

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

Issued by the Chief Inspector

Name of designated centre:	Sonas
Name of provider:	Corlann
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	15 July 2026
Centre ID:	OSV-0004773
Fieldwork ID:	MON-0042691

About the designated centre

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

This designated centre is based on a large campus setting within the environs of a large city. There has been a number of re-configurations of this designated centre in recent years. Currently the centre is comprised of three buildings and is registered to support a maximum of 18 residents. Adults both male and female with a diagnosis of intellectual disability are supported in this designated centre. Many of the residents in this centre have complex medical, mental health and social care needs. Many of the residents are physically dependant on staff interventions and support for all activities of daily living. Two of the bungalows have capacity to accommodate up to six residents and one bungalow up to five residents with an adjoining apartment which accommodates one resident. A social model of care with nursing supports was being provided to residents by a staff team comprised of a person in charge, nursing staff and care assistants. Residents were supported by staff both by day and night. All residents had their own bedroom and communal areas were large which included dining rooms and sitting rooms in each building. Outdoor secure garden space was also available to the rear of all three bungalows.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 15 July 2026	09:15hrs to 15:20hrs	Elaine McKeown	Lead
Wednesday 15 July 2026	09:30hrs to 15:20hrs	Louise O'Sullivan	Support
Wednesday 15 July 2026	09:15hrs to 14:00hrs	Lucia Power	Support

What residents told us and what inspectors observed

This was an announced inspection of the designated centre to monitor the provider's compliance with the associated standards and regulations and inform the decision regarding the renewal of the registration of the designated centre. This inspection was part of a campus wide inspection of a total of five designated centres completed over two days. The inspectors completed this inspection over one day.

Overall, the findings indicated that the residents were cared for in-line with their assessed needs and were encouraged to enjoy activities of their choosing. Each resident was supported to engage in both individual or group activities which staff spoken too were found to be knowledgeable regarding each resident's preferences. The residents were supported and encouraged to engage in many activities both inside and outside of their home. This included music, using sensory rooms and engaging in sensory activities. Residents were also supported to participate in art, walks both around the campus and in local community parks, shopping, going out for meals, visiting local cafes and enjoying take away meals. Residents had access to a day centre hub which was located on the campus and some of the residents enjoyed attending to this service where they met friends and staff members informed the inspectors they enjoyed the music sessions, arts and crafts, along with many other activities and planned events that occurred there.

There was evidence of progress being made to attain compliance across the regulations reviewed on the day of inspection indicating that a good quality service was available to the residents. The provider demonstrated ongoing progress for planned upgrade works which were being completed in the designated centre. These will be discussed under Regulation 17: Premises and Regulation 28: Fire Precautions. Some review was also required under Regulation 29: Medicines and pharmaceutical services and Regulation 9: Residents' Rights. This will be discussed later in the report.

One of the current houses which was part of this designated centre was vacant at the time of the inspection. Upgrade works including addressing fire containment and re-designing the layout to better suit the assessed needs of the five residents that will be supported to live there were observed to be at an advanced stage with inspectors being informed final decorative works were in progress and the residents were expected to be able to move into their new home within weeks after this inspection.

Both of the houses where residents were residing on the day of the inspection were scheduled to be upgraded and re-designed. On the day of the inspection the inspectors met eight of the ten residents who were being supported in the designated centre. One of the two residents the inspectors did not get to meet as

they were resting at the time of the inspectors visited their home in the afternoon, the other resident was attending their day service.

The inspectors met with two staff and four residents in the first house. The staff were familiar with the preferences and routines for each resident they were supporting. The staff outlined the positive impact for three of the residents with the planned move during August 2026 to the nearby house that was being upgraded. Staff were observed to prioritise the needs of the residents and provide support immediately while the inspectors were present. This included taking one resident to the hub as they had requested and responding to another resident who indicated that they wished to go outside. The staff spoke of responding to the changing needs of these residents which included smaller meals for one resident at times of the day that better suited their routine. Another resident was encouraged by staff to outline how they liked to read the daily newspaper and had discovered they liked to watch horse racing also. The staff also spoke of the changing needs of one of the residents who required increased supports. The staff were of the opinion the planned move to the new house where a sensory room had been designed with this resident's assessed needs being considered would be of benefit to the resident.

The inspectors were introduced to four residents in the afternoon in the second house. Three staff were present at that time. Staff spoke of activities that had been enjoyed earlier in the day. Two of the residents had gone for a social outing in the morning together with staff support. Staff outlined the range of activities available to residents. They spoke of opportunities to visit a sensory room in the community which was enjoyed by some of the residents. Regular walks in local parks and shopping were also regular activities. One resident was encouraged by staff to show the inspectors jewellery that they had recently purchased. The resident smiled when this request was made. The staff were observed to be aware of individual preferences and ways to effectively communicate with the residents. For example, a staff member was observed to lower themselves to a level where a resident was sitting and inform them of the inspectors being present and wishing to talk to them.

The staff had developed individual transition plans for the residents with photographs of recent visits to the building. One resident was photographed in the middle of their new bedroom, another was out on the patio area. The residents had been provided with information in easy-to-understand formats and updates regarding the planned move. The staff spoke of the increased opportunities to engage in community activities in the area which would suit the interests of the residents. The location was described as being a very nice area with scenic views and staff themselves stated they were looking forward to working there.

The person in charge and five members of the staff team were met during the inspection. It was evident from their interactions that they knew the residents well. The staff were observed and heard to be kind, respectful and unhurried in their interactions with the residents. Staff demonstrated the consideration given to change planned routines to cooler times of the day during the current good weather. Staff also outlined that changes had been made to the staff team both by day and night in recent months which ensured that each resident would be supported by familiar staff in their new homes. One resident who was going to be

living in another house with different peers had been supported to meet with those peers and members of their new staff team on a few occasions to ensure consistency in the supports being provided to the resident during their transition.

As this inspection was announced, residents were given the opportunity to complete Health Information and Quality Authority (HIQA) residents surveys. One inspector reviewed eight completed surveys. All responses were positive and indicated a high level of satisfaction with the service provided in the centre. This included the support provided by the staff team, activities and food.

In summary, residents were being supported by a consistent core group of staff members and local management who were familiar with individual preferences and routines. Residents were in receipt of person centred care while being supported in-line with their assessed needs. Residents were being supported to make some decisions and choices in their everyday lives which included social activities. All of the residents were being supported to move to new homes in the weeks following this inspection that was described to inspectors would enhance their lived experience. However, further review of the processes in place for residents to access their personal finances was required. In addition, the current process of reviewing prescribed medications was not in-line with the provider's medication policy.

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

Capacity and capability

Bawnmore campus is comprised of five designated centres. The provider demonstrated their commitment to continue to support residents to live in the community if they choose to do so since the previous inspections in May 2025. The inspectors were informed 38 residents were currently being supported in to live within the campus setting. Of the five designated centers registered there are four that currently have restrictive conditions attached. The Chief Inspector of Social Services attached these restrictive conditions to afford the provider the opportunity to address regulatory non-compliances as outlined in a time bound plan submitted by the provider to the Chief Inspector on 5 December 2023. Inspectors of Social Services carried out inspections of all five designated centers over a two day period on behalf of the Chief Inspector. The inspection for this centre was completed in one day by two inspectors with additional support provided by a third inspector.

As part of this inspection process, the overall plan for the five designated centers was reviewed. The provider was found to be making good progress. The provider submitted an updated plan to the Office of the Chief Inspector in February 2026. This highlighted that the provider was committed and making progress with these

plans, however not all of these designated centers would meet the original time lines provided.

The current registration of this designated centre had been progressed with an additional condition of registration for the registered provider to address regulatory non-compliances and to attain compliance to the satisfaction of the Chief Inspector by 30 September 2026. The provider demonstrated that one of the houses was at an advanced stage of been upgraded to meet regulatory compliance in Regulation 17: Premises and Regulation 28: Fire precautions. Five residents were expected to move into this house during August 2026. The second house is due to be vacated in the weeks after this inspection with four residents moving to a new designated centre in the community. The inspectors were informed no resident will be living in two of the buildings which are currently part of this designated centre until all upgrade and fire safety works have been completed. The provider had consistently provided updates and progress reports regarding the extensive works being completed on the properties in this designated centre and throughout the campus.

There was evidence in documentation reviewed and observations throughout the inspection of the front line staff, senior management and the provider's commitment to ensure effective care and support was consistently being provided to all residents. The provider demonstrated where changes had to be made in the organisational plan for the de-congregation of the campus and planned upgrade works of existing buildings on the campus there was clear rationale which was in-line with the changed assessed needs of the residents currently living on the campus. The provider continued to make progress in supporting residents to move to alternative community locations or to live in renovated houses within the campus that had been upgraded to meet the assessed needs of the residents some of whom were going to move into these houses in the weeks after the inspections.

The provider had effective governance and management arrangements in place in this designated centre. There were clear lines of responsibility and accountability. A person in charge was in place for the designated centre and was employed on a full-time basis. An on-call governance system was in place for the designated centre during times the person in charge was not on duty. Staff working in the centre said they felt supported in their role.

It was observed during the inspection, residents had individual routines which were flexible to support assessed needs and preferences. For example, one resident was supported to visit the hub that was on the campus daily, another resident was supported to have a rest in their room in the afternoon. Music was playing and staff ensured each resident was afforded opportunities to engage in preferred activities during the inspection such as ball and block activities that two residents were known to enjoy. All staff were mindful of the current weather and to ensure the comfort of all residents were observed to offer plenty of drinks and apply sunscreen as well as taking steps to keep bedrooms cool. Staff were also mindful of not going for long spins on transport during the middle of the day so arrangements for community activities later in the afternoon were scheduled.

In 2025, the provider sought accreditation from an external body in relation to the provider's on going work for quality improvement for residents, and they had successfully achieved this. In addition, the provider demonstrated ongoing consultation with relevant parties to continue the process of upgrading buildings on the Bawnmore campus. This included ensuring the complex medical needs of residents could be met while also providing adequate and appropriate spaces for residents to self-regulate safely. There had also been a review of upgrades already completed on the campus which ensured learning and influenced the development of new houses on the campus and in the community.

Overall, this inspection found that arrangements were in place to ensure that residents received care and support that was for the most part person-centred.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a complete application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included. The provider discussed changes to the overall footprint of the designated centre during the inspection and these changes were subsequently reflected in the application to renew the registration submitted by the provider.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. Their remit was over this designated centre.

- They demonstrated their ability to effectively manage the designated centre.
- They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that staff numbers and skill mix was appropriate in supporting the assessed needs of the residents. The staff rosters in place showed the staffing levels and skill mix available to the residents at all times of the day. A selection of dates of the staff rosters were viewed for four weeks from 28 June 2026. This review showed consistent staff members and staff levels were working in the designated centre. Staffing levels match those as set out in the designated centre's statement of purpose. The staff members working with residents during the inspection knew them well and spoke with the inspectors about their interests and how they supported them with their daily routines and activities. Staff present on the day spoke about engaging with each resident to hear their voice, listen to their requests and provide support as required by each resident.

There were no agency staff working in the designated centre at the time of this inspection. Where relief staff were required to fill gaps in the rosters, these staff were familiar to the residents. There was also evidence of a system being in place to ensure consistent oversight at night time in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured there were effective systems in place for the training and development of the staff team. The person in charge maintained a training matrix to monitor the training needs of staff and ensure these were addressed promptly.

The training matrix for the staff working in the centre was reviewed. This included the person in charge, clinical nurse managers, nurses, care assistants, day service staff as well as regular relief staff.

The person in charge had ensured all of the staff team had completed a range of mandatory training courses to ensure they had the appropriate levels of knowledge and skills to best support the residents. These included training in areas such as fire evacuation, safety intervention and safeguarding. Where staff were required to attend for refresher courses these were scheduled to take place prior to the expiration of the current training.

The person in charge ensured regular meetings were consistently taking place with the staff teams. This included weekly meetings in each house. In addition there were quarterly meetings with all relief staff to ensure they were aware of up-to-date information and consistent in their provision of care to the residents in the designated centre.

The person in charge ensured all of the staff team were supported to attend quarterly supervision and support meetings. The dates these had had been completed for staff working in the designated centre during 2025 had been

recorded. Most of the current staff team had attended two supervisions to date in 2026 with the schedule for the remainder of 2026 also documented.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had submitted documentary evidence of insurance as part of the application to renew the registration of the centre. This was reviewed after the inspection. The documents provided showed that the registered provider had in place insurance in respect of the designated centre which was appropriate and in-line with the regulation. The current insurance for the property was valid until 20 October 2026. Evidence of the renewal of this insurance will need to be submitted by the provider once available as this date is prior to the renewal of the registration of the designated centre in January 2027.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of care of the residents living in the designated centre. There was a management structure in place, with staff members reporting to the person in charge.

The provider had ensured an annual report and internal six monthly audits were taking place in the designated centre. These reports and audits outlined the achievements and positive outcomes for residents in the previous 12 months/ relevant review period as well as considering compliance with the relevant national standards. Where actions had been identified these had been documented as progressing or completed. The views of the residents and their relatives were also included.

The inspectors acknowledge the provider outlined the updated plans to attain compliance with the non-standard condition of the current registration of this designated centre which included no residents will be living in a property that had not yet been renovated and upgraded from August 2026. The current registration conditions of the designated centre as outlined in the statement of purpose required the provider to attain compliance with the issues identified regarding the three premises and fire safety by 30 September 2026. The provider outlined a review in progress of the current footprint of the designated centre to attain compliance with this non-standard condition within the required time-line. This will be considered by

the Chief Inspector as part of the renewal of the registration of the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place in the designated centre and was made available to residents. The statement of purpose had been reviewed in June 2026. The current version contained the information set out in Schedule 1 of the regulations including the services and facilities provided in the centre.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the quality and safety of care provided for residents promoted consistent person centred care being provided to the ten residents currently being supported in the designated centre. The provider had sufficient resources in place which ensured residents were supported to access their preferred activities. This included dedicated day service staff who worked in the houses to support the residents. From the documentation reviewed by inspectors which included personal plans, daily communication notes and activity records, residents enjoyed a variety of activities, where some residents living in the designated centre preferred to have more activities based in their home this was also supported.

The provider's current process for managing and supporting residents with their finances did not demonstrate that residents' rights were been supported regarding this matter. Residents who had opted for the support of the provider with their finances could only access their finances with the support of an assigned person, their keyworker or clinical nurse manager. This was reflective of the provider's current policy and processes relating to finances. Although some residents did have access to their bank cards, evidence on this inspection did not support that residents could access their accounts. The inspectors were provided with updated details by the person in charge of changes that were in progress for one resident to have access to their own finances. The person in charge was confident the issue was being actively progressed by a relative of the resident at the time of the inspection.

The inspectors reviewed three of the resident's personal plans. These were documented as being kept up to date and had been recently reviewed. The plans

had evidence of the residents actively participating and identifying meaningful goals. These included one resident progressing with a goal to go shopping to a particular shop in the local area. As the resident progressed with this activity from December 2025 staff regularly documented updates. This included during one of the visits in March 2026 the staff working in the shop engaged in conversation with the resident. Other goals that were actively being progressed included maintaining relationships with family members, visiting local tourist attractions and travelling further to other places of interest if the resident wished to do so.

The staff spoke of the well being and improved medical condition of one resident who had previously been very unwell. The resident was described as being medically stable and the multi-disciplinary team were scheduled to review the resident's overall care and supports in-line with their current presentation. The person in charge also gave updates to the inspectors regarding ongoing review of current medical issues for three other residents.

Five residents were expected to move into a re-designed house on the campus in the weeks after this inspection. Staff spoke of how the new layout would better suit the assessed needs of each of the residents. This included over head hoists in bedrooms, as well as an outdoor space with heaters and speakers to play music for residents to be able to enjoy this area more often. The other five residents were expected to be moving to new houses in the community in the weeks after this inspection. The inspectors were assured by the person in charge of the ongoing input from the provider's multi-disciplinary team would be available to the residents who moved out to the community as required.

Regulation 13: General welfare and development

The person in charge had ensured that residents had access to opportunities for leisure and recreation. Residents were supported to attend various activities and a day service as they wished. Day service staff working in the designated centre provided support to residents in their homes to ensure each resident was afforded opportunities to engage in individual or group activities of their choice regularly.

The inspectors were informed and reviewed documentation which demonstrated residents being supported to be involved in activities they enjoyed both in the local community, in their homes and on the campus. For example, attending birthday parties and other milestone events on the campus. Residents were supported to maintain relationships with family members, staff facilitated visits to family homes for elderly relatives and ensured residents were supported and included to make decisions relating to family matters.

Staff informed the inspectors that residents were provided with choice and opportunity to decide what they wanted to do or what meals they wanted, and any changes would be supported and accommodated. At the time of this inspection, pre-prepared meals were being provided if residents wished to have such meals. Staff also ensured alternative options were available. The staff informed the inspectors

that once the four residents moved to their new home in the community the staff team would be preparing all of the residents meals. Staff also spoke of the increased opportunities and better facilities to encourage residents to engage more in meal preparation if they choose to do so in their new home.

Judgment: Compliant

Regulation 17: Premises

The provider had engaged external contractors to upgrade and re-design one of the houses in this designated centre. These works were near completion at the time of this inspection. Residents and staff were planning to visit the building the week after the inspection and the provider expected five residents to move into the house during August 2026.

Four other residents were expected to be able to move into their new home in a new community area the week after this inspection. Delays had been encountered during the building phase outside of the provider's control which had impacted on the residents being able to move in. One resident was going to move into another house in the same community area with other peers.

However, at the time of this inspection the ten residents were being supported in two buildings that required upgrade and re-design works. The inspectors acknowledge the current registration of this designated centre required the provider to attain compliance for the three buildings with the time bound plan submitted to the Chief Inspector by 30 September 2026. This will be considered by the Chief Inspector as part of the decision to renew the registration of this designated centre.

Judgment: Not compliant

Regulation 20: Information for residents

The registered provider had prepared a residents guide in relation to this designated centre. A copy of this guide was available to the residents in an easy-to-understand format. This guide included the information required by the regulation including the services and facilities provided and the arrangements for visitors in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

There was inadequate fire containment measures in two of the bungalows which are part of this designated centre. The third bungalow was vacant at the time of this inspection. As mentioned earlier in the report the provider submitted a plan to the Chief Inspector which will address the issues outstanding in relation to fire compliance and premises of the residents' current homes. The provider's current registration conditions for this designated centre required the provider to address the issues of fire containment in all of the buildings by 30 September 2026.

Further review of personal emergency evacuation plans for immobile residents was also required. The use of duvets as part of an evacuation plan had not considered vulnerabilities of the resident for whom it was documented to be used. In addition, no assessment of each individual had taken place for whom this was documented as being a method of evacuating the residents from the current buildings in the event of a fire.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had systems and practices in relation to the receipt and storage of medicines in place. The provider had appropriate lockable storage in place for medicinal products.

However, further review of these systems was required.

- Not all prescribed medications had all the required details completed on how the medications should be administered. For example, one resident required their medications to be given to them with food, but this was not documented as required on the resident's prescription kardex.
- Not all prescribed medicine charts had documented when they had last been reviewed by a medical practitioner. The details of the prescribed drugs had the date of commencement but no date of subsequent review or when the chart had been updated.
- Residents living in this designated centre had also not been supported to have capacity assessments completed regarding their medications. This required review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed different sections of three residents assessments related to social, personal development and personal care plans. The personal care plans guided staff in the assessed needs and supports for each resident. Overall, assessments and plans were noted to be person centred and evidence based. Where a resident had an identified healthcare need this was clearly recorded and supports in place. For example, plans were in place to guide staff on intimate care, likes and dislikes and preferred activities.

There was evidence of ongoing input from allied healthcare professionals. This included input from an occupational therapist (OT) during 2025 when a resident's wheel chair required repeated repairs. When the resident received a new wheel chair an issue with the bespoke head rest was immediately identified. The OT ensured an alternative wheel chair was sourced for the resident as an interim measure while the new wheelchair was being reviewed. This ensured the resident was able to be supported to continue to engage in regular social activities. Residents also had regular appointments with consultants as required.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors observed residents being supported by a dedicated staff team who were familiar with preferences and routines of the residents for whom they were supporting during the inspection. Individual transition plans had been developed to support the residents to move to new homes. Staff spoke of the positive impact envisioned for these residents while also ensuring the will and preference for each resident would be considered in the months after the move to ensure all were happy with the re-location to a new community area or the upgraded building on the campus. Resident meetings were taking place regularly in both houses to ensure all residents were aware of upcoming events, personal safety matters and fire safety measures as well as other topics.

However, some ongoing issues continued to impact residents rights.

- During an inspection of the designated centre in October 2023, it was identified that residents in this designated centre had ongoing issues regarding having access to use only one banking organisation. During the subsequent inspection in May 2025 this remained unchanged. It was identified as an ongoing issue in this current inspection. Progress had been made in promoting residents' independence through the provision of personal bank cards, enabling residents to access and manage their own finances where appropriate. However, this practice requires further review, as it was not consistently supporting all residents to manage their finances in a manner that reflected their assessed needs, abilities and preferences. This was also limited due to the providers own policy.

- The provider had submitted a compliance plan response to the Office of the Chief inspector after the last inspection in May 2025. This identified that residents would be supported to be consulted regarding their will and preference on how their finances were being managed. As per the providers policy, the provider had put in place a permission form which supports residents to opt in or out of the support from the provider regarding the management of their personal assets. However, at the time of this inspection not all residents had access to their finances. The inspectors acknowledge more progress had been made in recent weeks regarding the finances of one resident and it was expected a solution would be found to ensure the resident could access their finances with both family and staff support as required.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sonas OSV-0004773

Inspection ID: MON-0042691

Date of inspection: 15/07/2026

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 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	
• This designated centre currently comprises of 3 bungalows on the campus of Bawnmore (Ashgrove 31, Ashgrove 32 and Ashgrove 35. • Since the inspection Ashgrove 32 and Ashgrove 35 have closed, as per plan for Bawnmore and residents of these homes have moved to fire compliant houses both within the campus and to purpose built homes in the Community. • One resident moved to a new house off campus on 22/07/2026 and four residents moved together to a new house off campus also on the 22/07/2026. These houses have been built to meet the assessed needs of the residents. They are fully fire compliant. • Five residents moved into a fully upgraded, fire compliant house, Elmwood (formerly Ashgrove 31) in Bawnmore on 05/08/2026. • As part of the registration renewal process we are proposing to remove Ashgrove 32 and Ashgrove 32 from the footprint of the designated centre and renaming Ashgrove 31 bungalow to its new name of "Elmgrove".	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	
• This designated centre currently comprises of 3 bungalows on the campus of Bawnmore (Ashgrove 31, Ashgrove 32 and Ashgrove 35. • Since the inspection Ashgrove 32 and Ashgrove 35 have closed, as per plan for Bawnmore and residents of these homes have moved to fire compliant houses both within the campus and to purpose built homes in the Community. • One resident moved to a new house off campus on 22/07/2026 and four residents moved together to a new house off campus also on the 22/07/2026. These houses have been built to meet the assessed needs of the residents. They are fully fire compliant. • Five residents moved into a fully upgraded, fire compliant house, Elmwood (formerly Ashgrove 31) in Bawnmore on 05/08/2026. • As part of the registration renewal process we are proposing to remove Ashgrove 32	

and Ashgrove 32 from the footprint of the designated centre and renaming Ashgrove 31 bungalow to its new name of "Elmgrove".

- Following the relocation of residents to the newly upgraded and fire-compliant accommodation, individual Personal Emergency Evacuation Plans (PEEPs) have been reviewed in line with each resident's assessed needs. Residents will be evacuated from their beds in the event of a fire, in accordance with their individual evacuation arrangements.
- The previous use of duvets as an evacuation method has been discontinued. The residents' PEEPs will clearly identify the agreed evacuation method and any individual support required. Staff will be familiarised with each resident's evacuation arrangements, and PEEPs will be reviewed regularly and following any change in the resident's needs or circumstances.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

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

- The provider acknowledges the findings in relation to medication management and has commenced a review of medication practices within the designated centre.
- All residents' prescription kardex's and medication administration records reviewed with GP on the 10/08/2026 regarding specific administration instructions, such as, whether medication is required with food, before food or at any other specified time and same documented.
- A review of all prescribed medication charts will also be completed to ensure that the date of commencement and subsequent medical review are clearly documented. Medication charts will be reviewed following any medication change and at appropriate intervals to ensure that they accurately reflect the resident's current prescribed medication regime. On 23/07/2026, an email was sent to the Medication Management Policy Group requesting the addition of a medication review page to the Kardex. This action is expected to be completed by 30/12/2026.
- In addition, individual assessments of residents' capacity in relation to their medications completed and documented on the 04/08/2026, in accordance with their individual abilities, communication needs and assessed support requirements. Where a resident requires support with medication-related decision-making, the appropriate supports will be identified and documented.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The Corlann Limerick Policy on the Handling of the Personal Assets of Adults Supported by the Services includes a permission form which supports people to opt in or opt out of support from Corlann Limerick in the management of their personal assets.
- Each person supported within Corlann Limerick has the right to choose the level of support that they receive regarding their personal assets from Corlann Limerick.
- No resident is restricted from managing their own personal assets if they choose to opt out of support from Corlann Limerick. Residents may choose to manage their personal

assets independently, with a decision supporter or another person outside of the services should they choose to.

- In order to support people to make an informed decision information is provided to them regarding the nature of the support that Corlann Limerick can offer to them in terms of the management of their personal assets.
- Corlann Limerick had identified one suitable deposit account and one suitable current account through which support can be offered in a safe manner both for the person supported and for staff.
- These person in care accounts have since been withdrawn by the sole financial institution that was providing these accounts following the introduction of ADMA legislation. No suitable alternative has been put in place. This account currently remains available for existing account holders.
- Corlann Limerick continue to advocate via channels including the Decision Support Service, National Federation, HSE and Financial Institutions for this gap in banking product to be made available.
- The Corlann Limerick Policy on the Handling of the Personal Assets of Adults Supported by the Services clearly sets out the limitations on direct access to personal assets inherent in the use of this type of account in order to ensure full transparency when a person is choosing to opt in or opt out of support.
- The staff who are authorised to provide support will necessarily be limited to those included on the bank mandate.
- Where the Services have a role in the management of the finances of a Person Supported by the Services it is important that staff are provided with a safe system of working so that appropriate controls and records are maintained to evidence the correct use and safeguarding of the money for the benefit of the relevant Person Supported by the Services.
- Every effort is made to mitigate the impact of the restrictions on direct access to personal assets inherent in the use of this type of account and these are set out in the policy.
- Limitations on direct access to personal assets inherent in the use of this type of account as well as those in place to minimize the vulnerability to misappropriation of funds are not notified to the regulator as restrictions as each person support has the right to opt in or opt out of support.
- Corlann Limerick is committed to exploring all alternative accounts that may become available in the future that will facilitate less restrictive direct access to personal assets for people supported who opt in to support from Corlann Limerick.
- In line with policy residents are supported with independence using their bank card in the presence of their keyworker or with a CNM1 where they wish, alternatively if their keyworker or CNM1 is off duty their independence is promoted through cash transactions.

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/09/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/09/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2026
Regulation 28(3)(d)	The registered provider shall	Substantially Compliant	Yellow	30/08/2026

	make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	31/12/2026
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the	Substantially Compliant	Yellow	31/12/2026

	nature of his or her disability.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	31/12/2026