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:	Grange Apartments - Sonas Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	11 June 2026
Centre ID:	OSV-0003745
Fieldwork ID:	MON-0042122

About the designated centre

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

Grange Apartments provide care and support for six adults who have a diagnosis of intellectual disabilities and / or autism / mental health difficulties and behaviours of concern. The centre is on a campus in west Dublin, and is made up of 6 separate apartments. The aim of grange apartments is to provide a supportive, individualised and low arousal residential environment, specifically tailored to each individual's needs. Each resident has their own apartment with a bedroom, bathroom and kitchen/living/dining area. The primary focus in grange apartments is to support each resident to engage in meaningful activities of their choice, with a strong emphasis on community integration. The centre is situated near many local and public amenities including good public transport links and there are a number of vehicles in the centre to support residents to engage community activities. Internally, there are a variety of activities the residents can avail of including a gym, a number of garden areas, and a number of multifunctional rooms. Staffing support is provided 24 hours a day, seven days a week by a person in charge, clinical nurse manager, staff nurses and care staff.

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
Thursday 11 June 2026	09:00hrs to 16:30hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This announced inspection was conducted to assess the registered provider's compliance with regulations, and to inform the decision regarding the renewal of the designated centre's registration. From what residents told us and the inspector observed, it was evident that residents living in this centre were treated with dignity and respect, were happy, and felt safe living in their home. The inspection had positive findings, however, improvements were required pertaining to Regulation 15: Staffing.

The inspection was conducted over a single day by one inspector. The person in charge facilitated the inspection by speaking with the inspector and promptly providing all requested documentation. The designated centre was registered to accommodate six residents and the inspector had the opportunity to meet and speak with four residents.

The designated centre provided a residential service for adults with high support needs and was based on a campus setting in West Dublin. The designated centre was comprised of six individual apartments, and a number of communal spaces including an activity room equipped with gym equipment, arts supplies, books and jigsaws. Residents' individual apartments consisted of a living room, a kitchen, a dining area, and a bedroom with en-suite. The apartments had inner garden spaces which were fitted with garden furnishing as chosen by residents. The designated centre was also home to a pet dog belonging to the residents.

Care and support to residents was provided by a team of nursing staff, senior social care workers, healthcare assistants, household staff, and a senior occupational therapist. At the time of this inspection there were a number of staff vacancies. As a direct result of staff vacancies, the registered provider was relying heavily on the use of agency and relief staff to backfill vacant shifts. Staffing levels on the day of this inspection included nine staff members on duty during the day, six staff members on during the evening, and three staff members provided waking night time supports. Over the course of this inspection, the inspector had the opportunity to meet and talk to the person in charge, service manager, CNM1, and five staff members on duty.

The inspector completed a walkthrough of the designated centre accompanied by the person in charge and had the opportunity to meet with four residents in their apartments. The inspector noted that resident apartments that made up the designated centre were decorated in line with each individuals personal taste. The inspector found that for some residents, their apartments had been decorated in a manner which reduced stimulus for the resident, and supported them to remain safe in their environment. Other residents chose to decorate their apartments with vintage car collectibles, pictures of family and friends, and artwork.

The inspector noted that the designated centre was clean and homely, and communal areas were found to be thoughtfully arranged to encourage social interaction and relaxation. The overall interior decor and furnishings were tasteful and well maintained, contributing to a warm and inviting environment. Food was provided to residents through the centralised kitchen which was located on campus a short distance from the designated centre. However, the inspector also noted that specific foods requested by residents were also prepared in the kitchen located within the designated centre which ensured that all residents' dietary requirements, preferences, and likes were catered for.

Residents had been made aware of the upcoming inspection and were comfortable with the presence of the inspector in their apartment. In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The inspector reviewed all six questionnaires and found that feedback was generally positive, and indicated satisfaction with the service provided to them in the designated centre, including staff, choices and decisions, trips and events and food.

The inspector was unable to meet or speak with the relatives of any residents during the inspection. However, a review of the registered provider's annual review of the quality and safety of care for 2025 evidenced that relatives were satisfied with the care and support provided to the residents.

Residents in the designated centre presented with a variety of communication support needs and were supported by staff to communicate and interact with the inspector throughout the inspection as required. Since the previous inspection, the inspector noted that the majority of the staff team had completed training in Lámh (modified sign language) to support residents. The person in charge showed the inspector evidence that all outstanding Lámh training would be completed by staff in the coming months.

Prior to meeting with residents, the inspector was supported by staff in identifying topics which may cause upset or lead to the residents' day being negatively impacted. As required, staff supporting residents acted as communication partners and were observed by the inspector to be very familiar with their communication support plans. Some residents indicated that they were happy and content, while others verbally communicated with the inspector. Residents told the inspector they felt safe, were happy with the staff team and had no concerns.

One resident showed the inspector a family photograph album, and was comfortable and content in the presence of the inspector and staff supporting them. The inspector noted that staff communicated with the resident through the use of Lámh, and it was evident that a strong rapport and bond had been built. Another resident spoke to the inspector briefly and showed them their toy car collection, which was proudly displayed in their apartment. They told the inspector they were happy living in their home.

Throughout the duration of this inspection, the inspector observed residents to be relaxed and comfortable in the designated centre, staff engaged with them in a very kind and friendly manner, and it was clear that they had a good working relationship. The staff team were attentive to residents' needs and responded quickly and professionally to residents' requests and support needs. At the time of this inspection there were no open complaints and residents spoken with informed the inspector they did not wish to change anything about their home.

The person in charge emphasised the high standard of care provided to all residents, expressing no concerns regarding their wellbeing. Staff spoke with the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs, including safeguarding, safe administration of medication and managing behaviour that is challenging. The inspector found that staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of residents' likes and dislikes and told the inspector they enjoyed working in the designated centre.

From interacting with residents and observing them with staff, it was evident that they felt very much at home in the designated centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes, and personal preferences.

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

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspector found that the designated centre was well governed, and that there were systems in place to ensure that residents were safe and received a high quality service in the centre. However, improvements were required to Regulation 15: Staffing.

The registered provider had not ensured that the designated centre was adequately resourced to ensure the effective delivery of care and support. The registered provider failed to put in place suitable staffing contingency arrangements to respond to residents' assessed and known behavioural support needs. The heavy reliance on relief and agency staff meant there was limited continuity of staffing which

supported the building of relationships between staff and the residents who relied on staff support.

The staff team were in receipt of regular support and supervision. They also had access to regular refresher training and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet residents' assessed needs. The inspector spoke with a number of staff over the course of this inspection and found that staff were well-informed regarding residents' individual needs and preferences in respect of their care.

The provider ensured that the directory of residents was readily available in the centre, in full compliance with regulatory requirements. It contained accurate and up-to-date information for each resident.

The registered provider ensured that the designated centre and its contents, including residents' personal property, was fully insured. The insurance coverage also included protection against risks within the designated centre, such as potential injury to residents.

The registered provider had established robust management systems to monitor the quality and safety of the service provided to residents. The governance and management frameworks in place were found to be operating at a high standard within the designated centre. The registered provider had prepared an annual report for 2025 on the quality and safety of care and support, which included consultations with all residents, their families and representatives. Additionally, the registered provider had conducted an unannounced visit in accordance with regulatory requirements and a comprehensive suite of audits was implemented covering key areas such as medicines, resident finances, maintenance and infection prevention and control (IPC).

The registered provider had developed a comprehensive written statement of purpose which included all the information required under Schedule 1.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a complete application to the Chief Inspector of Social Services, requesting the renewal of the designated centre's registration.

The inspector reviewed the application prior to this inspection. All required information and documentation specified in Schedule 2, and Schedule 3 were included in the application.

Additionally, the registered provider ensured that the fee for renewing the registration of the designated centre, as outlined in Section 48 of the Health Act 2007 (as amended), was paid in full.

Judgment: Compliant

Regulation 15: Staffing

Overall, improvements were required to the oversight of staff rosters, and staffing arrangements to ensure continuity of care for all residents residing in the designated centre.

At the time of this inspection the designated centre was operating with a number of vacant positions. Although the registered provider was endeavouring to back fill vacant shifts, it was found that there was an over reliance on agency and relief staff to cover vacant shifts. This had been found on previous inspections.

For example, following a review of the planned and actual rosters maintained in the designated centre for the months of January, March and May 2026 it was found that:

- 37 shifts were covered by 17 agency staff members over a two week period in January 2026
- 8 agency staff members covered 16 shifts across a one week period in March 2026, and
- 10 different agency staff members covered 17 shifts across a one week period in May 2026.

The registered provider had not ensured that suitable contingency arrangements were in place to ensure continuity of care for residents. This was of concern given the complex needs of the residents, and required comprehensive review by the registered provider.

Improvements were also required to the recording of agency and relief staff used to back fill vacant shifts. For example, there were numerous occasions in which the full name of the relief and agency staff or the agency used was not recorded. This required enhancement to ensure the registered provider and person in charge had easy access to accurate and up-to-date staff rosters.

Judgment: Not compliant

Regulation 16: Training and staff development

Systems were in place for recording and regularly monitoring staff training, demonstrating effectiveness. Review of the staff training matrix confirmed that all staff had completed a comprehensive range of training courses, ensuring they possessed the necessary knowledge and skills to effectively support residents. This included mandatory training in critical areas such as fire safety, managing challenging behaviour, and safeguarding vulnerable adults, indicating strong compliance with regulatory requirements.

In addition, and to enhance quality of care provided to residents, further training was completed, covering essential areas such as manual handling, mental health and autism, food safety, Children First, safe administration of medication, and infection prevention control (IPC).

Staff were in receipt of regular support and supervision from the person in charge and team leader. For example, staff participated in biannual formal supervision sessions. The inspectors review of six staff member's supervision records confirmed that each session included a review of continuous professional development, and provided a platform for staff to voice concerns, and provide feedback.

Judgment: Compliant

Regulation 19: Directory of residents

In compliance with regulations, the registered provider ensured an accurate and up-to-date resident directory was maintained.

The inspector confirmed that all information met the required standards as set out in Schedule 3, and that effective systems were implemented to ensure ongoing accuracy. For example, the directory of residents included the name, address, date of birth, sex, and marital status of each resident, the name, address and telephone number of each resident’s next of kin or representative and the name, address and telephone number of each resident’s general practitioner (GP).

Judgment: Compliant

Regulation 22: Insurance

The designated centre was sufficiently insured to cover accidents or incidents. The necessary insurance documentation was submitted as part of the application to renew the designated centre's registration.

Upon review, the inspector confirmed that the insurance policy covered the building, their contents, and residents' personal property.

Additionally, the insurance also provided coverage for risks within the designated centre, including potential injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had robust systems in place to ensure the delivery of a safe, high-quality service to residents, fully aligned with national standards and guidance. Clear lines of accountability were established at individual, team, and organisational levels, ensuring that all staff were aware of their roles, responsibilities, and the appropriate reporting procedures.

The designated centre was effectively managed by a capable person in charge, who, with the support of a team leader, possessed a thorough understanding of residents' and service needs, and had established structures in place to fulfill regulatory obligations.

Effective management systems ensured the designated centre's service delivery was safe, consistent, and effectively monitored. A comprehensive suite of audits, covering health and safety, infection prevention control (IPC), medicines, residents' finances, and fire safety, was conducted by the registered provider and local management team. The inspector's review of these audits confirmed the audits thoroughness, and their role in identifying opportunities for continuous service improvement.

An annual review of the quality and safety of care had been completed for 2025. The inspector completed a review of this and found that all residents, staff and family members were all consulted in the annual review. In addition, the inspector reviewed the action plan created following the registered provider's most recent six-monthly unannounced visit, which was carried out in January 2026. The inspector noted that documented actions were effectively contributing to service development and enhancement.

There were effective arrangements for staff to raise any concerns. Staff spoken with told the inspector that they could easily raise concerns with the person in charge. In addition to the supervision arrangements, staff also attended monthly team meetings which provided a forum for them to raise any concerns.

Judgment: Compliant

Regulation 3: Statement of purpose

As part of the application to renew the registration of the designated centre, the registered provider submitted a statement of purpose that clearly described the services offered, and met the regulatory requirements.

The inspector reviewed the statement of purpose and found that it clearly outlined the care model and the support provided to residents, as well as the day-to-day operations of the designated centre. The statement of purpose was reviewed by the inspector during the inspection, and it was also made available to residents and their representatives in a format that suited their communication needs and preferences.

Additionally, a walk-around of the designated centre confirmed that the statement of purpose accurately reflected the available facilities, including room sizes, and their intended functions.

Judgment: Compliant

Quality and safety

This section of the report provides an overview of the quality and safety of the service provided to the residents living in the designated centre. Overall, the registered provider had measures in place to ensure that a safe and quality service was delivered to each resident. The findings of this inspection indicated that the registered provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was safe and person-centred.

The inspector observed a warm and relaxed atmosphere throughout the designated centre, with residents appearing content and comfortable with both their living environment and the support they received. After walking through the designated centre, the inspector found that the design and layout of the premises effectively ensured residents could enjoy an accessible, comfortable and homely setting. There was a good balance of private and communal spaces, and each resident had their own bedroom which was thoughtfully decorated to reflect their personal tastes and preferences.

Arrangements were in place to ensure residents received adequate, nutritious, and wholesome meals tailored to their dietary requirements and personal preferences. Residents were encouraged to eat a varied diet, with their food choices being fully respected. They were supported by a coordinated multidisciplinary team, including medical professionals and speech and language therapists. During the inspection, staff were observed following the guidance and expert recommendations provided by these specialist services.

The registered provider had effectively mitigated the risk of fire by implementing robust fire prevention and oversight measures. Appropriate systems were in place to

detect, contain, and extinguish fires within the designated centre. Documentation reviewed confirmed that equipment was regularly serviced in compliance with regulatory requirements. Additionally, residents' personal emergency evacuation plans were reviewed on a continuous basis to ensure that specific support needs were fully met.

It was found that residents had an up-to-date and comprehensive assessments of need on file. Care and support plans were derived from these assessments of need. The inspector noted that care and support plans were comprehensive, and were written in person-centred language. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to effectively assist residents in managing behaviours that challenge. The registered provider and person in charge ensured that the service consistently upheld residents' rights to independence and a restraint-free environment. For instance, any restrictive practices in use were thoroughly documented and regularly reviewed by the appropriate professionals.

The registered provider and person in charge were endeavouring to ensure that residents living in the designated centre were safe at all times. Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. The inspector found that appropriate procedures were in place, which included safeguarding training for staff, the development of personal and intimate care plans to guide staff, and the support of a designated safeguarding officer within the organisation.

Overall, residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence, and met their individual and collective needs.

Regulation 17: Premises

The registered provider ensured that the premises was designed and arranged to align with the service's aims and objectives, as well as the number and needs of residents. The designated centre was well-maintained, clean and appropriately decorated.

Each resident had their own individual apartment, which was decorated according to their personal style and preferences. Residents' individual apartments consisted of a living room, a kitchen, a dining area, and a bedroom with en-suite. The apartments had inner garden spaces which were fitted with garden furnishing as chosen by residents. One apartment required refurbishment, however, the registered provider had a plan in place to address this with works due to commence in the coming weeks.

The inspector observed a warm and calm atmosphere within the designated centre. Residents indicated high levels of satisfaction with their living environment and the support they received. The living environment was stimulating and provided opportunities for rest and recreation.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS plans on file. The inspector reviewed one FEDS care plan, and found that there was comprehensive guidance regarding the resident's meal-time requirements including food consistency, equipment and environment, and the resident's likes and dislikes.

Staff spoken with were knowledgeable regarding residents' care plans and were observed to adhere to the directions from specialist services such as speech and language therapy. For example, staff were observed throughout the inspection to adhere to therapeutic and modified consistency dietary requirements as set out in FEDS care plans. Residents were provided with wholesome and nutritious food, which was in line with their assessed needs and their personal tastes and preferences. For example, one resident had specific food preferences and staff on duty ensured meals were provided in line with the resident's likes and personal preferences.

Food was prepared in the registered provider's centralised kitchen on campus and delivered to residents apartments. However, residents could also request meals and snacks which could be prepared in the kitchen within the designated centre. The inspector noted that the kitchen was clean, tidy, and organised.

The inspector observed a good selection and variety of food and drinks, including fresh and perishable food items in the kitchen for residents to choose from, and all food items were hygienically stored. The kitchen was well-maintained and well-equipped with a variety of cooking appliances and equipment.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. Portable fire fighting equipment was strategically located throughout the designated centre to cover the risk of fire.

The inspector noted that escape routes through the designated centre were clearly indicated. Following a review of servicing records maintained in the designated centre, it was found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector observed that the fire panel was addressable and easily accessed and all fire doors, including bedroom doors, closed properly when the fire alarm was activated.

The registered provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed all residents' personal emergency evacuation plans. Each plan detailed the supports each resident required when evacuating in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

Additionally, the inspector examined the fire safety records, including fire drill documentation, and confirmed that regular fire drills were conducted in accordance with the registered provider's established policy. The registered provider demonstrated that they were capable of safely evacuating residents under both day time and night time conditions.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector completed a review of three residents' files and saw that files contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative, and the multidisciplinary team as appropriate.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For instance, the inspector observed plans on file relating FEDS, communication, personal and intimate care, positive behaviour support, mobility, and general healthcare.

Each resident was assigned a keyworker and was actively engaged in the person centred planning process. All residents had their own individual person centred plan (PCP) and were supported by their keyworkers in developing their personal plans on a continual basis. Residents' PCPs were presented in a visual format with clear evidence of person centred goals. Examples of goals set by residents included planting flowers, planning a birthday celebration, going out for dinner, visiting local barbershop, and visiting the zoo.

The registered provider and person in charge had in place systems to track goal progress. For instance, goals were discussed with residents during keyworking and

recorded in goal progress documentation. In addition, photographs of the residents participating in their chosen goals and how they celebrated were also included in their individual personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that effective arrangements were in place to provide positive behaviour support for residents with assessed needs in this area. For example, all residents had a positive behaviour support plan on file. Upon reviewing six positive behaviour support plans, the inspector noted that they were detailed, comprehensive and developed by qualified professionals. Additionally, each plan identified potential triggers and antecedent events, alongside proactive and preventative strategies designed to minimise the risk of behaviours that challenge from occurring.

The registered provider ensured that staff received thorough training, equipping them with the necessary knowledge and skills to effectively support residents. Staff demonstrated a strong understanding of the support plan in place, and the inspector observed positive communication and interactions between residents and staff throughout the duration of the inspection.

There was a high volume of restrictive practices in use within the designated centre. For example, there was a high number of environmental restrictive practices in use including door locks, swipe activated doors, and CCTV monitoring. The inspector reviewed all restrictive practices in use and found that they were the least restrictive and used for the shortest duration possible. In addition, the inspector found that restrictive practises in use were regularly reviewed, and were discussed during formal staff meetings.

The inspector found that the registered provider and person in charge actively promoted residents' right to independence and a restraint-free environment. For instance, the inspector confirmed that restrictive practises in use had been appropriately risk assessed, in accordance with the registered provider's established policy and were subject to regular review.

Judgment: Compliant

Regulation 8: Protection

Safeguarding is a critical responsibility for registered providers in designated centres. The registered provider had effective arrangements to safeguard residents, such as staff training, appropriate staffing levels and reporting systems.

Safeguarding concerns had been reported, responded to and managed in line with the registered provider's established policy. Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations. The inspector found that when concerns arose, measures were implemented to protect residents from further incidents.

At the time of this inspection, there were no open safeguarding concerns. The inspector noted that all previous safeguarding concerns had had been reported and responded to as required. For example, formal safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks. The inspector reviewed three previous preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice. Information included in preliminary screening forms was comprehensive and accurate.

Following a review of three residents' care and support plans, the inspector observed that safeguarding measures were in place to ensure that staff provided personal and intimate care to residents who required such assistance in line with their personal plans, and in a dignified manner.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Grange Apartments - Sonas Residential Service OSV-0003745

Inspection ID: MON-0042122

Date of inspection: 11/06/2026

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 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:
PIC to review rosters and ensure full names of all relief and agency staff will be input into the rosters to ensure the registered provider and person in charge had easy access to accurate and up-to-date staff rosters.

Two care staff have been currently recruited and are currently engaging in the onboarding process; commencement date to be confirmed.

Care staff interviews are scheduled for the 21st July 15 candidates have been shortlisted, and the PIC will be included on the interview board for these candidates.

Social Care Open evening held on the 24th June and a further social care advertisement has been published.

Regular relief and agency staff are utilized where possible to ensure consistence and continuity of care for the residents

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	30/11/2026
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	30/11/2026
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota,	Not Compliant	Orange	30/09/2026

	showing staff on duty during the day and night and that it is properly maintained.			