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:	Sonas
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	14 May 2025
Centre ID:	OSV-0004773
Fieldwork ID:	MON-0046454

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:	14

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 14 May 2025	10:10hrs to 18:45hrs	Elaine McKeown	Lead
Wednesday 14 May 2025	10:10hrs to 18:45hrs	Lisa Redmond	Support

What residents told us and what inspectors observed

This was a short announced adult safeguarding inspection completed within the designated centre Sonas as part of a campus wide inspection programme on the same day for a total of five designated centres. Sonas was registered with a capacity of 18 adults. On the day of this inspection there were 14 residents in receipt of full time residential services.

This designated centre had previously been inspected on behalf of the Chief Inspector of Social Services in October 2023. During the current inspection the provider and staff team outlined progress made to date and ongoing efforts to address the issues identified during the October 2023 inspection. This included ongoing upgrade works to one bungalow on the campus where four residents from this designated centre are expected to move into during August and September 2025 which is in-line with the organisational plan submitted to the Chief Inspector by the provider dated 5 December 2023.

Sonas is currently comprised of three bungalows. The person in charge was unavailable on the day of the inspection, however, a member of the management team was available to both of the inspectors to assist with providing documents and updates throughout the inspection. This staff member was found to be very familiar with the assessed needs of the residents in this designated centre. After the initial introductory meeting, the two inspectors visited one of the bungalows and met with four residents living in the house. One of the inspectors visited the other two bungalows during the day and met with a further nine residents who were present. Inspectors did not get to meet with one of the current residents as they were attending their day service and had not returned before the inspector was leaving that house in the afternoon.

The inspectors were aware that the first bungalow that was visited was being used to support four residents who had been relocated in December 2024 while extensive upgrade works were being undertaken in their own bungalow on the campus which was part of another designated centre. The inspectors were informed that the residents were being supported by regular and familiar staff members. On arrival at this bungalow the inspectors were introduced to one resident who was sitting outside in the garden area at the rear of the property. The resident was listening to music and was observed to seek staff assistance when they wished for the music to be changed to another artist. This was observed to be facilitated by staff members in a kind and respectful manner. While this resident had a separate living area to the other residents they lived with, staff spoken with noted that the resident did spend time with two of the other residents in the communal areas on occasions. The resident had arrangements made to visit family members in the afternoon which the resident appeared to be excited about when staff explained this to the inspectors. The staff members also ensured the resident was included in the conversation with

the inspectors. The resident was observed to smile and agree with what was being said as staff spoke about the resident's plans.

The inspectors were introduced to another resident who was living in an adjoining apartment in the same bungalow. This resident greeted both inspectors with a firm handshake and invited the inspectors to sit down. The resident outlined items they planned to purchase for their new home. This included details that they had ordered a large screen television so they could enjoy watching programs on streaming services online. The resident spoke about seeking to gain employment and spoke about their food preferences and regular purchases when completing their weekly grocery shopping. The resident was observed to seek confirmation from the staff member that was present that what they were saying was correct. The resident demonstrated on a few occasions during the conversation that they were able to advocate for themselves and ensure their voice was being heard. The resident had a mobile phone which they used to phone staff in the bungalow if they needed to contact staff at any time. The resident spoke of being happy but was really looking forward to moving back to their apartment once the upgrade works were completed. They explained their preferred colours and decor as well as seating preferences for their new apartment. The resident met a third inspector later in the day and also conversed with them about how they were accessing social activities and their new home.

One inspector met with the two other residents living in this bungalow later in the morning when they returned from a social activity. Staff had informed the inspector in advance of how to provide assurance to one of these residents when they were introduced. The inspector informed the resident that they knew the rules about visiting this resident's private bedroom and outlined the purpose of the visit. This assisted the resident to be able to continue on with their routine without becoming anxious. This resident chose not to interact any further with the inspector and this was respected. The other resident was introduced to the inspector by a staff member. The resident was smiling and shook the inspector's hand. They had enjoyed a spin in the community with refreshments and after lunch was looking forward to going for a swim. The resident also spoke about visiting the grave of a close relative recently and bringing flowers with them.

One inspector visited the second bungalow later in the morning. Four residents were present at the time. One resident had been observed by the inspector earlier in the morning sitting outside the bungalow. Staff explained that the resident liked to watch the activity between the nearby bungalows and the ongoing construction works. The atmosphere was relaxed with music playing and residents had ample space to engage in their preferred activities. One resident was observed to be relaxing in a darkened therapy room while another had their daily newspaper and accompanied the inspector as they walked around the bungalow. Staff spoke of the range of activities that the residents engaged in frequently which included attending events and concerts. Staff spoke of supporting residents to attain personal goals and this included becoming increasingly confident in paying for personal items with their bank cards. Records shown to the inspector included photographs of the residents engaging in a variety of activities both on the campus and in the community.

An inspector visited the third bungalow in the afternoon and met with five of the residents living there. These residents had complex medical needs and were supported by both nursing and care staff at all times. All staff who spoke with the inspector were familiar with individual preferences and interests of the residents. The inspector was informed of recent medical needs, changes to residents' assessed needs and the wellbeing of residents. This included one resident being supported to effectively manage a chronic illness. Staff who were key workers spoke in detail of progress being made to identify and progress meaningful goals for the residents. Staff also outlined how community activities were facilitated regularly. Activities such as massage and dog therapy was provided in the bungalow if a resident chose or was unable to engage in community activities.

The inspectors acknowledged that the provider was progressing with upgrade works on the campus. Two of the bungalows visited during the inspection were decorated with personal items, were found to be homely and in a relatively good state of repair. The inspectors acknowledged that the provider would be commencing extensive upgrade works on the third bungalow before the end of 2025. However, at the time of this inspection, there was damage evident to furniture such as broken drawer units in bedrooms. In addition, the provider had closed off a corridor in one area of this bungalow to support the assessed needs of one resident and safeguard the privacy and dignity of others living temporarily in this bungalow. This changed the layout of the floor plans and was discussed with the provider during the feedback meeting.

In summary, of the 14 residents in receipt of services on the day of the inspection, one or more of the inspectors met with 13 residents. All of these residents appeared to be content and relaxed in the company of the staff supporting them. Staff were observed to engage in respectful and professional interactions, as well as including residents in the conversations. Staff also provided information where required in advance regarding the specific format of a conversation with one of the residents to reduce the risk of causing them anxiety. It was evident residents were being supported to receive person-centred care from a consistent staff team and were engaging frequently in a wide range of activities including swimming, massage, music events and other social activities. Planned upgrade and fire safety works were found to be progressing. While the provider had sought to address the issues relating to residents being supported to manage their finances and restrictions being identified, a number of issues remained unresolved at the time of this inspection.

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

Capacity and capability

Bawnmore campus is made up of five registered designated centres. Out of the five centres registered there are four that currently have restrictive conditions attached. The Chief Inspector attached these restrictive conditions to come into compliance based on the provider's time bound plan. The provider made these commitments in the plan they submitted to the Chief Inspector dated 5 December 2023.

The Chief Inspector carried out an inspection of all five centres on the one day and as part of this inspection process the overall plan for the five centres was reviewed.

The provider was making good progress, for example, two houses were completed to a very high standard taking into account the individual needs of residents and one house being refurbished to the specification of each resident to support their individual needs. The provider had also purchased a house in the community to transition a resident and a new development of three units in the community had started.

It was also observed and noted on the day of inspection that residents were well supported and there was positive interactions from staff. Residents were also accessing their community on a more regular basis and this will be discussed in the individual inspection reports linked to the campus.

The provider was seeking accreditation from an external body in relation to the providers on going work for quality improvement for residents.

There was good evidence of oversight, governance and commitment from the provider. A member of the senior management team spoke about each house on campus and the profile of each resident, she demonstrated a very good understanding of the changing needs of residents and spoke about the evolving culture moving towards a social model of support.

It was also evident from speaking with residents that they were involved in the decisions about their new homes. This will also be discussed in the individual reports. The provider has been afforded time to come into compliance as issues relating to fire and premises have been significant and it was evidenced that works are being carried out in accordance with the plan. The provider demonstrated commitment to enhancing the quality of life of residents and this was observed and noted in all centres on campus along with very good supports that were evident from staff and management. This was observed on the day of inspection by noting the smiles, gestures and interactions from residents.

In the specific context of Sonas, this designated centre was registered until January 2027 with a restrictive condition requiring the provider to comply with a specific plan by 30 September 2026. This plan related to the campus overall and was aimed at addressing long-standing premises and fire safety concerns. In keeping with this plan, upgrade works were planned for the bungalows in Sonas to create individualised services where needed or improved/modernised living arrangements to suit the assessed needs of the residents.

As noted earlier in this report, it was found that there was overall good progress with the plan. Four of the current residents would be returning to their own

bungalow in another designated centre on the campus. The upgrade works were observed to be progressing and the provider expected these residents to move into their home in August and September 2025. Once this has taken place extensive works were planned to upgrade the vacated bungalow to meet the assessed needs of four other residents in Sonas. The planned works were described to inspectors as being better suited to support the assessed needs of these residents.

The focus of this inspection was on safeguarding practices in the centre in keeping with a programme of inspections started by the Chief Inspector during 2024. Overall, no immediate safeguarding concerns were identified during this inspection and it was found that the monitoring practices for this centre did consider matters related to safeguarding. Staff spoken to demonstrated their knowledge around the types of abuse that can occur and relevant national standards. Staff also outlined specific protocols that were in place to provide specific support to one resident in relation to their personal possessions and finances. All staff had attended relevant training and regular staff meetings were taking place with the person in charge in attendance.

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents. There was a consistent core group of staff working in the designated centre. The remit of the person in charge was over this designated centre.

- The provision of nursing care was in line with the statement of purpose and the assessed needs of the residents.
- The staffing resources included activation staff and resources in the evening time to assist residents with their evening/bedtime routines.
- There were no staff vacancies at the time of the inspection. There were regular relief staff available to assist in maintaining minimum staffing levels and skill mix. No agency staff were working in the designated centre.
- Actual and planned rosters for April and May 2025, were reviewed during the inspection. A selection of dates in all of the three houses were reviewed. These reflected changes made due to unplanned events/leave. Flexibility of staff commencing shifts to support residents attend social events were also evident.
- The minimum staffing levels and skill mix were found to have been consistently maintained both by day and night. The details contained within the rosters included the start and end times of each shift and scheduled training.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection, 58 staff members including the person in charge worked regularly in the designated centre. The staff team was comprised of centre management, nurses and health care assistants.

One inspector reviewed a detailed training matrix for 38 of the core staff team which indicated all staff had completed a range of training courses to ensure they had the appropriate levels of knowledge, skills and competencies to best support residents while ensuring their safety and safeguarding them from all forms of abuse. These included training in mandatory areas such as safeguarding of vulnerable adults, fire safety, manual handling and safety interventions.

A supervision schedule had been developed to plan meetings with individual staff members and management in the centre to ensure staff were appropriately supervised. One inspector reviewed the supervision scheduled in relation to 43 staff members. Of these, it was noted that 39 staff members had a supervision meeting with management in the centre. Where four staff members had not this meeting, a clear rationale was outlined including staff being on leave during that time. It was evidenced that plans for supervision meetings with 13 staff were also scheduled for the following three month period.

Staff members completing night-duty in the centre completed supervision meetings with the night supervisor. Documentation reviewed evidenced that each of the 11 night-staff assigned to this designated centre had completed supervision meetings.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured an annual review of the quality of care and support provided to residents living in the centre had been completed for 2025. It was noted that the annual review included the plans to improve the quality of the premises provided to residents in the designated centre and how these were being progressed by the registered provider.

The annual review report included consultation with residents and their representatives about the service they received. One resident representative stated that 'staff are incredibly kind', while a second stated that they were worried about a resident moving house but said this had 'worked very well'. It also noted a number of significant events that had occurred for residents in the year 2024. This included the following;

- A resident had been to visit the cinema for the first time in 2024.
- A resident had their first overnight stay in a hotel.

- One of the centre's houses got a new bus to facilitate residents' outings and community access.
- An autumn gathering had been planned where animals from a pet farm were brought to visit residents.
- Parties were attended by residents for other residents celebrating significant birthdays including a 50th and an 80th birthday.

Six monthly unannounced visits were completed by the registered provider in June 2024 and January 2025. These included a review of safeguarding and restrictive practices in the centre. An action plan had been developed to outline how improvements could be made in identified areas. A number of the actions in the most recent report had already been completed.

Inspectors reviewed staff meeting records from the 29 January 2025 until the 05 March 2025 which outlined that staff meetings were held in the centre on a weekly basis. It was evident that staff meetings included a discussion about safeguarding residents, reporting of incidents in the centre and communication.

Judgment: Compliant

Quality and safety

The purpose of this safeguarding inspection was to review the quality of service being afforded to residents and ensure they were being afforded a safe service which protected them from all forms of abuse, while promoting their human rights.

It was evident that staff were consistently striving to ensure the ongoing wellbeing and safety of residents. For example, on 29 November 2024 a staff member in one of the bungalows in Sonas logged a complaint regarding the presence of potholes on the campus grounds and the impact to the safety of residents walking around these areas. The complaint was escalated to management and the facilities team and the issue resolved by 12 December 2024.

Throughout the inspection, staff and residents spoke of the positive outcomes being experienced in the designated centre. Residents were looking forward to being part of the decision making in decorating their new homes and personal spaces. Residents could see the construction work progressing daily. In addition, there were health benefits identified for a number of residents due to the temporary re-location to one of the bungalows in Sonas. For example, due to the layout of the personal space for one resident in their temporary home, there had been a noticeable reduction in a medical issue that the resident had experienced for many years. As a result, a re-design of the resident's new individualised service had been completed to assist in supporting that improvement and health benefit for the resident when they moved back to their own bungalow. Another resident spoke with inspectors

about a planned healthcare appointment in the afternoon. It was evident that the resident was aware of the reasons for their appointment and why this was required.

Also, staff outlined the improvements in the quality of life that were being experienced by another resident. A restrictive practice had been put in place in the event that a resident presented with significant behaviours that challenge. Staff members told inspectors that the restrictive practice which involved locking two internals doors so that the resident could only access their apartment area had not been utilised since they moved to the bungalow in December 2024. It was noted that if this restrictive practice needed to be utilised, the resident could also safely access their garden.

Another resident who had expressed an unwillingness to sleep in their bedroom had been supported by the staff team and health and social care professionals to address the issue. The resident was known to prefer sleeping in a chair rather than a bed. The inspector was informed that the bed was removed from the resident's bedroom and replaced with a comfort chair. This had been assessed and reviewed by the occupational therapist most recently in June 2024. The staff team outlined to the inspector the protocol in place to support the resident to get a good night's sleep. On review of documentation including a risk assessment and daily notes, it was evident that the resident was being supported to have a night time routine in their bedroom which was in line with their expressed wishes.

The inspectors were informed that a regional advocacy structure was in place to ensure that residents and staff members could raise advocacy issues through this structure. An advocacy facilitator was also outlined as being available to support residents and staff to raise any issues with management in the centre.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes. This included ensuring access to documents in appropriate formats and visual signage being available for a range of topics including safeguarding, advocacy and consent.

Residents also had access to telephone, television and Internet services.

One resident had been supported to trial an electronic device which was voice activated to assist them in making independent choices regarding the music they were listening to. However, staff explained this was not successful and other alternatives were still being researched to aid the resident to be able to complete their choice of music independently.

Judgment: Compliant

Regulation 17: Premises

The provider was making progress regarding planned upgrade works and to address fire safety concerns on the campus. The longstanding issues pertaining to this designated centre were scheduled to be addressed during 2025 and 2026 as part of the provider's overall plan dated December 2023. The inspectors acknowledged there have been some positive outcomes for residents in recent months as a result of the re-location of four residents to one of the bungalows in this designated centre which included a reduction in the need for the use of some restrictions and the improvement of the health and wellbeing for a resident.

During the inspection, two of the bungalows were found to be decorated with personal possessions and provided a homely environment while still requiring upgrade works to be completed. However, the third bungalow lacked decor and evidence of personal possessions for the residents living there. The inspectors acknowledged that this bungalow was a temporary home for the four residents who had moved into this bungalow in December 2024 and were expecting to be able to move into their upgraded/reconstructed/refurbished bungalow in August and September 2025 which had been designed to provide individualised services to each of the residents. In addition, the bungalow that the residents were currently being supported to live in was scheduled for upgrade works to take place after these residents moved out.

However, on the day of the inspection the following issues were identified-:

- The maintenance of the external garden area of one of the bungalows required review; large amounts of fallen foliage and other debris were evident on the ground and had built up in areas such as corners within the space which was being accessed by a resident with an assessed risk of falling.
- Damage/ wear and tear was evident to some of the outdoor equipment including swings on the day of the inspection.
- Damage was evident to bedroom furniture in one of the bungalows. This included drawers in a unit not closing correctly.
- Damaged surfaces such as flooring and including damage to the arm rests of a comfort chair being used by a resident adversely impacted the effectiveness of regular cleaning activities that were being carried out by the staff team.
- Wear and tear was evident on door frames and painted wall surfaces.
- An access point in a hallway had been closed off to support the creation of an individualised area for one resident and assist in supporting the staff team to ensure the privacy and dignity of the other residents living in the same bungalow. However, this changed the layout and design of the bungalow and the Chief Inspector had not been informed of the change being made prior to this inspection.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place which provided for the identification, assessment and management of risk. This policy also outlined the measures to mitigate specific risks as required under this regulation including unexpected absence and self-harm.

The provider had ensured there were processes and procedures in place to identify and assess centre specific and individual risks. The person in charge had reviewed the risk register for the designated centre in December 2024. It was evident pro-active measures were working effectively to support the provision of safe services to residents. For example; measures were in place to reduce the risk of medication errors in the designated centre.

Individual risk assessments for residents had also been subject to regular and recent reviews which reflected changes that had taken place for residents. Risk assessments and the control measures in place ensured that the risk to the resident was well managed. For example; there was documented rationale for the increased staffing supports being provided to one resident and the rationale for restrictions in place during poor weather conditions for another resident accessing the external garden area. The documented control measures were found to be in-line with the assessed needs of the residents for whom they were in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

One inspector reviewed different sections of five residents' personal plans on the day of inspection. The inspector saw that each of these files contained a personal information guide and person-centred care and support assessment which detailed residents' health and social care support needs. These personal plans had been reviewed regularly, updated within the last 12 months and residents' personal planning meetings had taken place.

The residents’ personal plans reflected input from various health and social care professionals, including psychology, occupational therapy, behaviour support and speech and language therapy. Residents were supported through regular multidisciplinary team meetings which occurred at a minimum of every 12 months but given the complex needs of some of the residents, meetings were taking place more frequently when required due to changes in the assessed needs of residents.

Residents had personal goals identified and were being supported by key workers to progress and achieve their goals. These included attending social events such as concerts, developing raised garden beds and tending to the flowers. Residents had

also enjoyed visiting a therapeutic equestrian centre during 2024 and a variety of scenic locations in other counties. Staff had photographs and memory books depicting the residents enjoying participating in many of these activities.

As part of the ongoing supports being provided to each resident, weekly review meetings were taking place in each house with the person in charge and the staff team supporting the residents. The review would include a range of areas such as safeguarding, incidents, activities which were positively engaged in or other wise by residents, medical appointments and updates if any from health and social professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage challenging issues. The provider ensured that all residents had access to appointments with health and social care professionals such as, psychiatry, psychology and behaviour support specialists as needed.

Residents who required behaviour support plans had these in place. There were systems in place and evidence of oversight by the person in charge to ensure regular review of these plans was occurring. The reviews ensured the specific plans were effective in supporting the assessed needs of the residents for whom they were in place. This included reviews when residents moved to another temporary location. Staff spoken with on the inspection were knowledgeable of the plans in place for residents for whom they were providing support. All staff had been provided with training in safety interventions.

Some restrictive practices were used in the designated centre and these had been reported to the Chief Inspector as required by the regulations. The person in charge maintained a restrictive practice log. A list of restrictive practices used in each house was reviewed by one inspector. These had been subject to review in May 2025 by the person in charge. These restrictions included financial restrictions that were identified since 2023 for one resident and had been subject to review every three months, the most recent taking place in May 2025.

Staff spoke of a reduction in the use of a particular restriction to the environment for another resident. They had not required any internal doors to be locked since they had moved into the temporary location while extensive upgrade works were being completed on their home.

Judgment: Compliant

Regulation 8: Protection

All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.In addition:

- There was one open safeguarding plan at the time of this inspection which was subject to regular review with the most recent review taking place in March 2025. Actions that had being taken included having a night time shift plan which was documented as working well, safety intervention drills taking place with the staff team and re-fresher training in verbal de-escalation techniques for the staff.
- One closed safeguarding plan was subject to regular monitoring before its closure.
- All staff working in the bungalow had signed the safeguarding protocol that was in place and were found to be aware of the supports required by the residents for whom they were providing support.
- Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines. These plans had also been subject to review when there were changes in the health care needs of residents or a change to their living arrangements and locations.

Judgment: Compliant

Regulation 9: Residents' rights

During the October 2023 inspection, it was identified that residents in this designated centre had bank accounts with the one banking organisation and that there was no evidence to support that the residents were involved to select a bank of their choosing, were consulted and had the freedom to exercise control in relation to this. The provider had implemented actions outlined in the compliance plan response sent to the Chief Inspector following the October 2023 inspection. This included ensuring residents bank statements were scanned and retained in the personal financial file of the relevant residents. The provider also made available to inspectors following this most recent inspection communication and other records which demonstrated that the provider had raised issues related to residents' bank accounts to other bodies since the October 2023 inspection. During the current inspection, it was indicated that matters related to residents' bank accounts remained unchanged and that this had been identified as being a restriction on residents. The provider had completed a review of the "Policy on the handling of the personal assets of adults supported by the services". The provider completed a restrictive practice decision making record within the policy which acknowledged aspects of the policy are restrictive. However, the policy also references that

restrictions were being kept to a minimum while endeavouring to ensure adequate arrangements were in place to protect resident's finances.

During the inspection staff spoken to did highlight that residents were never short of money. Staff also provided examples of how they sought to involve residents in financial transactions where possible. This included residents using their bank cards to conduct contactless transactions when purchasing items in shops and after attending the barbers.

However, one inspector was informed that one resident was still unable to access their personal finances. The inspector was informed the resident did not have access to all of their disability allowance being paid to them by the state. Details were provided by the staff team and management of the actions taken since the October 2023 inspection regarding this situation. The inspector reviewed the financial records for this resident since September 2024. While the staff team had documented all records including relating to the very limited incoming finances, there was evidence of the ongoing supports being provided to ensure the resident was facilitated to access community activities regularly. This demonstrated how the staff were striving to ensure the resident was included and enjoyed meaningful activities with their peers. Staff did highlight the limitations at times to support the resident to purchase items which they may have an interest in such as hair & jewellery accessories. The inspectors were also informed that person in charge had also held discussions with relevant persons which included social workers to seek to resolve the situation. This remained ongoing at the time of this inspection.

Inspectors observed many examples during the inspection that staff members on duty supported and spoke of residents in a positive and respectful manner. The significance of maintaining relationships with family members and friends was referenced as being so important for many of the residents. Staff outlined how they supported residents to visit their family homes if relatives were unable to come to visit the designated centre. Throughout the inspection it was also observed that residents appeared comfortable in the presence of the staff supporting them. Staff also spoke of how they ensured each resident was being supported in line with their current assessed needs. This included changes made to regular routines in the event of poor sleep or other medical issues. Information around human rights and accessing advocacy services were seen to be on display in the bungalows.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sonas OSV-0004773

Inspection ID: MON-0046454

Date of inspection: 14/05/2025

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: • Maintenance meeting held on 10/06/2025 with facilities to prioritise minor maintenance to be completed in the context of the overall Bawnmore plan. This included a walkabout of the Designated centre with the ADON to inform this discussion. • Progress on the plan submitted to HIQA in respect of Fire safety, building upgrade and Decongregation is advancing as set out in the update submitted to HIQA. The intention is that all residents in this designated centre will reside in high quality homes once this plan is fully realised. • The Person in Charge will continue to complete quarterly Infection Prevention and Control Quality Improvement Tool to identify any issues with the premises, which will then be escalated to maintenance and ADON. • 16/06/2025 damaged bedroom furntuiture removed and new furntiure ordered. • Ashgrove 31 is a temporary home for four residents who moved into this bungalow in December 2024 while their own bungalow is being upgraded as part of the Fire Complaince plan for Sonas. These residents will be returmimg to their upgraded and refurbished and fire compliant bungalow in September 2025. • The Person in Charge contacted the OT in relation to the comfort chair for one resident. New covers have been ordered. • Floor plans have been updated and subitted to HIQA followig inspection to reflect an access point in a hallway which had been closed off to support the creation of an individualised area for one resident and assist in supporting the staff team to ensure the privacy and dignity of the other residents living in the same bungalow. The SOP has been updated to reflect this.	
Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• The BOCSILR 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 the BOCSILR in the management of their personal assets.
• No resident is restricted from managing their own personal assets if they choose to opt out of support from the BOCSILR. 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 the BOCSILR can offer to them in terms of the management of their personal assets.
• At present the BOCSILR have 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.
• The BOCSILR 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.
• 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.
• The BOCSILR is committed to exploring all alternative accounts that may facilitate less restrictive direct access to personal assets for people supported who opt in to support from the BOCSILR. In this regard the engagement with the assisted decision making department with the HSE seeking guidance in assisting residents in relation to banking arrangements was commenced on 11/11/2024. Engagement with banking institutions has also been perused to identify possible suitable banking products that would be a less restrictive alternative for residents within the service.
• Risk assessment and restrictive practice in place for one resident who does not have access to their finances which are currently being managed by their family. Person in Charge continues to liaise with family re access to money with the support of Social Work.
• Risk assessment completed on 12/06/2025. This determined that there is greater benefit to person supported having positive family engagement over access to finances. The consistent and regluar contact and visits with family is of utmost importance to the resident.

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	30/06/2027
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	30/06/2027
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature	Substantially Compliant	Yellow	31/12/2026

	of his or her disability has the freedom to exercise choice and control in his or her daily life.			