

# 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:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	22 March 2023
Centre ID:	OSV-0003738
Fieldwork ID:	MON-0030322

## 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 18 residents over the age of 18 with an intellectual disability. The centre consists of three purpose built bungalows on a campus in an outer suburb of Dublin. Two of the house have six single bedrooms, and one of the houses has five single bedrooms, and a self-contained one bedroom apartment. Each of the houses has 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:	18
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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 (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 22 March 2023	09:30hrs to 17:30hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

This announced inspection was completed to inform a decision on the registration renewal of the designated centre. Overall, the findings of this inspection were that steps had been taken by the provider since the last inspection in May 2022 to improve oversight and monitoring and to reduce institutionalised practices and residents' rights restrictions. In addition, plans were in place to further improve practices such as the introduction of more cooking and baking in the houses, monthly keyworker meetings, further work on supporting residents to develop goals they found meaningful, and to further increase their opportunities to engage in activities off the campus. However, further improvements were required in relation to fire safety measures, and staffing numbers in the centre. An urgent compliance plan request was issued to the registered provider in relation to fire safety. They responded appropriately and submitted a detailed urgent compliance plan and this will be discussed further under Regulation 28.

On arrival to each of the houses the inspector of social services was welcomed by staff who directed them to where the personal protective equipment and visitors book were. The hallways were warm, welcoming, and spacious. The inspector observed a quiet and relaxed atmosphere in each of the houses visited and they had an opportunity to meet and briefly engage with 12 residents throughout the day. Due to their communication needs and preferences some residents did not verbalise their opinions on care and support in the centre. As a result the inspector used observations, discussions with staff, and a review of documentation to find out what supports were in place for them, and how their opinion on care and support in the centre was sought by the provider.

The centre is comprised of three houses close to each other on a campus in West Dublin. Each house had access to shared and private garden spaces. Each of the houses were spacious, airy, and colourful throughout. The houses were tastefully decorated, and thought and work had gone into designing areas to meet residents' specific needs. Adaptations had been made to the premises to ensure it was accessible to everyone living there. For example, ceiling hoists had been installed in some bedrooms and bathrooms, and there were accessible shower rooms and baths. In addition, one resident had an apartment within the footprint of one of the houses. They had their own entrance door, a small kitchenette in one part of the living come dining room, and a bedroom with ensuite facilities. There were numerous communal spaces available to residents, and throughout the day the inspector observed them spending time in their preferred spaces. If they wished to spend time with others, they were observed to use the kitchen come dining room space, and if they wished to spend their time in quieter spaces they were observed to use one of the three other areas of the house which contained televisions, radios magazines, and arts and crafts supplies. Residents had access to lots of outdoor spaces and a number of garden areas. In addition, a number of residents had sown strawberry and tomato plants in areas of their home where there were large amounts of natural light. The seeds had germinated and plants were at differing

stages of growth at the time of the inspection.

Residents were observed to come and go throughout the day to both activities on the campus and in the community. For example, some residents went over to a holy celebration in the main building, others went to a talk on oral health, and one resident went for a trip to the beach. During the day both residential and day service staff were observed offering residents a number of options for activities. Some residents were observed to choose not to engage in certain activities on offer, but to choose different options later in the day. There was a colourful activity schedule on display in a number of areas in each of the houses which showed in pictures and words what activities were on offer by the on-site day service. In addition, day service staff offered individual activities to residents on a daily basis in line with their likes, wishes and preferences. Residents could also choose to attend different day services off the campus, or to take part in educational programmes of their choosing. Examples of activities available for residents on the campus included, knitting club, music events, chair yoga, flower arranging, bingo, baking, arts and crafts, walking club, and choir. Residents could also access an E-hub on their tablet computers. There were a number of vehicles available to support residents to access appointments or activities they enjoyed in the community.

Residents spoke with the inspector about things they liked to do and things to look forward to. One resident spoke about their recent experience of contracting COVID-19 and how they had not gotten "too sick" because of the COVID-19 booster. They also spoke about isolating and how supportive the staff team were.

Since the last inspection a concerted effort was being made by staff to support residents to go shopping to buy groceries and to cook a number of times every week. Staff described the importance of offering residents the opportunity to become involved in every step of the process from buying items to cook with, preparing the meal, cooking it, and enjoying the end product. The inspector found that cooking was being slowly introduced. For example, at the time of the inspection cooking was occurring a minimum of twice per week. For example, home made soup was being made one day, and a fry on a different day.

Residents were complimentary towards the staff team when speaking with the inspector. For example, one resident told the inspector that "staff put a lot of effort into looking after us". One resident spoke about how they sometimes complained to staff but that they always felt like staff listened to them. They said they always felt comfortable raising any concerns they may have with the staff team.

Throughout the inspection, kind, warm, and caring interactions were observed between residents and staff. Residents were observed holding staff's hands, and to smile and laugh when staff interacted with them. Staff who spoke with the inspector were aware of residents' care and support needs and motivated to ensure that they were happy and safe in their home. They spoke with the inspector about residents' preferences, how they liked to spend their time, and the important people in their lives. A number of times during the inspection, staff were observed to quickly pick up on any signs that residents required their support, and to respond appropriately. Each staff who spoke with the inspector talked about increased opportunities for

residents to engage in meaningful activities. They spoke about having more opportunities to support residents to spend longer time periods off the campus as staffing levels had increased. However, this was not always the case. For example, one resident told the inspector that "sometimes staff can't bring us out for a full day as they are too busy", and that staff were sometimes "too busy doing paperwork".

The provider's annual review of care and support for 2022 captured input from residents and their representatives. Residents were complimentary towards their access to activities and their representatives were complimentary towards the service provided. Examples of comments included in residents' representatives family feedback surveys were. "service is providing the best possible service", "appreciate everything they do", and "very welcome to visit". Some areas for further improvement were also identified in relation to spaces for visiting, and difficulties getting to speak to a staff member on the phone. These areas for improvement were capture in the providers action plan following the annual review.

In addition to the providers surveys, residents had completed a Health Information and Quality Authority (HIQA) questionnaire on care and support in the centre, in advance of this announced inspection. 20 questionnaires were returned, three residents completed their own questionnaires, 15 residents were supported by staff or their keyworker to complete them, and two residents' representatives completed them. Feedback from these questionnaires was mostly positive with responses indicating that residents were happy with their home, how they were supported to make choices and decisions, being treated with respect and kindness, how safe they feel in the centre, the food, their access to activities, the arrangements for visitors, and staff supports. One questionnaire included a comment "my sister is looked after with great love and affection". Some areas for improvement were identified in relation to food, access to activities, and how much one resident enjoyed being with people they live with.

Residents were supported to keep in touch with, and spend time with their family and friends if they wished to. There were numerous areas of the house where residents could spend time with their family and friends in private. Residents could also entertain their guests in communal areas if they so wished.

There were complaints policies and procedures on place and information was available for residents including pictures of the local complaints officer. There was also information available on how to access independent advocacy services and residents' meetings were occurring regularly in the centre. There was information available in an easy-to-read format on areas such as, human rights, safeguarding, menu planning, and infection, prevention and control (IPC). Each house had a rights folder which contained information on rights, capacity, the minutes of the local advocacy group meetings, entitlements, upcoming events, and information on managing your finance. One resident spoke about how important rights and advocacy were to them. They talked about how important it was for them to "speak up for myself", and "do things that i want to do". They told the inspector that they were "so busy", and "I love being busy".

In summary, residents appeared relaxed and content in their homes and with the

levels of support offered by staff. They were supported to decorate their rooms in line with their preferences, and had increased opportunities to take part in activities they found meaningful. For the most part, they were supported by regular staff who were familiar with their needs and preferences; however, improvements were required in relation to some staffing numbers in some of the houses at times, and to fire drills to demonstrate that each resident could be supported to safely evacuate the centre in a timely manner, both day and night. These improvements were required in order to ensure that residents continued to be in receipt of a good quality and safe service.

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 the quality and safety of the service being delivered.

## Capacity and capability

Overall, the findings of this inspection were that there was evidence of improved oversight by the provider in terms of their audits and reviews. The provider was identifying areas for improvement and implementing the actions to bring about improvements. However, as previously mentioned improvements were required in terms of staffing numbers in the centre, and to fire safety measures. An urgent action was issued to the provider during the inspection and an urgent compliance plan request issued to them the day after the inspection in relation to fire safety. The provider responded appropriately and submitted a detailed urgent compliance plan. This will be discussed further under Regulation 28.

This inspection was facilitated by the newly appointed person in charge in the centre. They had commenced in their role in November 2022. The inspector found that they had the qualifications, skills and experience to fulfill the role. They were found to be motivated to ensure that each resident was happy, well supported, and safe in their home. They were also motivated to ensure that they were engaging in activities they found meaningful. Residents were observed to be familiar with the person in charge, and staff who spoke with the inspector were complimentary towards how they supported them to carry out their roles and responsibilities. The person in charge was supported in their role by a number of persons participating in the management (PPIM) of the designated centre, and a service manager.

The provider had completed six-monthly reviews and an annual review of care and support in the centre in line with the requirement of the regulations. These reviews were detailed in nature and recognising both areas of good practice, and areas for improvement. For example, the key achievements for 2022 were captured in the annual review such as increased opportunities for residents to access activities and holidays, the resumption of day services, the development of an apartment for one resident, and the successful transition of three residents into the centre. This transition had resulted in these three residents' moving from mutli-occupancy



bedrooms in ward style accommodation, to smaller houses with their own bedroom. A number of staff spoke about the positive impact of this for the residents involved. The key challenges were also captured in the annual review and these included staff vacancies, changes in the management structure, and staff training.

Improvements had been made in terms of the staffing numbers in the centre, particularly in the 12 months before the inspection. The provider had recruited to fill a number of vacancies and continued to recruit to fill the remaining vacancies. In the interim, they were filling the required shifts with staff completing additional hours, and a small number of regular relief and agency staff completing the remaining shifts. However, from reviewing rosters and residents' documentation it was not evident that there were sufficient numbers of staff on duty at times, in some of the houses. This will be discussed further under Regulation 15.

Staff meetings were occurring on a regular basis. From reviewing a sample of these they were found to be detailed in nature and resident focused. They focused on staff's roles and responsibilities. In addition, a new tool had been developed which clearly laid out staff's roles and responsibilities on a day-to-day basis. There was also a keyworker list in place which detailed staff's roles and responsibilities in relation to residents' care and support, and their responsibilities for documenting supports offered and residents opportunities to engage in activities and make choices and decisions in their lives. There was a safety pause in place every day where discussions were held by the staff team in relation to areas such as infection prevention and control, health and safety, and other updates from the provider.

For the most part staff were completing training and refresher training in line with the provider's policies. However, a small number of staff required training or refresher training and these will be detailed under Regulation 16. There had been an absence of staff supervision in the months when the provider was recruiting to fill staff vacancies. However, now that the new person in charge was in place a schedule was in place and 13 out of 35 staff had formal staff supervision completed. The schedule indicated that each staff member would have four formal supervision meetings annually.

### Registration Regulation 5: Application for registration or renewal of registration

The provider submitted the required information with the application to renew the registration of this designated centre.

Judgment: Compliant

### Regulation 14: Persons in charge

The centre was managed by a suitably-skilled, qualified, and experienced person in

charge. They were not counted as part of the staffing quota in the centre and found to be fully engaged in the governance, operational management and administration of this designated centre. The person in charge was available in the centre regularly and there was an on-call manager available on the phone every day and night.

They were found to be aware of their roles and responsibilities in relation to the regulations. They were motivated to ensure that residents were happy and felt safe living in their home. They were also focused on ensuring that the uniqueness of residents was celebrated and that residents were aware of their rights, and supported to exercise them. They were found to be aware of the areas where improvements were required to bring about compliance with the regulations and to improve the quality and safety of care and support for residents in the centre.

Judgment: Compliant

### Regulation 15: Staffing

The provider had made numerous attempts, some of which were successful to recruit to fill staffing vacancies in the centre. There was a reduction in the number of vacancies in the centre since that last inspection. At the time of the inspection there was a 0.5 whole time equivalent (WTE) staff nurse vacancy, and a 0.5 WTE care staff vacancy. The inspector was informed that the provider had just successfully recruited to fill the 0.5 care assistant post and that the new staff was due to start work in April 2023.

The required shifts to cover these vacancies were being completed by regular relief and a small number of agency staff to ensure continuity of care and support for residents.

While the provider had increased staffing numbers in the centre since previous inspections, from a review of documentation including residents' assessments and rosters in the centre it was not evident that there were sufficient numbers of staff in some of the houses, at times. For example, in one of the houses some days there were two staff and other days there were three staff on duty. In addition, on the majority of days on the sample rosters reviewed the third staff was moved to support in other houses for the day. Most days there was only one staff on duty in this house between 18:00 and 20:00. In the weeks before the inspection a new roster had been trialled in this house to ensure that there were two staff on duty between 18:00 and 20:00, but this had been discontinued.

Judgment: Not compliant

### Regulation 16: Training and staff development

There was training and refresher training available for staff in line with the organisation's policy and residents' assessed needs. However, a number of staff required training or refresher training in areas such as IPC, fire safety, food safety, positive behaviour support, and feeding, eating, drinking and swallowing difficulties (FEDS) training. The inspector acknowledges a number of staff were booked on these trainings.

There was a schedule in place to ensure that each staff member was in receipt of regular formal supervision in 2023. From a review of a sample of those completed, they were focused on ensuring that staff were aware of their roles and responsibilities in relation to residents' care and support, and aware of how to escalate any concerns they may have in relation to residents' care and support.

Judgment: Substantially compliant

### Regulation 22: Insurance

The centre had appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in the centre, and staff roles and responsibilities were clearly defined. Improvements were noted in terms of the provider's oversight and monitoring of care and support in the centre. The six-monthly and annual review completed by the provider were capturing the majority of areas for improvement that were identified during this inspection. For example, the provider had recognised that some improvements were required in relation to day-to-day audits, filling staff vacancies, staff training, residents' access to activities, supporting residents to access accounts in financial institutions, documentation relating to fire safety, and the further development of residents' goals. There were action plans in place, and actions were in progress at the time of the inspection, but required further time to be fully implemented.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was in place and available in the centre. It was being regularly reviewed and updated in line with the timeframe identified in the regulations and found to contain the required information.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a policy and procedure in place to guide staff, and complaints were discussed regularly with residents at their house meetings. There was a local complaints officer and their picture was on display in the centre. Residents had access to information on how to seek the support of an independent advocate.

There was a central register of complaints and compliments in the centre. There had been a small number of complaints since the last inspection. While one complaint took longer than the normal process to be resolved, the inspector viewed evidence of numerous attempts by the provider to contact the complainant to ensure they were satisfied that the actions had been taken to address their concerns, and to ensure the complaint could be closed to their satisfaction.

Judgment: Compliant

### Quality and safety

Each of the premises were found to be clean, accessible, well maintained, comfortable and homely. Residents appeared relaxed and content in their homes, and with the levels of support offered by staff. They were being supported to make choices and to take part in activities they found meaningful. Further work was planned in these areas to ensure they were developing more goals and becoming more involved in their local community.

The houses and apartment were laid out to meet the number and needs of residents living in the centre. There had previously been a lack of storage space for large items in the centre, there were now heated outdoor sheds in place. Residents' pictures and art work on display throughout their homes. Their bedrooms were personalised to suit their tastes and they had their personal belongings on display. They had televisions, tablet computers and radios in their bedrooms if they wished to. Duvet covers, curtains and soft furnishings contributed to residents' bedrooms appearing homely and comfortable.

Work was ongoing to support staff with their keyworker role to support residents to set meaningful goals. Sample goal setting documents were made available to staff

to show specific measurable, attainable, relevant, and time-bound goals (SMART). A number of residents were supported to enjoy holidays since the last inspection, and more were planned. A number of residents were planning to go on overnight stays to hotels and one resident was going on a foreign holiday just after the inspection. Each resident had an assessment of need and personal plan in place. From the sample reviewed residents' needs and abilities were clear. Assessments and plans were being regularly reviewed and updated. They were found to be person-centred and clearly guiding staff in relation to any supports they may require. They were also clear in terms of residents' skills, talents, and interests.

Residents, staff and visitors were protected by the IPC, procedures and practices in the centre. The centre was clean throughout and staff had completed infection prevention and control-related training. There was information available and on display for residents and staff on how to keep themselves safe from infection.

There were suitable arrangements in place to detect, contain and extinguish fires. There was suitable fire equipment in place and systems in place to ensure it was serviced and maintained. There was emergency lighting and illuminated signage at fire exit doors. The emergency evacuation procedure was on display. For the most part, staff had completed training in fire prevention and emergency procedures. A small number of staff required training or refresher training and this is captured under Regulation 16. While fire drills were occurring regularly and residents had personal emergency evacuation plans in place, improvements were required to ensure that the provider could demonstrate that residents could be supported to safely evacuate the centre using the required aids, and at times when the least amount of staff and the most amount of residents were present. This will be discussed further under Regulation 28.

From speaking with residents and staff in the centre it was evident that they were being supported to make choices and to have control over their day-to-day lives. Residents were observed to choose what time to get up, and what activities they wished to engage in during the inspection. There was information available for residents in a format that suited their communication needs and preferences, to support them to make choices in relation to activities, meals, and snacks. There was information available on the how to access advocacy services and residents' meetings were occurring regularly.

## Regulation 11: Visits

There was plenty of private and communal spaces in each of the houses for residents to meet their visitors. They could choose to meet their visitors in communal areas, or in private areas which were not their bedrooms. There were no restrictions on visiting at the time of the inspection, and there were procedures in place to complete risk assessments should there be an outbreak of an infection. Visiting on compassionate grounds was considered as part of the IPC contingency plans in the centre. Residents could also communicate with their family and friends

via alternative means such as phone or video call.

Residents' assessment of need contained a section on their relationships and detailed their friends and the people important in their lives. Their personal plans detailed how and when they liked to spend time with their family and friends, and how staff could support them to achieve this.

Judgment: Compliant

### Regulation 17: Premises

Each of the houses were found to be clean, homely, well maintained and designed and laid out to meet the number and needs of residents living there. There was suitable heating, lighting and ventilation, a separate kitchen with cooking facilities, and suitable facilities for laundry and waste management in each of the houses. Rooms in the houses were bright, airy and colourful. Residents could choose to spend their time in a number of different communal areas.

Residents' bedrooms were personalised to suit their tastes and contained art work, pictures, photos of them taking part in activities they enjoyed, and pictures of the important people in their lives. They had access to plenty of storage for their personal items and there were sufficient numbers of bathrooms which were properly equipped to meet their needs.

Judgment: Compliant

### Regulation 20: Information for residents

There was a residents' guide available in each of the houses in the centre. It contained the information required by the regulations, and was available in an easy-to-read format. It included a summary of the services and facilities provided to residents, the terms and conditions of residency, arrangements for resident involvement in the running of the centre, how to access inspection reports, the complaints procedures, and arrangements for visits.

Judgment: Compliant

### Regulation 27: Protection against infection

Residents, staff and visitors were protected by the IPC policies, procedures, and practices in the centre. The physical environment was found to be very clean in each

of the houses, and there were systems in place to minimise the risk of the spread of infection. Staff were observed to adhere to standard precautions throughout the inspection.

There were risk assessments and contingency plans in place. There had been an outbreak of COVID-19 in the centre in 2023 affecting seven residents and two staff. Once the provider became aware of positive cases it was evident that they had implemented their contingency plans, as there was no ongoing transmission for residents in the houses, or across the staff team. The provider linked with relevant parties and the outbreak was found to be as a result of community transmission during two large events and celebrations involving residents, staff and members of the community.

There were stocks of personal protective equipment (PPE) available and systems in place for stock control. There were also appropriate systems in place for waste and laundry management.

Staff had completed a number of infection prevention and control related trainings and there was information available for residents and staff in relation to infection prevention and control and how to keep themselves safe. A number of staff required IPC refresher training and this is captured under Regulation 16.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire drills were occurring regularly and residents had detailed personal emergency evacuation plans (PEEPS) in place. However, based on a review of residents' assessments of need, their PEEPS, fire drill records, and rosters in the centre it was not evident that residents could safely evacuate the centre with staff support and the use of specialised equipment, at times when the least amount of staff and the most amount of residents were present. As previously mentioned, an urgent compliance plan request was issued to the provider in relation to fire safety. The provider responded appropriately and submitted a detailed urgent compliance plan which demonstrated that they were assured that residents could be supported to safely evacuate each of the houses in the centre, both day and night.

Overall, the inspector found that improvements were required to fire drill records in the centre to ensure that they could clearly demonstrate what supports were required by residents to safely evacuate the centre (including staff support and the use of equipment), how long drills were taking, what residents were doing and where they were at the time of the drill, and how many residents and staff took part in the drills. The inspector acknowledges that this was recognised in the provider's most recent annual review, and that the recently developed staff's roles and responsibilities document gave clear guidance to staff on these matters. In addition, the urgent compliance plan response from provider detailed plans to review the

documentation relating to fire drills to ensure it detailed how residents were supported to evacuate, including the equipment and staff supports required.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Residents had an assessment that identified their health, personal and social care needs. These assessments were used to inform their plans of care which were being regularly reviewed and updated to ensure they were reflective of their needs. Plans were in place to ensure that residents had an annual review of their plans in 2023 with the involvement of them, their representatives if they wished, and the relevant members of the multidisciplinary team. Residents had person centred plans in an accessible format. There was work in progress to further develop the role of keyworkers to support residents to further develop their goals. A number of residents had successfully reached their goals to have a holiday last year and this year, and plans were in place for 2023.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that there was evidence that residents were exercising choice and control in their daily lives. There was also evidence that the provider taken a number of actions to reduce some institutional practises in the centre. For example, while the majority of meals continued to be delivered by the centralised kitchen, some cooking was now being done in the areas.

There was evidence of regular discussions taking place with residents about their rights and one resident from this centre continued to be involved in raising awareness of human rights and capacity. They had recently attended Dáil Éireann to make a representation relating to capacity. They spoke to the inspector about how positive they found this experience, about the nice people they got to meet that day.

There was also evidence of restraint reduction since the last inspection, and further plans were in place to reduce restrictions. Work was ongoing to support residents to access accounts in their name in a financial institution. Improvements had been made in terms of residents accessing their community and being supported to do both food and personal shopping when they were out.

Judgment: Compliant





## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0030322

Date of inspection: 22/03/2023

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: 0.5 WTE Care Staff has commenced post since inspection.</p> <p>Recruitment processes are ongoing with active advertising campaigns for remaining vacant post. The Provider will continue to recruit for all vacant posts.</p> <p>The Provider will review current residents' assessments and roster to ensure that the number, qualifications and skill mix in the center is appropriate to meet the needs of the residents in the center.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training analysis has been completed and identified outstanding training and same will be completed in line with Service policy. All outstanding refresher training is progressing in line with identified schedule and will be completed by 30th June 2023.</p>	
Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Day and night evacuations have been completed successfully for the designated centre.	

1. All residents were aware of the procedures to be followed.
2. All staff were aware of procedure and were knowledgeable of PEEPs for each individual.
3. All residents have been evacuated safely within safe time limit.

Recording of fire evacuation will clearly demonstrate what supports were required by residents to safely evacuate the centre (including staff support and the use of equipment), How long drills were taking, what residents were doing and where they were at the time of the drill and how many residents and staff took part in the drill.

All staff will be in receipt of fire training in line with Service Policy DOCS060 by 30th April 2023.

All PEEPS will be reviewed at least annually and will be updated in the event of a resident's changing needs.

Person in Charge will review each Fire Drill/Evacuation and ensure any actions and learning implemented.

Recording of Fire Drills/Evacuations will be reviewed by Person in charge and PPIM at monthly meetings.

All Fire Evacuations will take place in accordance with Fire Regulation.

## 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 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	Orange	30/08/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and	Not Compliant	Red	24/03/2023

	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.			
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