



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Bungalows - Sonas Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	01 July 2021
Centre ID:	OSV-0003738
Fieldwork ID:	MON-0032927

About the designated centre

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

In Sonas bungalows, residential care and support is provided on a 24 hour basis for up to 36 residents over the age of 18 with an intellectual disability. The centre consists of six purpose built bungalows on a campus in an outer suburb of Dublin. Each house has six single bedrooms and suitable private and communal space to meet the needs of up to six residents. Residents are supported by a person in charge, clinical nurse managers, care staff and household staff. Residents have the option to attend day activity sessions on the campus, or they are supported to partake in meaningful home or community based activities in line with their wishes. There are good public transport links and local access to restaurants, shops, cinema, churches and libraries.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 1 July 2021	10:00 amhrs to 5:30 pmhrs	Marie Byrne	Lead
Thursday 1 July 2021	10:00 amhrs to 5:30 pmhrs	Thomas Hogan	Support

What residents told us and what inspectors observed

Overall the findings of this inspection were that the centre was under-resourced and that this was impacting on the providers ability to have oversight of and monitor the quality of care and support for residents. It was also impacting on their ability to self-identify and to complete the actions identified by them in their own audits and reviews. In line with the findings of previous inspections in the centre, there were high levels of non compliance with the regulations. For example, improvements were still required in relation to staffing numbers, staff training and development, governance and management, residents' finances, and the management of complaints.

There were thirty four residents living in the designated centre at the time of this inspection, and the inspectors had the opportunity to meet and briefly engage with twenty one residents. Overall, the inspectors found that residents appeared comfortable and content in their homes on the day of the inspection. For the most part, residents told the inspectors that they were happy and felt safe in the centre, but a number of residents did tell the inspectors that the centre needed more staff and that they would like more opportunities to take part in more activities, particularly community based activities.

As the inspection was completed during the COVID-19 pandemic, the inspectors adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff, was limited and done in line with public health advice. The inspectors reviewed documentation in an office and then visited the houses in the centre.

When the inspectors visited residents in the different houses, they found the atmosphere to be calm and relaxed. Each of the houses was bright, airy, spacious, homely and comfortable. They were each designed and laid out to meet the number and needs of residents living there. Plans were in place to do some works to one of the houses in line with one residents' wishes and preferences in relation to the design and layout of their home. Residents' bedrooms were personalised and they had places to store their personal belongings. The provider was aware that they needed more storage for large items in the centre. Some additional storage had recently been secured and they were in the process of sourcing options for more at the time of the inspection.

There was a central courtyard off the gardens of the houses in the centre. When the inspectors visited the houses there was music playing and a number of residents were sitting in their gardens in the sunshine and they appeared to be enjoying the music. Chair exercises including yoga and parties had been happening regularly in this courtyard in line with public health advice during the pandemic.

Kind, caring and positive interactions were observed between residents and staff throughout the inspection. Regular staff were found to be knowledgeable in relation

to residents' care and support needs and motivated to ensure they were happy and safe. There were a number of vacancies and a high volume of shifts being covered by agency staff. From a review of rosters, it was evident that the high volume of shifts covered by agency staff was impacting on continuity of care and support for residents. As previously mentioned, a number of residents confirmed this by saying they would like more regular staff supporting them.

A number of residents proudly showed the inspectors arts and crafts and projects which they had recently completed. These included paper arts and mache masks and knitting projects. One resident talked about recently knitting a scarf and then giving it to someone as a present. They also talked about how important their family were to them and about how they were now back seeing their family since restrictions relating to the pandemic had lifted.

On display in the living room of one of the houses was a poster with ideas for activities which residents may wish to engage in. It contained pictures of residents engaging in some of these activities such as baking, knitting, ring toss, jewellery making, and arts and crafts. Residents were observed spending time in the garden, relaxing in their favourite parts of their homes, and chatting with each other and members of staff. A number of residents showed the inspectors around their homes and showed them some of their favourite belongings. They talked about things that were important to them and about how much they were looking forward to things getting back to normal now that they had their COVID-19 vaccines and restrictions were, like getting back out doing things in their local community.

One resident had just returned from a bus drive when an inspector visited their home. They talked about going to a drive through restaurant and getting an ice-cream. They had then went for a walk in the park. They told the inspector that they had really enjoyed their trip. Another resident went on to tell one of the inspectors about a recent trip to the beach and about how much they enjoyed it. They told the inspector all about how they were now very happy in their home. They said they had not always been this happy and went on to say how comfortable they now were raising any concerns they may have. They described the staff as "wonderful" and went on to say how well they had supported them through the pandemic. They described how the pandemic had negatively impacted on some aspects of their life but then went on to discuss how they now had discovered some new home-based activities that they really enjoyed. They said that they never really liked arts and crafts in the past but had sampled a number of activities during the pandemic and discovered some new talents.

This resident said they were now making jewellery, doing Lego, painting, making and decorating cards, and decorating and painting objects which they planned to give to people as gifts. They showed the inspector some of their projects such as a tray they had covered in paper mache and painted, a box which they had decorated, cards which they had made and placed 3D objects on, a sample of the jewellery they had made in different colours, and some of their knitting projects including tassels for hats and tea cosies. They then talked about how they were now teaching other residents how to knit and told the inspector about how much they were enjoying this. They then went on to talk about a project they had recently been

involved in where they had made a presentation via zoom about day services. During the presentation they had both spoken to the attendees and played the piano. They told the inspector they were very proud of this achievement. They said the next goal they would like to achieve was to complete some work experience.

Residents' meetings were not found to be occurring as regularly as planned in the centre. A new template and schedule had recently been introduced to ensure that an array of resident-focused topics were discussed regularly. There was information available and on display in relation to residents' rights, advocacy and complaints. While it was evident that efforts were being made to ensure residents were in regular contact with their families and friends during the pandemic, the provider had recognised in their annual review that further improvements were required in this area.

Twelve residents completed, or were supported to complete a questionnaire in relation to their experience of care and support in the centre, in advance of the inspection. Residents indicated in their questionnaires that they had been living in the service between seven and 55 years. The feedback in these questionnaires was mostly positive, with some residents including areas where they would like to see improvements.

Overall, residents indicated that they were happy with the comfort in the centre, their access to shared areas and a garden, and the food in the centre. For example they included comments like, "I am very happy", "I love the garden", "I love the garden and all the music and bingo. The garden is at the back of the house where we can all meet and enjoy it". On the other hand, some residents included things they would like for their home or they would like changed about the food. For example, "i would like new curtains and sheets in my bedroom", "I don't like carrots and there is always carrots in the mince" and that they would "like more sweets".

A number of residents referred to the impact of restrictions relating to COVID-19 on their access to activities, with a number of them referring to how much they were looking forward to accessing these activities again. Some residents also referred to how much they were missing meeting their friends and family and how much they were looking forward to seeing them soon.

Overall, residents were complimentary towards staff support in the centre. In their questionnaires, they described staff as "helpful", with one residents' questionnaire saying "all the staff are very friendly and help me so much". Two residents indicated that they were unhappy with the support they get from staff to take part in activities outside of the centre, and some marked that they were neither happy or unhappy in this area. One residents' questionnaire stated that they were not partaking in any activities outside of the centre.

Residents' questionnaires described activities they were taking part in, and named some activities they would like more opportunities to take part in. Examples of activities listed as ones they they were currently enjoying included, knitting club, bingo, exercise sessions, walks, arts and crafts, and music in the garden. Examples of activities listed as ones they would like to take part in/take part in more often

included, bowling, the cinema, shopping, going out for meals, and gardening. Residents' questionnaires included comments such as, "I would like to go bowling more and shopping sometimes, I really enjoy being outside of my centre", "pre COVID I attended retirement group in the community which I really enjoyed", "I used to sing in the choir in local church before the pandemic", "I would like to go bowling more and to the cinema", "I want to go shopping", "I would like to volunteer" I would like to "go outside from the campus for a meal", "I would like to be able to plant my own vegetables", I would "like more flowers in the garden", and "I would like to go for a bus drive, to the park and do gardening".

In summary, residents appeared comfortable and content in their homes. However, due to a lack of resources, a number of improvements were required in relation to care and support for residents in the centre. These areas for improvement will be detailed in the next two sections of the report as will the findings of this inspection in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

This risk based inspection was completed to verify the actions outlined by the provider in their plan following the last inspection in the centre in March 2020. In addition, following receipt of unsolicited information in the form of a concern submitted to the Chief Inspector of Social Services, a provider assurance report was issued to the provider in April 2021. As part of their reply to the Chief Inspector, the provider identified that there were a number of areas where improvements were required in relation to a number of regulations in the centre.

There were poor levels of compliance with the regulations reviewed on this inspection in March 2020, and it was also completed following receipt of unsolicited information in the form of a concern. The findings of this inspection were similar to those of the last inspection, with poor levels of compliance remaining across a number of regulations reviewed. The centre remained under-resourced and this was found to be impacting on the provider's ability to bring about some of the planned improvements in the designated centre. Some of the areas where improvement was required included, oversight and monitoring of care and support in the centre, staffing numbers, staff training and development, complaints, residents' finances, positive behaviour support, and residents' rights. The inspectors acknowledge that areas of good practice were identified in relation to safeguarding, infection prevention and control, and the premises. Some improvements were also noted since the last inspection in relation to staff access to training and the number of staff on duty in some of the houses at key times. Although, as recently identified by the provider staffing numbers remained unsuitable to meet residents' current care and support needs.

The person in charge had moved to another post within the organisation in February

2021 and following this the provider had identified a person in charge while recruiting to fill the post. These arrangements were reviewed on inspection and were not found to be suitable. The person in charge had the necessary qualifications and skills; however, due to competing demands and the multiple roles which they were holding within the organisation, it could not be demonstrated that they had effective systems in place for the governance, operational management and administration of this designated centre.

There was a marked absence of systems in place to ensure the consistent oversight and monitoring of care and support in the centre. The systems that were in place were labour intensive and not being consistently implemented across the six houses in the designated centre. While audits were occurring they were not picking up on some of the areas for improvement identified during this and previous inspections, and for some audits the person responsible or date for completion of actions was not always identified. There was limited evidence of the completion of actions in the majority of audits reviewed.

Efforts had been made by the provider since May 2021 to improve the day-to-day management and oversight in the centre. Two clinical nurse managers were identified as being responsible for the day-to-day management of three houses each. From reviewing a sample of rosters, for the most part, they were not working as part of the staffing quota when they were on duty. This change was in its infancy and yet to fully impact on the oversight and monitoring of care and support in the centre. Staffing numbers had also been increased in the centre, particularly at key times. The centre was operating slightly above the whole time equivalent (WTE) numbers identified in the statement of purpose. However, in addition to a number of staffing vacancies currently being covered by agency staff, the provider had identified that they required an additional 9.69 WTE to meet residents' care and support needs.

Residents were complimentary towards staff, both in their questionnaires and when speaking with the inspectors. Overall, residents appeared happy and content during the inspection, and a number of residents told the inspectors that they were happy and that they felt safe in the centre. However, a number of residents did tell the inspectors that they would like more regular staff, and more opportunities to partake in community based activities. Staff who spoke with the inspectors were found to be knowledgeable in relation to residents' care and support needs and motivated to ensure they were happy and safe in the centre.

Although improvements were noted in relation to staff accessing training, there remained a number of staff who required some training/refresher training. These will be detailed later in the report. While staff supervision had commenced in the centre, it was not being consistently completed due to resource issues in the centre.

There were complaints policies and procedures in place in the centre and residents indicated in their questionnaires that they were aware of who to go to if they had any concerns. From the sample reviewed the provider was recording and following up on complaints in line with their policies and procedures. However, improvements

were required to evidence the oversight of complaints in the centre.

In their response to the provider assurance report in April 2021, the provider had recognised that the designated centre was large and outlined plans to submit an application to divide the centre into two separate designated centres. The inspectors were informed during the inspection that an application to vary to do this would be submitted to the Chief Inspector by the end of July 2021. As part of these plans the provider was going to recruit to employ a further person in charge.

Regulation 14: Persons in charge

The person in charge post was advertised in February 2020 and while recruiting to fill this vacancy the provider had identified a person in charge. This person had the qualifications, skills and experience to fulfill the role. However, they were who was also identified as an on-call clinical nurse manager 3 for eleven designated centres, and as a person participating in the management of the designated centre (PPIM), for seven designated centres. As a result of this it was not evident that they could ensure the effective governance, operational management and administration of the designated centre. They were not based in the designated centre when they were on duty, but staff told the inspectors they were available by phone, and were visiting the centre for on average 1 - 2 hours per week.

Judgment: Not compliant

Regulation 15: Staffing

There were 2.5 whole time equivalent vacancies at the time of the inspection and the provider was in the process of recruiting to fill these. In addition, as previously mentioned in April 2021 the Chief Inspector had issued a provider assurance report in relation to a number of regulations, including staffing numbers in the centre. As part of the actions outlined in the returned report, the providers had completed a review of residents' dependency needs and identified the need to recruit an additional 9.69 WTE staff. The inspectors were informed that at the time of the inspection, a business case was being submitted for eight of these positions.

From reviewing a sample of rosters in the centre, it was not evident that residents were in receipt of continuity of care and support at all times. It was evident that the provider was filling all the required shifts by using agency staff. However, from the sample of rosters reviewed there were a large volume of shifts being covered by different agency staff.

Judgment: Not compliant

Regulation 16: Training and staff development

Improvements had been made since the last inspection in relation to staff completing some training and refresher training. However, a number of staff required training/refresher training in relation to safeguarding, manual handling, fire safety equipment training, and managing behaviour that is challenging.

Formal supervision had commenced in the centre. Not all staff had completed supervision at the time of the inspection. The inspectors acknowledge that a schedule was in place to ensure that each staff had formal supervision in 2021. However, due to a lack of resources in the centre, this was not found to be progressing in line with the schedule. For example, one clinical nurse manager was responsible for completing quarterly supervision meetings with 28 staff, 14 of these staff had one supervision meeting completed so far in 2021. Another clinical nurse manager was due to complete quarterly supervision with 35 staff, 20 staff had one supervision meeting completed so far in 2021.

Judgment: Not compliant

Regulation 23: Governance and management

Overall, the centre was under-resourced and this was impacting on the local management team's ability to effectively maintain oversight of care and support for residents in the centre.

There was an absence of effective systems to demonstrate good oversight and management. For example, there was no central risk register or complaints register, staff meetings were not occurring regularly, audits were occurring but not all actions were progressing to bring about the required improvements and some of the providers audits and reviews were not picking up on the areas for improvement in line with the findings of this and other inspections. For example, the six monthly provider visit in July 2020 identified that four actions were required and these related to maintenance, the provider's visitors policy, staff training and supervision. In addition, the six monthly review by the provider in May 2021 was not picking up on areas for improvement in key areas such as staffing and governance and management.

The latest annual review by the provider for 2020 had been completed in April 2021. It was picking up on some of the areas for improvement in line with the findings of this and previous inspections. However, the majority of actions from this review were marked as ongoing or identified a date of "as soon as possible". There was limited evidence of residents' and their representative input into the quality of care and support in the centre, as the report noted that feedback surveys had not been

returned or collated at the time of the report in April 2021.

Judgment: Not compliant

Regulation 31: Notification of incidents

The inspectors reviewed a sample of accident and incident reports in the centre and found that the Chief Inspector had notified of the required incidents in line with the requirement of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors found that there were limited systems in place to ensure oversight of complaints in the centre. There was no central log or register of complaints and it was not clear how many complaints had been made in 2020, or in 2021 so far.

The inspectors reviewed a sample of complaints and found that the provider was recording and following up on them in line with the organisation's policy. For example, where there had been a recent significant complaint made, this had been appropriately followed up on and investigated.

Judgment: Not compliant

Quality and safety

The provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. From what the inspectors observed residents lived in warm, clean and comfortable homes, where they appeared happy and content. However, as previously mentioned the centre was under-resourced and staffing numbers needed to increase in order to ensure that residents' care and support needs could be met, and to ensure they were involved in the day-to-day running of the centre, in decisions relating to their care and support and regularly engaging in meaningful activities.

As previously mentioned, the premises in the centre were clean, homely, and well maintained. Residents' bedrooms were personalised to suit their tastes and communal areas in the centre were bright, airy and decorated with art work and soft furnishings. There were cleaning schedules in place to ensure that each area of the

centre was regularly cleaned, including regular touch point cleaning. The provider had developed or updated existing policies, procedures and guidelines to guide staff in relation to infection prevention and control during the pandemic. There were adequate supplies of personal protective equipment (PPE), and systems in place for stock control. Staff had completed a number of infection prevention and control related trainings since the start of the pandemic.

Inspectors reviewed the systems for residents to access and retain control of their personal property and possessions. The majority of residents in the centre did not have an account in a financial institution in their own name. The inspectors reviewed a sample of residents' daily finances and found that record balances were not always accurately reflecting receipts and outgoings. Some documentation was not found to be accurate, and there was limited evidence of oversight or monitoring of these records. Examples of this will be outlined later in the report.

Overall, residents were protected by the risk management policies, procedures and practices in the centre. The organisation's risk management policy contained the required information and there were systems in place to identify, assess and manage risk. However, further improvements were required in relation to the oversight of risk in the centre and these will be detailed later in the report.

Overall, there were effective fire management systems in place. Suitable fire equipment was available and regularly serviced. There were adequate means of escape which were kept unobstructed and emergency lighting was in place as required. Residents had detailed personal emergency evacuation plans in place. Fire drills were occurring regularly; however, for some areas improvements were required in relation to demonstrating that residents could safely evacuate the centre in a timely manner in the event of an emergency. In addition, a number of staff required training in the use of evacuation aids.

Residents were protected by the policies, procedures and practices relating to safeguarding in the centre. Allegations and suspicions of abuse were investigated and followed up on in line with the organisation's and national policy. Safeguarding plans were developed and reviewed as required. Residents had intimate care plans in place which detailed their preferences and any supports they may require.

The inspectors reviewed a sample of residents support plans relating to their positive behaviour support needs. From the sample reviewed, there were inconsistencies found across a number of documents and some were not found to be clearly guiding staff to support residents. There were a number of restrictive practices in place and for some of these it was clear that alternative had been/were being tried, and that the least restrictive practices were used for the shortest duration. However, this was not evident for all restrictive practices in the centre. A number of residents were affected by restrictions relating to their peers. The inspectors were informed that a review was ongoing in relation to this.

There was some evidence of residents' participation in the day-to-day running of the centre but the local management team had plans in place to increase residents meetings from monthly to weekly and they had a new template to ensure that in

addition to topics residents wished to discuss, there would be an opportunity for important topics relating to their care and support and the day-to-day management of the centre to be discussed regularly. The inspectors found that some improvements were required in the centre in relation to residents' rights. As previously mentioned, some of the practices relating to restrictive practices and residents' finances were not found to be person-centred.

Regulation 12: Personal possessions

The inspectors found that while there were some systems in place to protect residents from financial abuse, improvements were required in relation to records relating to residents' spending and the oversight of this by the management team. The inspectors reviewed a sample of residents assessments and records relating to their finances. The inspectors had to seek clarification and get assurances from the service manager in relation to a number of receipts. For example, staff names were identified on orders rather than residents, original receipts were not always present, and receipts were found attached to the expenditure sheets for the wrong month. For some residents' spending hand written receipts from a duplicate book were used and the inspectors found that there were also a number of receipts shared between residents. The system for staff double signing residents' expenditure in line with the organisation's policy, was not always followed.

Two of the 34 residents living in the centre had accounts in financial institutions in their names. The remaining 32 residents had their finances held centrally and had to request funds through the staff team. There were systems in place to track residents income and expenditure and staff reported that residents always had access to sufficient funds. However, these practices were not found to be person-centred.

Judgment: Not compliant

Regulation 17: Premises

The premises was designed and laid out to meet the number and needs of residents in the centre. The houses were found to be clean, comfortable, suitable decorated, and well maintained both internally and externally.

Residents had access to private and communal spaces and could meet friends and family in private if they so wish. They also had access to suitable storage facilities for their personal use. The provider had identified that additional storage was required for large items in the centre and they were in the process of reviewing options at the time of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a policy in place which contained the information required by the regulations.

From the sample reviewed, risks were identified, assessed and control measures implemented as required. However, the inspectors found that there was limited oversight of risk in the centre due to the systems in place. For example, there was no central risk register for the centre as each of the six houses had their own individual risk register in place. As a result it was not clear at centre level, what the risks in the centre were.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Residents were protected through the infection prevention and control policies, procedures and practices in the centre. Staff had completed a number of additional trainings in relation to infection prevention and control during the pandemic and the provider had developed contingency plans for use during the pandemic.

The premises was found to be clean throughout and there were cleaning schedules in place to ensure that each area of the centre were cleaned regularly.

There were suitable systems in place for laundry and waste management and there were also systems in place to ensure there were sufficient supplies of PPE available in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements for detecting, containing and extinguishing fires in the centre. There were adequate means of escape and emergency lighting in place.

There were systems to ensure fire equipment was regularly serviced, tested and maintained. The evacuation plans were on display and residents' personal emergency evacuation plans were detailed in relation to the supports they may

require to safely evacuate the centre, both during the day and at night.

Fire drills were occurring regularly but some drill records reviewed were not found to be clearly demonstrate that residents could be supported to evacuate the centre in a timely manner. For some records reviewed, it was not clearly recorded how long the drills had taken.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspectors found that there was limited oversight of positive behaviour support or restrictive practices in the centre. There was an absence of clear guidance in place for staff in relation to supporting residents. For the sample reviewed, there was no clear plan in place outlining residents' behaviour support needs. There were a number of documents in place including guidelines, but the inspectors found that some of these contained conflicting information.

There were a number of restrictive practices in place and while these were being reviewed regularly, it was not always evident what the rationale for their use was. Therefore, it was not always clear that alternatives had been considered or that the least restrictive practices were being used for the shortest duration. Some residents were being impacted by restrictions in place relating to other residents in their home. The inspectors were told that this was under review, and a number of staff told the inspectors that they were in the process of supporting some residents to learn how to use swipe cards to open the external doors in their home.

Judgment: Not compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. There were systems in place to ensure that allegations or suspicions of abuse were reported, documented and followed up on in line with the organisation's and national policy.

For the most part, staff had completed training and refresher training and the inspectors were shown plans to ensure that the remaining staff had completed this training. Staff who spoke with the inspectors were found to be knowledgeable in relation to their roles and responsibilities and safeguarding plans were developed and reviewed as required.

Judgment: Compliant

Regulation 9: Residents' rights

The findings of this inspection were that improvements were required in relation to some practices in the centre, particularly relating to residents' finances, positive behaviour support and the oversight of restrictive practices in the centre. Residents could access information in relation to their rights and accessing advocacy services. However, it was not clear that some residents who lived in areas where restrictive practices were being supported to access advocacy services, should they so wish.

There was some evidence that residents were supported to exercise choice and control over their day-to-day life and that they were involved in the running of the centre. However, the local management team had recognised that improvements were required in relation to the frequency and consistency of agenda items discussed during residents' meetings. As restrictions relating to the pandemic were now lifting they also recognised the need to ensure that residents were having opportunities to engage in activities in line with their interests, particularly community based activities.

Judgment: Not 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sonas Bungalows - Sonas Residential Service OSV-0003738

Inspection ID: MON-0032927

Date of inspection: 01/07/2021

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>An application to vary has been submitted to HIQA to divide Sonas into two designated Centre's. There will be a PIC//CNM2 and CNM1 assigned to each designated centre. Recruitment process underway for current vacant PIC posts. Temporary PIC/CNM2 will be assigned during recruitment process to ensure governance</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Recruitment Agency has been assigned to campaign for current staff vacancies. Vacancies continue to be advertised and recruitment process is underway. Current vacancies are supported where possible by regular agency staff to ensure continuity of care and support. Assessment of need has been completed and additional staff have been identified to support the designated Centre's going forward.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and</p>	

staff development:

Staff have been scheduled to complete mandatory refresher training. Education co-ordinator ensuring all training is scheduled to staff requirements.

Review of supervision schedule implemented. The center going forward will be divided into two designated centers and supported by PIC in each designated center to ensure that staff is supported in line with the supervision schedule. Recruitment in progress to support current vacancies.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

There is a plan to divide the current designated centre into two designated Centre's to improve governance and local management. A recruitment agency has been assigned for sourcing additional staff.

A center Risk Register and a Centre Complaints Register will be completed. Risk register to be reviewed and updated where required, ensuring it is reflective of current risks. All audits will be reviewed and actions will be updated and completed within the specific timeframe

The Six Monthly Review by the Nominee Provider and the Annual Review by the Provider will be completed with specific time frames to ensure all required improvements are identified and completed; which will incorporate individuals and their representatives input into the quality of care and support in the centre.

The Quality and Risk Officer will provide educational input to staff.
In relation to Risk Management.

Feed back from recent surveys, individuals and their representatives will be collated and actioned where required.

Regulation 34: Complaints procedure

Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

A center complaints register log to be completed to ensure oversight of all complaints made in the center. The PIC will review progress of complaints on a monthly basis and

ensure same are logged and recorded and any action taken is recorded in line with Service Policy	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Finances will be managed in line with Organisational Policy. Management to devise local guidelines for all staff to enhance compliance. The registered provider has met with a Financial Institution regarding opening individual bank accounts. Meeting to be arranged with Director of Finance to discuss implementation programme..</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Centre Risk Register to be completed to identify all risks in the center. All risks to be reviewed and updated within designated time scale.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All fire drills to clearly demonstrate that all individuals will be supported to evacuate in a timely manner and all fire drill evacuation times recorded. Training will be provided for all staff in the use of evacuation aids currently in operation.</p>	
Regulation 7: Positive behavioural support	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Current Behaviour Support Plans undergoing service review to ensure there is clear guidance in place for staff supporting individuals and their specific needs. Guidelines will give clear instruction to all staff in how to support individuals and will be supported by relevant MDT members</p> <p>All alternative measures will be considered prior to implementing a Restrictive Practice. All restrictive practices will be reviewed to ensure there is evidence that the least restrictive practice is being used for the shortest duration with clear evidence of the rationale for the use of same, and review systems implemented. Advocacy services will also be offered to individuals. All alternative measures will be considered prior to implementing a restrictive practice.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The provider will ensure that all individuals have access to advocacy services should they wish avail of same. Resident meetings are now commencing every week with an updated template and schedule to ensure that there is relevant topics for discussion at meetings for all individuals. All individuals are supported to engage in activities of their choice and are supported to participate in community based activities if they wish to do so.</p> <p>All behavior support plans, restrictive practices and in the area of individual's finances will be reviewed and updated to ensure that all individuals are supported by staff, to exercise choice and control over their day to day life; and their involved in the running of the centre and in line with their wishes</p> <p>Completed by 31/12/21</p>	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Red	27/08/2021
Regulation 12(4)(b)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the account is in the name of the resident to which the money belongs.	Not Compliant	Orange	30/12/2021
Regulation 14(2)	The post of person in charge shall be	Not Compliant	Red	30/09/2021

	full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.			
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Red	30/09/2021
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Red	30/09/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a	Not Compliant	Orange	31/12/2021

	continuous professional development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/12/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Red	30/09/2021
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	30/08/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively	Not Compliant	Red	30/09/2021

	monitored.			
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	30/09/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an 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.	Substantially Compliant	Yellow	31/12/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to	Substantially Compliant	Yellow	30/10/2021

	emergencies.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/12/2021
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	30/09/2021
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Not Compliant	Orange	30/09/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to	Not Compliant	Orange	30/10/2021

	behaviour that is challenging and to support residents to manage their behaviour.			
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.	Substantially Compliant	Yellow	30/11/2021
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	30/11/2021
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.	Substantially Compliant	Yellow	30/11/2021

Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Not Compliant	Orange	30/11/2021
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	30/09/2021