staff with responsibility for coordinating residents' social care were not appropriately supervised according to their role to ensure that they carried

out their roles in ensuring residents' social care needs were met to the required standards and in line with the centre's statement of purpose. This was negatively impacting on residents' quality of life in the centre.

This is a repeated finding from the previous inspection in February 2025.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider's governance, management and oversight systems were not adequately ensuring that the service provided was consistently and effectively monitored. While auditing of key-aspects of care and service delivery were taking place and were identifying areas needing improvement, this process was not effectively identifying and addressing improvements needed as follows;

- Auditing of residents' care plans did not identify that the information in a number of residents' care plans did not reliably guide or inform staff on care that was recommended for individual residents by healthcare professionals and in line with residents' assessed needs and preferences.
- The management systems for staff supervision and oversight of their practices were not effective, as evidenced under Regulation 16: Training and staff development.
- The registered provider failed to recognise that the layout of and limited circulation space available in two twin-occupancy bedrooms were negatively impacting on residents' needs and rights. The inspectors' findings are discussed further under Regulation 9: Residents' Rights, Regulation 12: Personal possessions and Regulation 17: Premises.
- The registered provider failed to ensure that residents were provided with opportunities to participate in meaningful social activities in line with their individual preferences and capacities.
- The registered provider had not ensured that a number of the residents could dine in the dining room, if they wished.

This is a repeated finding from the previous inspection in February 2025.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time frames specified by the regulations.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents' nursing and health care needs were generally met and residents had timely access to necessary medical, health and social care professional expertise. However, many of the residents' quality of life and rights were negatively impacted by limited opportunities to participate in meaningful social activities. Residents' rights continued to be impacted by the layout and circulation space available in two twin-occupancy bedrooms viewed by the inspectors.

Residents' bedroom accommodation was mostly provided in single-occupancy bedrooms, and in five twin-occupancy bedrooms. All bedrooms have full en-suite facilities provided for residents' convenience. With the exception of two twin-occupancy bedrooms, residents' bedroom accommodation was spacious and comfortably met their needs to a good standard. The layout and circulation space available for residents in two twin-occupancy bedrooms continued to negatively impact on their ability to move around their bedroom safely, to transfer and carry out personal care procedures in private, and maintain control over their personal belongings. This finding is repeated from the last inspection and is discussed further under Regulation 9: Residents' rights, 12: Personal possessions and Regulation 9: Residents' rights.

A variety of communal accommodations was available. The communal rooms were nicely decorated with suitable furnishings and items of traditional memorabilia that were familiar to the residents to support their comfort in their lived environment. This inspection found that although available, one of the communal sitting rooms and the dining room were not used in a way that promoted residents' comfort and choice. For example, one of the communal sitting rooms was overcrowded, and not all residents could choose to eat their meals in the dining room.

Each resident's care needs were assessed and care plans were mostly developed in line with their individual preferences and wishes. Although the majority of residents' nursing needs were met, actions were found to be necessary again on this inspection to ensure residents' care plan documentation reliably guided staff on the care and supports that should be provided. The inspectors' findings are discussed further under Regulation 5: Individual assessment and care plan.

This inspection found that residents' social activity assessments did not adequately inform a programme of social activities that reflected their individual interests and capacities. As a result, residents were not adequately supported to participate in social activities that interested them and were in line with their individual capacities.

This finding is repeated from the last inspection, and negativity impacted on the quality of many of the residents' lives in the centre.

The registered provider had comprehensive measures in place to ensure that residents were protected from the risk of fire, and to ensure that residents' evacuation needs to a place of safety in the event of a fire in the centre would be met.

Visiting arrangements were in place for residents to meet with their friends and visitors in the centre. Visits were encouraged and practical precautions were in place to manage and mitigate the risk of infection to residents.

Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents had access to local and national newspapers and radios. While televisions were available in the communal sitting rooms, some residents in the twin bedrooms shared a television and did not have an individual choice of television viewing and listening as they wished.

The provider had effective measures in place to protect residents from the risk of abuse. A number of residents told the inspectors that they felt safe and secure living in the centre.

Regulation 11: Visits

There were no restrictions on residents' family and friends visiting them, and the service had practical infection and control precautions in place to protect residents from risk of infection. Residents told the inspectors that their visitors were always welcomed, and if they preferred, they could meet with their visitors in private outside of their bedrooms.

Judgment: Compliant

Regulation 12: Personal possessions

All residents were provided with adequate storage space for their belongings. However, a number of the residents' wardrobes and chest of drawer units in two of the twin occupancy bedrooms viewed by the inspectors, were placed along a wall outside of the residents' bed spaces. As a result, residents could not maintain control of their personal possessions and clothing in their wardrobes and in their chest of drawer units as this furniture was not located within their bedspace, was unlocked and could be accessed by others without their consent.

Judgment: Substantially compliant

Regulation 17: Premises

Necessary actions by the registered provider were identified by the inspectors again on this inspection, having regard to the needs of the residents living in the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations and in accordance with the centre's statement of purpose. This was evidenced by the following findings;

- Actions by the provider were necessary to ensure that the layout of two twin-occupancy bedrooms viewed by the inspectors met the needs of residents. Two twin-occupancy bedrooms, numbered 10 and 41, were not laid out in a way that facilitated needs. One side of two residents' beds were placed against an adjacent wall, and the limited circulation space available did not support residents using assistive equipment to safely manoeuvre around their beds, to rest in a comfortable chair by their bedside if they wished and to carry out transfer and personal care procedures in private.
- Linen trolleys for collection and segregation of residents' used bed linen were inappropriately stored in two sluice rooms. Alcove areas in a number of areas off the circulation corridors were used to store residents wheelchairs and hoists when not in use. This equipment posed a risk of injury to residents who may could into contact with it as they passed by.
- Parts of the floor surface in a communal bathroom were damaged, and an area of the floor surface in the hairdressing room was stained.

Judgment: Not compliant

Regulation 28: Fire precautions

Assurances were available regarding residents' timely evacuation to a place of safety in the event of a fire occurring in the centre. Each resident's emergency evacuation equipment and staffing resource needs were regularly assessed, and this information was accessible to staff. Review of the regularly completed simulated night-time evacuation drills evidenced consideration of residents' supervision by staff post their evacuation and calling the emergency services. The provider identified each fire compartment in the centre with clearly displayed signage.

Fire safety checks were consistently completed, and an effective process was in place to address any defects identified without delay.

Fire safety equipment was serviced as required to ensure effective operation of this equipment at all times.

All staff had completed up-to-date fire safety training and had participated in simulated emergency evacuation drills.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Although, the standard of residents' assessment and care plan documentation was improved since the last inspection in February 2025, further improvements were necessary to ensure this information reliably guided staff on each resident's current care needs. This is a repeated finding from the previous inspection and was evidenced by the following findings;

- Notwithstanding the measures in place to monitor the fluid intake of residents with an assessed risk of dehydration, two residents did not detail the recommended amount of fluid they should drink over each 24-hour period. Therefore, adequate information was not available to guide staff on these residents' hydration needs.
- There was a disconnect between the assessments of residents' social care needs and the information in their care plans describing the social activities available to them that they wished to participate in to meet their interests and capacities. The social activity assessment questionnaire in use did not consider each resident's capacity or the social activities they wished to participate in. As a result, residents' social care plans reviewed by the inspectors did not describe a social activity programme tailored to meet their individual interests and capacities, and staff did not have the information they needed to guide them regarding each resident's interests and the supports they each needed to participate in meaningful social activities. The inspectors' observations regarding residents' social care provision, and many of the care records of the social activities that residents participated in, did not reference that residents were provided with opportunities to participate in the social activities described in their assessments or care plans.
- The recommendations of the dietician and speech and language therapist were not being accurately referenced in residents' care plan information to guide staff on the care they must provide to residents, further to specialist healthcare reviews.

Judgment: Not compliant

Regulation 6: Health care

Residents had timely access to general practitioner (GP) services, including out-of-hour services. Residents had access to other health and social care professionals

such as tissue viability nurse, speech and language therapy services and a dietitian where required. Residents were supported to attend out-patient services as necessary.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures in place to protect residents from abuse. All staff were facilitated to attend up-to-date training on safeguarding residents from abuse. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre. Residents told the inspector that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had failed to ensure that residents were provided with adequate opportunities to participate in meaningful social activities that met their interests and capacities. The inspectors observed that although a schedule of activities was displayed, many of the residents in one of the two sitting rooms on the day of the inspection did not have adequate opportunities to participate in meaningful social activities, and were not adequately supported to participate in social activities to meet their interests and capabilities. The social activities facilitated on the day of the inspection in the second sitting room were not as scheduled. Therefore, residents could not make independent choices regarding the social activities they wished to participate in. The documentation available regarding the social activities residents participated in was limited and did not give assurances that residents were supported by staff to participate in social activities they preferred and as described in their care plans.

Residents were not supported to exercise choice in their daily routines. This was evidenced by the following:

- The inspectors observed that many of the residents resting in one of the sitting rooms dined from bed tables placed in front of the chairs they were sitting in. Staff told the inspectors that due to limited space in the dining room, these residents were served their meals in the sitting room. This arrangement did not support residents' right to choose to eat their meals with the other residents in the dining room.
- Two residents in three twin-occupancy bedrooms viewed by the inspectors shared one television. The provision of one television for sharing between

two residents did not ensure that each resident had a choice of television viewing and listening.
- The seating arrangement in one communal sitting room did not support many of the residents to view the television if they wished to do so.
- Residents with unintentional weight loss did not always have an opportunity to meet with the dietician assessing their nutritional needs to discuss their treatment plans. The assessments and treatment plans for individual residents were at times developed remotely, relying solely on information provided by staff in the centre.

Residents' rights to privacy in two twin-occupancy bedrooms during personal care and transfer procedures could not be respected due to the layout of their bed-space and the circulation space available. Due to the limited space available around two residents' beds in these twin-occupancy bedrooms, these residents could also not choose to sit in a chair by their bedside if they wished.

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sonas Nursing Home Riverview OSV-0005504

Inspection ID: MON-0047794

Date of inspection: 30/01/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
The registered provider has taken the following measures to ensure that all residents are supported to engage in a meaningful and person-centered social activity programme and that sufficient staff are allocated supporting residents socially:

A full review of current staffing levels and skill mix has been completed to ensure adequate staffing is always available to support residents social needs, particularly those requiring additional assistance. Designated staff are being assigned responsibility for coordinating and facilitating activities daily, ensuring consistency and accountability. The PIC and home management team are providing supervised practice with the recreational team. In consultation with the residents, the activity programme has been reviewed and updated to ensure it is person-centred, reflects residents individual preferences and accommodates varying levels of cognitive and physical ability.
Each resident's social care needs and preferences have been reassessed and care plans are being updated accordingly in order to explicitly guide staff in supporting meaningful engagement. 30/03/2026
All staff will attend a bespoke education programme developed for Sonas Nursing Homes entitled "Caring Beyond Tasks, Inclusion, Dignity and Respect": 28/04/2026:

This training will focus on:
• Moving away from task-based care practices.
• Promoting a culture of inclusion, dignity, and respect.
• Understanding roles and responsibilities in delivering meaningful social engagement.
• Supporting residents with varying levels of dependency to participate in activities.
Additional training has been booked for the recreational therapy team to support them in their role 30/04/2026. Learning following these programmes will be assessed in practice and further feedback will be sought from the residents.

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
All staff have been re issued with their job descriptions outlining their roles and responsibilities and these have been discussed with the management team at team meetings.
The home management team have commenced supervised practice and are conducting regular "Quality of Interactions Schedule" (QUIS) assessments. The Quality Manager is also conducting QUIS assessments on their visits. These assessments will ensure that staff are supporting meaningful engagement with the residents and that care practices align with training received and the policies and procedures in place.
The Person in Charge (PIC) will continue to actively engage in staff probation assessments, employee development plans, feedback meetings, daily handovers, huddles, and staff meetings, ensuring that all staff receive regular formal supervision and feedback in line with their roles. Staff with designated responsibility for social care will receive enhanced supervision and performance review.
Each residents social care needs and preferences and communication needs have been reassessed and care plans are being updated accordingly to guide staff in supporting meaningful engagement. 30/03/2026. The Quality Team are reviewing this weekly and have commenced their own independent audits of the assessments and care plans. In addition, further training is being provided to nursing staff to support best practice in person-centred care planning and documentation. This training has been scheduled for 03/04/2026.
The provider fully accepts the repeated findings on this inspection and has been working on trying to get the social programme and day room usage "right". Extensive feedback has been sought from the residents. "Riverview House" communal room will revert to being a sitting room predominantly with removal of the kitchenette, the "Courtyard" sitting room has been chosen by our current residents as their primary preference to reside and the main dining room space has been expanded in order to facilitate more residents to use this space. We will keep this under review. The social programme has been reviewed in order to match this new focus and the staff allocations and the mealtimes service have also been reviewed.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Quality Team are conducting an independent audit of the assessments and care plans in order to ensure their accuracy, person-centeredness and to ensure that they are written in a format that all staff can easily understand. Onsite audits are also underway, and improvements are being made where required. The Quality Team are auditing the updated audits.
The Person in Charge (PIC) will ensure that activities are occurring as planned, residents are supported appropriately through meaningful engagement and the feedback from residents is incorporated into programme improvements. Through their daily walkarounds, the PIC and home management team will carry out regular observational checks of staff practice to further strengthen oversight and accountability. The Quality Manager will also monitor this through their onsite visits and engagement with residents and staff and through weekly monitoring of resident feedback.
A comprehensive review of the dining room and communal areas has been completed to ensure all residents are afforded the opportunity to dine in the main dining room, should they wish to do so.
Following consultation with residents, plans are in place to reconfigure and extend the dining room. This will ensure sufficient space is available to comfortably accommodate all residents.
On the day of the inspection some residents chose to eat in a smaller day room in accordance with their documented preferences, which are reflected in their Nutrition Care Plans. Following the inspection, all staff have received refresher training focused on enhancing the mealtime experience and are now fully familiar with each resident's individual preferences, ensuring that mealtimes are both enjoyable and person-centred and that residents are offered a choice of where they would like to dine.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
New wardrobes have been procured and will be installed within each residents defined bed space and inside the curtain zone.
Storage units will be positioned to ensure:
• Residents have direct access and control over their belongings.
• Storage is clearly associated with each individual resident.
• Residents are offered a key to lock their individual storage.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
To improve the layout of Bedroom 10 to support residents mobility, independence, and privacy we will carry out the following immediate actions:
The curtain rail will be repositioned to redefine each resident's bedspace and improve usable circulation space. Beds will be reoriented to ensure access on both sides, where possible, to facilitate safe transfers and care practices.
New, appropriately sized wardrobes have been procured and will be installed within each residents defined bedspace, ensuring compliance with both privacy and storage requirements.
The revised layout will ensure adequate space for assistive devices (e.g. hoists, walkers), provision for a bedside chair within each residents own space and improved privacy during personal care through correct curtain positioning
All works, including installation of wardrobes and adjustment of curtain rails, will be completed by the 15/05/2026.
For Bedroom 41 we will carry out the following actions:
A full refurbishment and reconfiguration plan has been developed, which includes:
• Repositioning of curtain rails to clearly define each resident's personal space and ensure privacy.
• Relocation of the bedroom door to improve access, circulation flow, and usable floor space.
• Installation of an additional window to enhance natural light and improve the overall living environment.
Complete redesign of the room layout to ensure:
• Adequate circulation space around each bed.
• Safe use of assistive equipment.
• Space for personal seating within each residents bedspace.
• Full upgrade of electrical services, including, relocation of sockets and call bells to align with new bed positions.
• Improved accessibility and safety for residents.
• Installation of new wardrobes and bedside lockers within each residents bedspace.
All works will be completed by the 30/09/2026.
These works will fully address the deficits identified and ensure Bedrooms 10 & 41 comply with Regulation 17 by providing a safe, accessible, and dignified living environment and to support safe movement, promote independence, and enable delivery of care in a dignified and person-centred manner.

Regulation 5: Individual assessment and care plan	Not Compliant

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

We are committed to continuing to improve our assessment and care plan documentation and have put the following measures in place:

• Independent audit by the Quality Team.
• Weekly review by the Quality Manager.
• Consistent and timely engagement with each resident and/or their nominated support person.

A comprehensive review of all residents nutritional care plans has been completed to ensure that the recommended daily fluid intake for each resident is clearly documented. Guidance from the dietitian and speech and language therapist (SLT) was previously recorded in the allied health professionals notes and now this information will also be incorporated into each residents Nutrition Care Plan for improved clarity and accessibility. Residents hydration needs are flagged and discussed at staff huddles.

Each resident and/or their nominated support person has been met with in order to re-assess the residents social needs. Documentation is currently being updated in line with these assessments. Education is being delivered to all team members so that each person understands the importance of delivering social care, the importance of seeking feedback from residents, the importance of accurate record keeping and the importance of the delivery of the agreed plan of care.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The registered provider will take the following measures to ensure that all residents are supported to engage in a meaningful and person-centered social activity programme:
• In consultation with the residents, the activity programme has been reviewed and updated to ensure it is person-centred, reflects residents individual preferences, and accommodates varying levels of cognitive and physical ability.
• The Person in Charge (PIC) and the home management team will ensure that activities are occurring as planned.
• The home management team will ensure that the residents day spaces are utilized effectively and that residents are provided with a choice of where they would like to reside or which activities they would like to attend.
Due to a review of the utilisation of the day spaces and the main dining room all residents now have a choice to either attend the main dining room, have room service to their rooms or to remain where they are sitting and have their meals provided to them there.
The twin-occupancy rooms now have two televisions.
Due to a review of how each day space is used we have now ensured that residents choosing to watch television if they wish to do so.

All residents will be afforded the opportunity to meet with the dietitian if they so wish and this will be documented in their nutritional care plan.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	15/05/2026
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/04/2026
Regulation 16(1)(a)	The person in charge shall	Not Compliant	Orange	30/04/2026

	ensure that staff have access to appropriate training.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	23/03/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	15/05/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/04/2026
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	23/03/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in	Not Compliant	Orange	30/04/2026

	paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	30/04/2026
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	23/03/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	23/03/2026
Regulation 9(3)(b)	A registered provider shall, in so far as is	Not Compliant	Orange	23/03/2026

	reasonably practical, ensure that a resident may undertake personal activities in private.			