



**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:	Teach Sona
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	09 June 2026
Centre ID:	OSV-0005873
Fieldwork ID:	MON-0046229

About the designated centre

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

Teach Sona is a centre run by St. Hilda's services. The centre is located on the outskirts of Athlone town and provides residential care to two residents over the age of 18 years, who present with a moderate intellectual disability. The centre comprises of one bungalow dwelling with residents having their own bedroom, along with access to communal bathrooms, sitting rooms, kitchen and dining area and a large garden area. Staff are on duty during the day and sleep-over staff is provided at night to support residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 9 June 2026	09:00hrs to 16:30hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

The purpose of this unannounced inspection was to monitor the care and welfare, and support arrangements for the residents living in the designated centre, and assess compliance with the regulations. From interactions and conversations with the residents, and what the inspector observed, it was evident that residents living in this designated centre were treated with dignity and respect, and that they were empowered to make decisions about their own lives. However, improvements were required under a number of regulations including training and staff development, governance and management, notification of incidents, premises, positive behavioural support, and fire precautions.

The inspection was completed over the course of one day, and was facilitated by the person in charge and operations manager by engaging with the inspector, and promptly providing all requested documentation. The designated centre was registered to accommodate two residents and the inspector had the opportunity to meet and speak with both residents. Through careful observation, direct interactions, a thorough review of documentation, and observations and conversations with residents and key staff, the inspector evaluated the residents' quality of life.

The designated centre was a single-storey home located in a large town in County Westmeath. It provided residential care to two adults with intellectual disabilities. The inspector found that the designated centre was reflective of the aims and objectives set out in their statement of purpose. The residential service aimed to "support each person to live the life of their choosing" and to "support each person to develop other people connections, to assist them to have a socially valued role and to do so with dignity and respect". The inspector found that the service not only ensured residents received the care and support they needed but also provided them with a meaningful, person-centred experience.

The inspector completed a walkthrough of the designated centre. The designated centre was comprised of two resident bedrooms, two living rooms, a bathroom, and a staff office / sleepover room. The inspector observed the designated centre to be clean, welcoming, and comfortably furnished, with a homely atmosphere that promoted a sense of wellbeing and dignity. Residents had their own bedrooms, which allowed for personal space and privacy, while communal areas of the home were found to be spacious and 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. The inspector noted that some home improvements works were required and this is discussed further under Regulation 17: Premises.

Care and support to residents was provided by a team of support workers. At the time of this inspection there were no staff vacancies. The designated centre was

managed by a full-time person in charge who also had responsibility for another designated centre operated by the registered provider. The person in charge reported directly to a residential services manager. The residential services manager was not met with during this inspection. Monthly staff meetings were held, and meeting minutes reviewed by the inspector evidenced that critical areas including resident updates, safeguarding, and care and support plans were discussed.

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. The inspector noted that improvements were necessary to ensure that residents were consulted with and feedback was included regarding their lived experience.

The inspector had the opportunity to meet with both residents and three staff members during the inspection and also took time to observe interactions and planned activities. In summary, residents expressed to the inspector that they were very happy living in the designated centre and felt safe in their home. They shared that they appreciated the support of the staff, all of whom they knew by name. Residents had lived together for a long time and were observed to get along with each other, and spend time together. For example, in the afternoon the inspector spent time chatting with both residents in the living room. Residents shared jokes with the inspector and appeared comfortable and at ease with staff on duty.

Both residents showed the inspector their bedrooms which were decorated in line with their personal tastes and preferences. One resident spoke to the inspector about the activities they had done in their day service program and told the inspector there was nothing they wished to change about their home. The other resident was in receipt of a bespoke individualised service and had participated in activities of their own choosing throughout the day. They were supported by an experienced staff member who was observed to be very attentive to the resident's needs, and was knowledgeable of their care and support plans.

The inspector noted a very strong rapport between residents and the staff team supporting them. It was evident that they were well-acquainted with the residents' communication preferences, interests, and dislikes. The inspector found that all staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs.

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 safe administration of medication. The person in charge spoke highly of the standard of care provided to all residents and had no concerns regarding the safeguarding or wellbeing of anyone living in the designated centre.

From speaking with residents and observing their interactions 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 management team were well informed of the residents' needs and were clearly committed to driving continuous service improvements in order to ensure that residents were in receipt of a very good quality and person-centred service. Overall, this inspection found that the centre was providing individualised care and support where the rights of each resident was respected and where they were supported to live busy and active lives of their choosing.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring the quality and safety of care.

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. The findings of this inspection determined that the registered provider and person in charge had implemented management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their assessed needs. However, improvements were required regarding Regulation 23: Governance and management and Regulation 31: Notification of incidents.

The person in charge was full-time, and found to be suitably skilled, experienced, and qualified for their role. They had responsibility for two designated centres operated by the registered provider. They were supported in their role by a team of support workers. The inspector found that the person in charge was aware of their regulatory responsibilities.

There was a clearly defined management structure in place, and staff were aware of their roles and responsibilities in relation to the day-to-day running of the designated centre. There was a regular core staff team in place, and they were very knowledgeable of the needs of the residents. The staffing levels in place in the designated centre were suitable to meet the assessed needs and number of residents living in the designated centre.

All staff members were in receipt of both mandatory and supplementary training to ensure the highest standard of care for residents. This was confirmed through a review of the staff training matrix and direct discussions with staff on duty. However, improvements were required to ensure all staff were in receipt of formal supervision as per the registered provider's established policy.

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

Some improvements were required in relation to the governance and management systems in this designated centre. Specifically, improvements were necessary regarding the registered provider's auditing systems, and consultation with residents as part of the annual review of quality care and support, as required by the regulations.

There were contracts of care in place for both residents, which were signed by the residents. Contracts of care were written in plain language, and their terms and conditions were clear and transparent.

Improvements were needed so that there were effective information governance arrangements in place to ensure the designated centre complied with notification requirements at all times.

There were relevant policies and procedures in place in the designated centre, which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including guiding staff in delivering safe and appropriate care.

The following section of this report will focus on how the management systems in place are contributing to the overall quality and safety of the service provided within this designated centre.

Regulation 14: Persons in charge

The designated centre was managed by a full-time person in charge. They were also responsible for another designated centre operated by the provider. The inspector found that the person in charge had the required knowledge, skills, and experience to meet the requirements for this regulation.

It was evident from the person in charge's interactions with residents on the day of the inspection that they knew them well. Through discussions and a review of documentation, the inspector found that the person in charge was motivated to ensure that each resident was in receipt of a good quality and safe service.

Judgment: Compliant

Regulation 15: Staffing

On the day of this inspection the registered provider ensured there were sufficient staffing levels with the appropriate skills, qualifications and experience to meet the assessed needs of the residents at all times, in accordance with the statement of purpose, and the size and layout of the designated centre.

The staff team was comprised of the person in charge, and support workers. The inspector examined the planned and actual staff rosters for May and June 2026. It was found that regular staff were employed ensuring continuity of care for all residents. Additionally, the rosters accurately represented the staffing arrangements, including the full names of staff on duty during both day and night shifts.

During the inspection, the inspector spoke with three staff members on duty and found that they were knowledgeable about the residents' support needs and their responsibilities in providing care. Residents were familiar with the staff and appeared very comfortable interacting and receiving care. It was clear that staff had developed and maintained therapeutic relationships with residents, helping them feel safe, secure and protected from safeguarding incidents.

Schedule 2 files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Systems for recording and monitoring staff training were in place, ensuring that core staff had completed all mandatory training. However, improvements were required to ensure that all staff were in receipt of supervision relevant to their roles, and in line with the registered provider's established supervision policy.

Examination of the staff training matrix evidenced that all all staff members had completed a diverse range of training courses, enhancing their ability to best support the residents. This included mandatory training in fire safety, safeguarding of vulnerable adults, and PETMA (professional ethical therapeutic mindful approach).

In addition, and to enhance quality of care provided to residents, further training was completed, covering essential areas such as safe administration of medication, Children First, manual handling, feeding, eating, drinking, and swallowing (FEDS), and epilepsy management.

The person in charge was responsible for the provision of supervision and support to all staff members within the designated centre. According to the registered provider's policy, staff were to receive two formal supervision sessions per year. However, following a review of the supervision schedule it was evident that staff were not in receipt of supervision as per the registered provider's policy. For example, one staff member completed one supervision meeting in 2025, and all

other staff supervision records for 2025 were not made available for the inspector to review.

Without documented consistent staff supervisions, it was not evidenced that staff were adequately supervised in respect of their work and their defined responsibilities. This required review and improvement by the registered provider and person in charge.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider and person in charge ensured that a directory of residents was available in the designated centre which met the requirements of the regulations. The directory of residents was made available for the inspector to complete a thorough review.

The inspector reviewed the directory of residents and found that it included accurate and up-to-date information in respect of each resident living in the designated centre. For example, information pertaining to the name, address and telephone number of each resident's general practitioner (GP), the date in which the resident first moved into the designated centre and the name, address and telephone number of each resident's next of kin were all recorded.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the registered provider had effective systems in place to ensure the delivery of a safe, quality service to residents. However, improvements were necessary regarding the effectiveness of the registered provider's auditing systems, and consultation with residents as part of the annual review of quality care and support, as required by the regulations.

The inspector found that the registered provider's auditing systems were not operating effectively. Although, audits were completed as required, including registered provider led six-monthly provider visits, the inspector found that audits were not sufficiently robust. The inspector reviewed the most recent six-monthly unannounced report completed in May 2026, and found that information pertaining to a number of regulations was absent, and critical information regarding safeguarding, restrictive practices, risk assessments, residents' personal plans, and goals was not reflected in the report. Furthermore, issues identified during this

inspection were not captured through this audit. This required considerable review by the registered provider.

The inspector reviewed the registered provider's annual review of the care and support completed for 2025. Feedback received from residents' family members was positive with families indicating high levels of satisfaction with staffing, activities, safeguarding, and communication. However, the inspector noted that feedback or consultation with residents was not included as part of this annual review. Feedback from all key stakeholders plays an integral role in continual quality improvement, and feedback from residents should be actively sought and used to improve service delivery.

The inspector reviewed a sample of staff team meeting minutes held throughout 2026. For example, a review of meeting minutes held in March and April 2026 evidenced that discussion took place around safeguarding, communications from senior management, residents' assessed and changing needs, and staffing arrangements. This meant that staff were kept informed of changes and initiatives within the service and organisation, and that management could directly communicate any areas that required additional improvement.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had in place a policy on admissions, including transfers, discharge and the temporary absence of residents.

There were contracts of care in place for all residents. The inspector reviewed two contracts of care in place for residents and found that these were signed by the residents or their family or representative.

Contracts of care were written in plain language, and their terms and conditions were clear and transparent. The residents' rights with respect to visitors were clearly set out in the contracts, as were the fees and additional charges or contributions that residents made to the running of the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Improvements were required to the designated centre's information governance arrangements to ensure compliance with regulatory notification requirements at all times.

Prior to, and during the inspection, it was identified that the required notifications to the Chief Inspector of Social Services were not submitted as mandated. Specifically, the person in charge failed to report incidents involving the use of restrictive procedures such as chemical or environmental restraints during quarters one, two, three, and four of 2025, and quarter one of 2026 as required by Regulation 31(3)(a). In addition, the person in charge failed to report any injury to residents not required to be notified under paragraph 31(1)(d) during the same time period.

This required consideration and review by the registered provider and person in charge to ensure that good reporting practices were adopted and all necessary information was submitted as required in a comprehensive, accurate, and concise way.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Policies and procedures are essential to guide staff to consistently provide safe and effective person-centred care. The inspector found that the registered provider had prepared written policies and procedures on the matters set out in Schedule 5, and these were available in electronic format for staff to refer to.

The inspector reviewed a sample of the policies. At a minimum, the registered provider ensured the policies and procedures required by the regulations were reviewed and updated where necessary every three years.

Judgment: Compliant

Quality and safety

This section of the report provides an evaluation of the quality of services delivered and the effectiveness of measures implemented to ensure the safety of residents. Overall, this inspection found that the residents living in this service were supported in line with their assessed needs. However, improvements were necessary regarding the premises, fire precautions, and restrictive practices in use within the designated centre.

The inspector observed a warm and relaxed atmosphere throughout the home, 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. However, some minor maintenance works were identified during this inspection which required attention and repair.

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 mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal emergency evacuation plans were reviewed regularly to ensure their specific support needs were met. However, improvements were required to ensure all emergency exits had systems in place to ensure prompt evacuation in the event of an emergency.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medication audits, medicine sign out sheets, and ongoing oversight by the person in charge. All staff had completed safe administration of medication training.

It was found that residents had an up-to-date and comprehensive assessments of need on file. Care plans were derived from these assessments of need. Care 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 support them in helping residents to manage their behaviours of concern. However, improvements were required to ensure all restrictive practices in use were notified to the Chief Inspector, appropriately risk assessed and reviewed by the registered provider's restrictive practice committee.

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 all staff, the development of personal 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 inspector found the atmosphere in the designated centre to be warm and calm, and residents told the inspector they were very happy living in their home, and with the support they received. However, the inspector noted that some home improvements works were required.

The registered provider ensured that the designated centre 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 clean and appropriately decorated. The living environment was stimulating and provided opportunities for rest and recreation.

Residents had their own bedrooms, each considerably decorated to reflect their individual style and preferences. For example, rooms were personalised with family photographs, artworks, soft furnishings, and possessions, all in line with each residents' interests. This not only promoted their independence and dignity but also celebrated their uniqueness and personal taste. Additionally, each resident bedroom was equipped with ample and secure storage for personal belongings.

The inspector carried out a walk around of the designated centre, and noted that some home improvements works were required. For example, the following was noted by the inspector:

- Kick board under the sink in the kitchen was warped
- Bathroom window handle was broken
- Visible damage to hallway and staff office wall
- Resident's chest of drawers was damaged
- Staff sleepover room and garage was cluttered and items were not stored in an appropriate manner

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents with an assessed need in the area of feeding, eating, drinking, and swallowing (FEDS), had an up-to-date FEDS care plan on file. The inspector reviewed this care plan and found that it provided clear guidance on mealtime requirements, including food and drink consistency.

Staff demonstrated a strong understanding of FEDS care plans, and consistently followed guidance from specialist services, including speech and language therapy (SALT), and dietician services. 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.

The inspector observed a diverse range of food and drinks, including fresh and perishable items, stored in the kitchen for residents to select from. All items were stored in a hygienic manner. The kitchen was also well-equipped with high-quality cooking appliances and utensils, providing residents with everything needed to prepare their own meals, if they so wished.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the registered provider had implemented good fire safety systems, however some improvements were required. The designated centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm, and portable firefighting equipment. A review of maintenance records confirmed that these systems and equipment were subject to regular checks by staff, and inspections and servicing by a specialist fire safety company.

The inspector noted that the fire panel was addressable and easily accessible in the entrance hallway of the home. Additionally, information pertaining to fire zones were readily available and accessible to the staff team in the event of an emergency. It was observed that all fire doors, including bedroom doors, closed properly when the fire alarm was activated. However, emergency exits were not fitted with thumb lock mechanisms and there were no break glass key units installed, which did not ensure prompt evacuation in the event of an emergency. This required consideration and review by the registered provider.

The registered provider had implemented comprehensive measures to ensure that each resident was aware of fire safety procedures. For instance, the inspector reviewed the personal emergency evacuation plans (PEEPs) of both residents living in the designated centre. Each plan outlined the specific support required to assist residents during an evacuation, both during the day and at night.

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 provider demonstrated that they were capable of safely evacuating residents under both daytime and nighttime conditions.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were practices and arrangements in place for the management of residents' medicines, including for the ordering, storage and administration of medicines. The practices were underpinned by the registered provider's established medication management policy.

Residents were in receipt of a comprehensive individualised service from their pharmacist, who facilitated the safe and timely supply of medicines, as well as information and pharmaceutical care to ensure the best possible outcome for each resident living in the designated centre.

The inspector found evidence to support that each resident's medicines were administered and monitored in line with best practice as individually and clinically indicated. For instance, the inspector reviewed the practices and arrangements for both residents and spent time observing staff administering residents' medicines and talking through residents' medicines with two staff members on duty. Following observation and conversations, it was evident to the inspector that staff were very knowledgeable of the professional guidelines and professional code of practice that governed medicines management, and continually adhered to these requirements.

All medicine errors, suspected adverse reactions, and incidents were recorded, reported and analysed within an open culture of reporting. Learning was fed back to improve each resident's safety and to prevent reoccurrence. Medicines management was audited regularly, and this included practices in areas such as medicine stock control, administration, storage, and disposal.

The inspector observed that all residents' medicines were securely stored, and clearly labelled with relevant information such as expiry dates. The inspector observed that residents' prescription sheets and medicine administration records contained all necessary information, and noted that residents received their medicines as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans are intended to outline the health, personal and social needs of the residents while also providing guidance for staff in how to meet these needs. Having such personal plans in place is specifically required by this regulation which also requires personal plans to be informed by a comprehensive assessment of needs. The inspector reviewed both 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 example, the inspector observed plans on file relating to the following:

- Feeding, eating drinking, and swallowing
- Positive behaviour support
- Intimate care
- General healthcare.

Each resident was assigned a keyworker and they supported the resident to engage with and participate in decisions about their own lives and the running of their home. All residents had accessible person centred plans which were saved on the registered provider's online system and could be accessed by all key stakeholders including the resident and their family members. Examples of goals set by residents included taking part in a line dancing class, buying a new bed, redecorate a bedroom, and go to a disco.

The registered provider 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 online person centred plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that while residents with assessed positive behaviour needs had robust, individualised plans in place, the inspection highlighted gaps in the oversight of restrictive practices, which required comprehensive review by the registered provider and person in charge.

The inspector observed a number of restrictive practices in place on the day of inspection, this included locked doors and bell alarm systems. The restrictive practices had not been appropriately risk assessed, reviewed or authorised by the registered provider's restrictive practice committee. Furthermore, the person in charge had failed to maintain an up-to-date log of all restrictive practices in use, which left the designated centre without the necessary structured review system.

This absence of timely identification and documentation of restrictive practices impeded the management's ability to track patterns and implement proactive

reduction strategies, further highlighting the need for strengthened governance and transparency in the use of restrictive practices.

Judgment: Not 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, reporting systems, and established safeguarding policy.

At the time of this inspection, there were no open safeguarding concerns. The inspector noted that 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 accordingly.

Residents living in this designated centre experienced a service where they were protected and kept safe. They told the inspector they enjoyed living in their home, felt safe, and did not wish to change anything. Staff spoken with over the course of this inspection were knowledgeable of safeguarding procedures, knew who the designated officer (DO) was, and knew what to do in the event a safeguarding incident or alleged incident occurred.

Following a review of both residents' intimate care 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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Teach Sona OSV-0005873

Inspection ID: MON-0046229

Date of inspection: 09/06/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: First 6 monthly supervision meetings has been completed for all staff within this location. Schedule is in place with the existing PIC for next supervision meetings to take place in October 2026, as per the Services Supervision Policy.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Service Provider has reviewed the current 6 monthly audit process and has taken steps to revise the procedure to include additional time, review of practice re evidence collection, feedback from families / residents, notifiables. The next audit will commence in September to allow a deeper review of practice, and full completion of the template that is in place. The PIC meeting will focus on all notifiables and steps for reporting in absence of PIC (July 2026).	

Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Existing PIC will return the Quarterly Notifiable as per the Schedule to include identification of all Restrictive Practices in the Designated Centre. All non-serious incidents to residents will be reported on a NF39D going forward as per Regulation 31. Next Quarterly Return is due in July 2026.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Kickboard Under Sink (Will be replaced by the 10th July 2026) Window Handle in Bathroom (Will be replaced by the 10th July 2026) Visible Damage to Hallway and Staff Room – scuff marks to be removed, painted (Will be removed / painted as appropriately by the 31st July 2026) Damage to Residents Chest of Drawers (This was fixed on the 10th June 2026) Staff Sleepover Room and Garage need decluttering (To be completed by the 31st July 2026)	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Rear Thumb Lock has been fitted, front to be fitted by 15th July 2026, to ensure safe evacuation in the case of emergency.	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:	

Restrictive Interventions now identified.

Introduced to the Designated Centre by the PIC (22/06/2026).

Restrictive Intervention Risk Assessment and Plan has been completed by the PIC for locked doors and bell alarm (22/06/2026).

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2026
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.	Substantially Compliant	Yellow	31/07/2026
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/08/2026
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an	Substantially Compliant	Yellow	30/09/2026

	unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	15/07/2026
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/07/2026
Regulation 31(3)(d)	The person in charge shall	Not Compliant	Orange	31/07/2026

	ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	31/07/2026
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Not Compliant	Orange	31/07/2026
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour	Not Compliant	Orange	31/07/2026

	necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.			
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