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:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	29 May 2026
Centre ID:	OSV-0007991
Fieldwork ID:	MON-0043844

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 the Health Service Executive. The centre provides residential care for up to four male and female adults, who have an intellectual disability and mobility needs. The centre is a single storey dwelling in Co. Donegal, providing residents with their own bedroom and is also wheelchair accessible. There is provision for nursing hours and three staff, including two health care assistants are on duty during the day and two staff on duty during night time hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Friday 29 May 2026	10:00hrs to 15:45hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This was an unannounced inspection that took place over one day. Its purpose was to monitor compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and to assess the capacity and capability of the registered provided to provide a good quality and safe service. The findings of this inspection were fully compliant.

The centre consisted of a bungalow on its own grounds. It was located on the edge of a large town. Each resident had their own bedroom and those visited by the inspector were very pleasant. One bedroom was en-suite and there was a large shared wet room with the equipment required for residents' care. The shared kitchen and dining room was well-equipped with appliances and a good supply of nutritious foods. Residents had a choice of two shared spaces to relax, watch television or listen to music. If residents wished to leave their home, transport was provided.

The inspector met with all residents at home on the day of inspection. Due to their assessed needs, they did not hold conversations with the inspector. One resident clearly indicated that they did not wish the inspector to be in the kitchen with them. Staff were observed supporting the resident and redirecting the inspector. These actions were recommended in the resident's behaviour support plan and meant that staff were aware of what to do if required.

Another resident was observed spending time in the sitting room and later in their bedroom. This was observed as a very restful room. It was inviting and cosy, with a gentle breeze from the window. Staff told the inspector that the resident had an audio player which was playing music and the voices of family members. The inspector could see that the resident enjoyed this very much as they were relaxed and content.

All staff spoken with told the inspector that Teach Sona provided a happy home for residents and they enjoyed their work. They said that the person in charge was regularly present and that they had good opportunities to meet together as a team.

Overall, Teach Sona was a comfortable, well-equipped and nicely decorated home. It provided accessible accommodation for residents with high support needs. The provider, person in charge and staff team ensured that these needs were met. Residents were living good lives at home and in their community

Capacity and capability

The inspector found that the effective governance and management arrangements at the centre, coupled with a skilled and dedicated staff team meant that good quality care and support was provided.

Sufficient numbers of staff were employed and the roster arrangements were based on the needs of the residents. The person in charge was skilled, experienced and competent. The registered provider had good governance oversight of the service and the documentation systems were clear and comprehensive. Where required, statutory notifications were submitted for the attention of the Chief Inspector.

Example of compliance are provided under the regulations below.

Regulation 14: Persons in charge

The person in charge was employed full time. While they had responsibility for one other service, they told the inspector that they had the capacity to do this.

They were observed as knowledgeable and competent in the role and had the skills required to lead the staff team. They facilitated the inspection with professionalism and demonstrated a person-centred and rights focused approach to the care and support provided to residents.

Judgment: Compliant

Regulation 15: Staffing

A review of staffing arrangements at the centre completed by the inspector found improvement in compliance since the last inspection. The number, qualifications and skill mix of staff employed was appropriate to the number and assessed needs of residents. Staff told the inspector that there were enough staff to take people "out and about" if they wished.

The inspector reviewed the roster from 1 April to the day of inspection. It was well maintained, with clear indications of who was on duty and their role. A cross check with the staffing levels on the statement of purpose found that while there were two vacant roles, the staff nurse post was approved and the healthcare assistant post was covered by consistency agency. This meant that consistency of care and support was provided.

A sample of Garda vetting disclosures for four staff members were reviewed and these were compliant with Schedule 2 of this regulation.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed a sample of mandatory and refresher training modules for staff employed which included nurses, healthcare assistants and agency staff members. Modules chosen included fire training, safeguarding training, positive behaviour support and safe administration of medicines. All modules for the sample reviewed were up to date. This demonstrated improvement since the last inspection.

If required, bespoke training was provided. For example, the person in charge had specialist knowledge in tissue viability. As this was relevant to the service, they provided training and support to the staff team. In addition, training in epilepsy and feeding, eating and drinking was provided.

The inspector found that the person in charge supervised the staff team effectively. This included formal opportunities to meet as part of a performance management process. All meetings from the sample reviewed were completed in accordance with the provider's staff supervision policy.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was assured by the governance and management arrangements at Teach Sona.

The service was provided in an accessible premises which was ideal for the residents' care and support needs. There were some changes to the occupancy of the service since the last inspection as a new resident was admitted in June 2025. The inspector found evidence of advance planning which ensured that the transition for this resident was successful. In addition, the provider considered the high level of care and support of residents and ensure that there were sufficient staff to support the new admission and the other residents residing at Teach Sona. The person in charge told the inspector that there was a reduction in the level and intensity of incidents occurring and that people were happy living together. This provided an example of good service planning.

The person in charge facilitated this inspection competently. It was clear that they had a good knowledge of the residents, the staff and the service and were skilled and experienced. This impacted positively on the quality of care and support provided. They had the support of a clinical nurse manger 1 (CNM1) who was recruited to the role in January 2026.

The provider had an audit schedule for the service which included a range of weekly, monthly, quarterly and annual reviews. A review of the arrangements for a six-monthly provider-led audit found that it was completed in December 2025. The annual review of care and support was completed in June 2025. Actions identified were documented on a quality improvement plan. This listed 18 actions, with 16 complete and two not yet due. This was reviewed and updated by the person in charge on 13 May 2025.

Staff meetings were taking place on a regular basis and the minutes of a recent meeting reviewed. Discussions included a review of the quality improvement plan, safeguarding, and training completion. Staff were facilitated to raise concerns at these meetings if required or on a one-to-one basis with the person in charge. There were no concerns identified at the time of this inspection.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

This centre had a new admission since the last inspection. A review of their admissions process found that it was completed in line with the provider's admissions policy (30 March 2026) and with the statement of purpose.

The resident's needs were assessed prior to admission and a support plan was put in place. Compatibility risks were considered and managed if required. The resident and their family had opportunities to meet with the other residents and visit their new home during a phased transition plan. On admission a contract of care was provided dated 19 June 2026. A follow up review was completed with the resident and their family after the date of admission to ensure that matters were progressing as planned.

Overall, the inspector found that the process proceeded in line with the preferences of the residents and their representatives, and was determined based on fair, equitable and transparent criteria.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector read the statement of purpose for the service which was also available in accessible format for residents' use.

It was updated on 12 May 2026 and provided an accurate reflection of the services and facilities at this service. It met with the requirements of Schedule 2 of this regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents arising at the centre from 1 January 2026 to the date of inspection found a low level of incidents arising. If required statutory notifications were submitted to the Chief Inspector of Social Services in line with the requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints policy for residents at the centre and found that it was up to date. It was available in easy-to-read format for residents' use on the notice board in the kitchen.

There were no open complaints at the time of this inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a folder which held Schedule 5 policies and procedures. They were prepared in writing and accessible to guide staff in their work.

The inspector reviewed all policies. An updated copy of the admissions policy for the service was requested and provided.

Judgment: Compliant

Quality and safety

The care and support provided at this centre was of good quality and ensured that people were safe. The premises provided were suitable for their assessed needs at the time of inspection and where addition planning was required, this was in progress.

Residents support needs were subject to ongoing review to ensure that the standard of care met with changing needs if required. Where required, support plans and guidance for staff was provided. Staff spoken with were familiar with residents' communication needs and this had a positive impact on their day to day life at the centre and their ability to make decisions. Easy-to-read information and social stories were provided.

Overall, this was a very pleasant inspection, were a good quality and safe service was provided for residents.

Regulation 17: Premises

The provider ensured that the premises provided were designed and laid out to meet the aims and objectives of the service and the number and assessed needs of residence. It was of sound construction and kept in a good state of repair externally and internally. It was accessible throughout, clean and suitably decorated.

Where maintenance was required, a plan was in place to progress this. For example. The inspector noted that the patio door required repair. This was escalated and documented on the annual review of care and support, the six-monthly audit and the quality improvement plan. The person in charge provided assurances that the matter was in progress and that it was to be completed soon.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider and the person in charge had good risk management arrangements at this centre.

The inspector reviewed the risk management folder which held provider level, service level and centre level safety statements. There was a named safety officer at the centre and their picture was displayed.

The person in charge maintained a risk register for the centre and each resident had a risk screening completed. This provided information on how to manage risks identified and if a care plan, nursing intervention or risk assessment was required.

For example; a resident at risk of falling was supported with a positive risk-taking approach which maintained their independence. They had a falls risk assessment with appropriate control measures and risk rating. A review of a minor falls incident with occurred in February 2026 found that post falls review was completed on the same day and the support of the resident multi-disciplinary team was provided to prevent recurrence.

Judgment: Compliant

Regulation 28: Fire precautions

During a review of the fire safety arrangements at this centre, the inspector found that part of the cold seal intumescent strip on a fire door between the laundry room and the kitchen was missing. This matter was repaired before the inspector's departure.

Overall, there were good systems for the prevention, detection, containment and extinguishing of fire. Escape routes were clear and emergency lighting was provided.

All residents had personal emergency evacuation plans which were reviewed annually or sooner if required. Staff spoken were provided with training and were aware of how to evacuate if required. A schedule of regular fire drills was provided and practice drills included both day and nighttime scenarios. The provider's fire safety policy was in date and available to guide staff on good practice.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector spent time residents, completed a tour of the centre and reviewed documentation. They found that the centre met with the assessed needs of residents and good arrangements were in place to support these needs.

The provider used a named nurse and keyworker support system which worked well. All residents had annual assessments of their health, person and social care needs and two of four reviewed were in date.

The inspector reviewed a range of individual goals which were completed or in progress. These included trips to the local beaches, swimming pool and community amenities. Staff spoke with the inspector about a resident who preferred a "quiet and simple life". They liked to stay at home, where they enjoyed reflexology session provided by an external practitioner.

Not all residents living at this designated centre preferred an active lifestyle. Some chose to enjoy a quieter pace of life, and their individual preferences were respected and supported by the staff team. This meant that while all residents participated in annual person-centered planning meetings and had identified goals to work towards, their choices, interests and preferred routines remained central to the support they received.

Judgment: Compliant

Regulation 6: Health care

A review of the healthcare arrangements at Teach Sona found that comprehensive and holistic supports were provided. The person in charge and the staff team were proactive in monitoring each persons' wellbeing and in seeking onward referral to allied health professionals if required. Annual medical reviews were complete.

For example; the inspector reviewed the oversight arrangements for a resident at risk of pressure sores. Care was guided by a tissue viability and wound management policy (19 March 2026) and as outlined previously, staff had enhanced training. An occupational therapist reviewed their seating systems. Alternative seating was recommended and supplied. The staff team monitored their presentation as documented on their nursing intervention with a positive outcome for the resident. They returned to good health six months prior the inspection and this was sustained since.

In addition, residents had access to a general practitioner (GP), speech and language therapist, physiotherapist, dental care, chiropody and consultant-led care.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangements to support residents with responsive behaviours and behaviours of concern.

The policy on positive behaviour support was available to guide staff and in addition, all staff had access to training.

Where required the support of a behaviour support specialist was provided. The inspector reviewed two positive behaviour support assessments which were reviewed and updated in March 2026. These documented proactive strategies to support residents, some of which were observed on the day of inspection. For example; when a resident became concerned about the inspector's presence, staff

distracted them by using humour, offered them a choice of where they wished to go and maintained a low arousal environment as recommended.

Where restrictions were used, they were recommended to maintain residents' safety and protocols were in place.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to protect residents from the risk of abuse which were operating effectively at the time of this inspection.

The policy on safeguarding was up to date, and staff were provided with training. When asked, staff were aware of the types of abuse and of what to do if they were concerned. Pictures of the designated officers were displayed prominently. The person in charge ensured that safeguarding audits were conducted and there was evidence of a staff awareness tool completed with staff.

Where matters arose, they were managed promptly and in line with the provider's policy.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant