



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

Issued by the Chief Inspector

Name of designated centre:	Bethel House - Sonas Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	23 November 2022
Centre ID:	OSV-0003728
Fieldwork ID:	MON-0030361

About the designated centre

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

Care and support is provided in Bethel House for up to six adults with an intellectual disability. The centre comprises of two units located within a large building on a campus based service located in North Dublin. Up to six residents can be supported in the first unit Bethel House, and one resident can be supported in the apartment. Each unit has areas designated as resident bedrooms, some of which have ensuite bathrooms. There are sufficient bathrooms and shower facilities available for residents. There are also kitchen and laundry facilities available and a number of communal areas. Residents are supported 24 hours a day, 7 days a week by a staff team led by of a person in charge. Clinical nurse managers, staff nurses, care staff and household staff are available to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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 23 November 2022	09:20hrs to 16:20hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was completed following applications to vary Condition 1 and 3 of the registration of the designated centre. These applications were made to change the number of registered beds in the centre and to change the footprint of the designated centre. The provider made this application as part of their decongregation plan to facilitate the closure of a designated centre on the campus.

Overall, the findings of this inspection were that the steps taken by the provider to close that designated centre, and the renovations completed in this designated centre had a positive impact on the lived experience of the majority of residents living in the centre. However, the living accommodation for one resident remained unsuitable and the provider was aware of this and in the process of building a single occupancy apartment for this resident. In addition, the inspector also found that there were a number of staffing vacancies in the centre which were found to be impacting on the continuity of care and support for residents.

On arrival, the inspector was brought to the new front door of one of the premises and they entered through the newly designed hallway which was warm, welcoming, spacious, and flooded with light. The provider had completed significant renovations to this building since the last inspection. Prior to these renovations this premises could be accessed from a corridor of a large building on the campus, this entrance was now blocked and visitors could access via the front and side door. The renovations had resulted in this building appearing more comfortable and homely. Residents had transitioned to this premises from large congregated setting where the majority of them had slept in a dormitory style accommodation. Each resident now had their own bedroom, and either an ensuite bathroom or access to their own bathroom close to their bedroom.

The inspector had an opportunity to meet and briefly engage with the six residents living in the centre during the inspection. In line with their communication needs and preferences, 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. In addition, one resident used sign language to communicate to the inspector that they were happy.

Each of the six residents appeared comfortable and content in their home. They were observed to spend their time in different parts of their home during the inspection. For example, they were observed spending time in the dining room relaxing and watching staff while they prepared their lunch. At this time there was a pleasant smell of a roast in the oven as it cooked. Later in the day, the inspector observed the mealtime experience for a number of residents. Residents were supported by staff in a sensitive manner to have their meals in line with their mealtime plans and assessments. Some residents meals were liquidised and each

food item was liquidised separately and presented separately on the plate to ensure that residents go to taste each part of their meal separately.

As previously mentioned the premises where one residents lived were not deemed suitable. It was not designed or laid out to meet their needs. It was situated in a largely unused portion of a large building on the campus, and in need of maintenance and repairs. However, it was evident that efforts were made to ensure the resident was comfortable until such time that their new apartment was built. They had access to plenty of private and communal spaces and their space was decorated in line with their wishes. They had access to a large industrial style kitchen and staff prepared some of their meals there. They could also get meals from the central catering on the campus.

For the other five residents, since moving to the the new premises, they were having the majority of their meals prepared and cooked freshly by staff in their home. Staff described how much residents were enjoying this. They talked about how residents had opportunities to get involved in preparing their meals if they wished to. For example, they were planning to make the Christmas pudding the week after the inspection. The food shopping was now being completed by residents and staff. The dietician had been involved in developing meal plans for the centre to ensure that meals cooked there were nutritious and varied. The inspector was assured that should residents like a different meal than what was cooked in their home, they could get a hot meal from central catering on campus. Staff had taken pictures of residents' favourite meals which had been prepared in their home, and were planning to put a menu planner together to support residents to choose their meals.

A number of staff described the positive impact that the move had for residents. These staff had worked with residents in their previous home and discussed how they sometimes had disturbed sleep and were awake and up early as they were sharing their bedroom. Since the move they stated that residents were now sleeping better, and for longer. They also spoke about improvements for residents in terms of privacy, reduced noise levels, and overall choice and control over their day.

Residents bedrooms were observed to be attractive and relaxed spaces which were personalised to suit their tastes. They had televisions, storage for their personal items, and their favourite possessions and photos on display. One resident was relaxing in their bedroom when the inspector visited them. They had a large bedroom which was divided down the middle by storage, leaving a space for them to watch television and engage in their favourite activities on one side. On the other side they had their bed and a wall mounted television. They also had a beauty table and mirror in their room, and a large ensuite bathroom.

There was a large space with plenty of seating which was away from the main living areas of the premises. It was available for residents to spend time in, or to spend time with their family and friends, if they wished to. One resident had recently had a party where they ordered in food from a local restaurant and invited their family to celebrate with them.

Residents had also celebrated their transition to their new home with a blessing and a party where they invited their family and friends to a party in the dining room where they watched videos and looked at photos of their old home.

One resident like to spend some time alone and they had a bleep system available to them to alert staff to the fact that they required their support. The inspector observed staff's bleep going off and them responding promptly and going to the resident to provide support.

The inspector spoke to staff who had completed human rights training. They describe how this influenced the way they supported residents in the centre. They spoke about how residents in this centre had the same rights as everybody else. In their own words they described the FREDA principles (fairness, respect, equity, dignity, and autonomy). They described how important it was to them to ensure that residents privacy and dignity were respected and that they were in receipt of a good quality and safe service. Another staff member spoke about a number of other trainings that influenced how they supported residents and respected their rights. For example they talked about safeguarding training, manual handling training and fire safety training. They described the importance of following what they learned in these trainings while implementing the organisation's policies and procedures in order to keep people safe. According to staff and the statement of purpose in the centre, residents could access the support if the human rights officer if they wished to.

Residents' preferred activities were identified in their care and person centred plans. There was an activity board available with pictures to support residents to choose what activities they wished to engage in. During the inspection, one resident was supported to go for a walk on the campus, one resident was supported to go out for a drive and lunch, one resident was planning to go for a walk on the beach, and another resident went out with the day service staff. The provider was aware that residents' opportunities to engage in their local community needed to be explored further and plans were in place to work with residents to identify their wishes and preferences and to develop goals. There were a number of activities available on the campus if residents wished to engage in them. For example there was, flower arranging, chair exercises, music sessions, yoga, arts and crafts, and cooking and baking.

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 residents were in receipt of a good quality and safe service. However, staffing numbers needed to increase to ensure residents were in receipt of continuity of care and supports and the building of a

self-contained apartment needed to progress for one resident. The inspector did find that the provider was self-identifying areas for improvement and had action plans in place to address these.

The person in charge had systems in place to monitor the quality of care and support for residents. They were based in the centre and visiting each of the premises regularly. They were found to be familiar with residents' needs and motivated to ensure they were happy, well supported, spending their time as they wished, and achieving their goals. Residents were observed to be familiar with the person in charge, and staff were complimentary towards how they supported them to carry out their roles and responsibilities.

The person in charge was supported by a number of persons participating in the management of the designated centre (PPIM) and a service manager. There systems for the monitoring and oversight of care and support for residents included audits in the areas, and an annual and six monthly reviews of care and support by the provider. These were picking up on areas for improvement in line with the findings of this inspection and action plans were in progress. There were plans to develop a quality improvement plan to combine the actions for audits and reviews in the centre.

There were a number of staff vacancies in the centre and these were found to be impacting on the continuity of care and support for residents. From a sample of rosters reviewed there were occasions when there were not enough staff on duty to meet the number and needs of residents in the centre. The provider had an ongoing recruitment drive and had held numerous interviews. While they had been successful in filling some vacant posts, vacancies remained including one staff nurse and two care staff vacancies.

For the most part, staff had completed training and refresher training in line with the providers policies, and residents' assessed needs. A number of staff spoke with the inspector about the positive impact of training and how it reminded them of the importance of providing person-centred services and safe supports for residents which were underpinned by human rights principles. A training needs analysis was being completed regularly to ensure that staff had the required knowledge and skills to carry out their roles and responsibilities to the best of their abilities. Staff were also in receipt of regular formal supervision by appropriately qualified and experienced personnel.

Registration Regulation 8 (1)

The provider had submitted applications to vary Conditions 1 and 3 of the designated centre. They submitted all of the required information with these applications.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the qualifications, skills and experience to fulfill the role. They had systems in place to oversee the quality and safety of care and support for residents, and to support staff to carry out their roles and responsibilities to the best of their ability.

Judgment: Compliant

Regulation 15: Staffing

There were three staff vacancies at the time of the inspection, and the provider was attempting to recruit to fill these. However, from a sample of rosters reviewed there were days where there were not sufficient numbers of staff on duty to meet the number and needs of residents living in the centre. For example, from a sample of staff rosters reviewed, on one week 4 shifts went uncovered. In addition, the inspector viewed a number of staff supervision records and the minutes of at a recent staff meeting in the centre where staff raised their concerns about staffing and their workload in the centre.

In addition to the staff vacancies there had been a number of staff on planned and unplanned leave in the weeks before the inspection. From the sample of rosters reviewed there were a high volume of shifts covered by relief or agency staff. This was found to be impacting on the continuity of care and support for residents. For example, on one week 11 shifts were covered by nine different agency or relief staff, and another week 15 shifts were covered by 8 different relief or agency staff.

There were planned and actual rosters in place and for the most part they were well maintained. However, the first and second name of relief or agency staff was not always included on rosters, and the role and whether staff were relief or agency was not always identified either.

Judgment: Not compliant

Regulation 16: Training and staff development

Overall, staff were in receipt of training and refresher training in line with the organisation's policies and residents' assessed needs. A small number of staff required training or refreshers in managing behaviour that is challenging, but the

inspector was shown documentary evidence that these were booked.

The inspector spoke with a number of staff who described the positive impact of having human rights and other training course on their day-to-day practice. They described how completing this training had helped them to develop professionally, and to continue to provide person-centred supports for residents. They talked about how they knew about person-centred supports and human rights before the training, but that they had gained insight into how important is listen to residents and to make every effort to get to know their likes, dislikes and preferences. They also spoke about the importance of encouraging residents to take control over their lives, and make decisions and choices in their day-to-day lives.

Staff were also in receipt of regular formal supervision in line with the organisation's policy. From the sample reviewed, discussions were held in relation to staff roles and responsibilities, in relation to residents' care and support, training, risk, IPC, complaints and compliments, health and safety, residents' finances, and professional conduct.

Judgment: 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

The centre was well run and managed by a suitably qualified, skilled and experienced person in charge. The quality of care and experience of residents was being monitored on an ongoing basis. There was a clearly defined management structure that identified lines of authority and accountability and staff who spoke with inspectors were aware of their roles and responsibilities and how to escalate any concerns they may have.

The inspector found that the provider had systems in place to complete audits and reviews. These included systems to ensure that an annual and six monthly reviews were completed in relation to residents' care and support. In addition, the local management team were completing regular audits in key areas of service provision. As previously mentioned, the provider was self-identifying areas for improvement and the provider's systems were generating action plans which clearly identified who was responsible for completion of the actions, and by when. Plans were in place to

combine the actions from all these audits and reviews onto a quality improvement plan after the inspection.

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 31: Notification of incidents

A record of incidents occurring in the centre was maintained and from the sample reviewed, notifications were submitted to the Chief Inspector of Social Services as required, and within the timeframe identified in the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents were supported to be aware of their rights and to make choices in their lives. As previously mentioned, the provider was aware of a number of areas where improvements were required and had plans to bring about these improvements. While one premises was not suitable to meet the needs of one residents, efforts were made to ensure the premises was maintained and as homely as possible while awaiting the new premises. The Chief Inspector had attached an additional restrictive condition of the registration of this centre in relation to this premises.

The inspector found that residents, staff and visitors were protected by the infection prevention and control policies, procedures and practices in the centre. There were contingency plans in place for use in the event of an outbreak of infection. Both premises were found to be clean during the inspection. There was a household staff working in the centre and there were cleaning schedules in place to ensure each area of the centre was regularly cleaned.

There were suitable fire containment measures in place and systems in place to ensure that fire equipment was serviced regularly. This included quarterly servicing of the fire alarm and annual servicing of fire-fighting equipment. There were adequate means of escape, including emergency lighting which was being serviced quarterly. Residents had personal emergency evacuation plans which took into account their mobility and the levels of support they required to evacuate, if any. Staff were in receipt of fire safety related training and residents and staff were regularly taking part in fire drills.

Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. The inspector observed staff communicating with, and providing supports to residents in a respectful and dignified manner. Staff described the positive impact of the move from dormitory style shared bedroom accommodation for five of the residents, particularly relating to their privacy and dignity. Residents' meetings were occurring regularly and agenda items included advocacy, rights, IPC, and the upkeep of their home. There was easy-to-read information available for residents in relation to areas such as, the availability of advocacy services, IPC, activities and complaints.

Regulation 17: Premises

The design and layout of the premises was in line with the centre's statement of purpose. As previously mentioned one of the premises had just been renovated and was warm, comfortable, homely and spacious. However, the other premises was not designed or laid out to meet the needs of the resident living there. It was a large space and situated in a largely unused portion of a large building on the campus. There were also areas where maintenance and repairs were required.

The provider was aware that one premises was not 'fit for purpose' and had plans to build a self-contained apartment for the resident currently living there. Building was due to commence, but delays beyond the control of the provider had occurred and the timeframe for completion of the project had changed.

Judgment: Not compliant

Regulation 20: Information for residents

There was a residents' guide in place and available in the centre. It contained the information required by the regulations. This 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

Overall, residents, staff and visitors were protected by the infection prevention and control policies, procedures, and practices in the centre. The physical environment was found to be very clean 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 were stocks of 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.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire containment measures in place in the centre including fire doors and self closing mechanisms. There were systems in place to ensure fire equipment was serviced and maintained.

Residents had risk assessments and detailed personal emergency evacuation plans in place which were reviewed and updated following learning from fire drills. Fire drills were occurring regularly in each of the premises.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights was an agenda items on residents meetings and residents could access information on how to access the support of independent advocacy services and the organisation's human rights officer. Throughout the inspection, the inspector observed residents being treated with dignity and respect. Staff were observed to knock on doors before entering residents' rooms and to support residents in a sensitive manner. Residents appeared very comfortable in the presence of regular staff and staff who spoke with the inspector were motivated to

ensure that residents were happy and safe in their home, and making choice about what they wanted to do, and where they wanted to spend their time.

Staff spoke with the inspector about the positive impact for people's privacy and dignity that moving from their previous home had. Most of the residents had shared a dormitory style bedroom, and they now had their own bedrooms and bathrooms. They were enjoying more choice in relation to, spending time alone, when and what they had to eat, and where they spent their time. They had more private space to meet their visitors and had more space to store their belongings.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bethel House - Sonas Residential Service OSV-0003728

Inspection ID: MON-0030361

Date of inspection: 23/11/2022

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: Service Manager and PIC will continue with recruitment drive to ensure that the number, qualifications and skill mix of staff is appropriate to meet the assessed needs of the residents in the centre.</p> <p>The Service Manager and PIC will promote continuity of care for the residents by ensuring that regular agency staff are used to cover vacancies in the interim. - Ongoing.</p> <p>Planned and actual roster identify the full names and roles of relief or agency staff - By July 2023</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Service Provider will endeavour that the premises for 1 individual is maintained in a good state of repair internally and externally.</p> <p>Due to unexpected delay, the construction of the self contained apartment will now commence in February 2023 and occupancy for 2024 - November 2023</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 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	30/07/2023
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.	Substantially Compliant	Yellow	30/07/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota,	Substantially Compliant	Yellow	29/12/2022

	showing staff on duty during the day and night and that it is properly maintained.			
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/11/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2023