Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sonas Bungalows - Sonas Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	24 May 2022
Centre ID:	OSV-0003738
Fieldwork ID:	MON-0030328

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:	15

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 24 May 2022	09:45hrs to 15:30hrs	Marie Byrne	Lead
Tuesday 24 May 2022	09:45hrs to 15:30hrs	Michael Keating	Support
Tuesday 24 May 2022	09:45hrs to 15:30hrs	Sarah Cronin	Support

What residents told us and what inspectors observed

This unannounced inspection was completed following an inspection in the centre in July 2021 which found poor levels of compliance with the regulations. Following this inspection the provider submitted an application to vary condition one and condition three of the registration of the designated centre in 2021 to reduce the registered bed numbers from 36 to 18, and to reduce the number of houses in this designated centre from six to three. In addition, in 2022 the provider submitted an application to vary condition one of the registration of the designated centre to change the footprint of one of the houses to add a self-contained apartment. The inspectors of social services found that both applications had resulted in improvements in relation to residents' care and support and in relation to their home. However, inspectors found that further improvements were required in relation to staffing numbers, staff training, the notification of incidents to the Office of the Chief Inspector, residents' finances, general welfare and development, fire precautions, and residents' rights in the centre.

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. Three inspectors visited the centre, with one inspector visiting each of the houses, and two inspectors visiting the new apartment. There were 15 residents living in the centre and the inspectors had the opportunity to meet and briefly engage with 14 residents.

Many of the residents in the centre presented with communication support needs and used speech, body language, facial expressions, eye contact, vocalisations to communicate. Throughout the inspection, staff were noted to be responsive and attuned to residents' communication and their responses were noted to be kind and respectful. On arrival to one of the houses, an inspector found that staff were attending to residents' morning routines. The inspector met with a resident who was sitting watching television. The resident greeted the inspector using Lámh and smiled. They appeared happy and were well presented. The resident pulled at their jumper for the inspector to admire. The resident was observed to get their nails done later in the morning and listened to music. Another resident was seated in a separate sitting room. This resident communicated verbally and told the inspector that they liked having visitors. They spoke about their family members visiting soon. They asked staff to organise a haircut. This resident told the inspector that they liked living in their home and they were happy there. They chose their breakfast each morning and the staff cooked it for them.

Later in the day, the inspector met with a resident who was being given their lunch. Staff had put on calm music and there was a nice atmosphere in the dining area. The resident presented with complex communication support needs and was reliant on staff to pick up on their communication cues. The resident appeared happy and was well dressed. The staff member supporting the resident sat at the table with

them and fed them in a respectful manner. However, the food was mixed in one bowl which did not support the resident to enjoy their meal appropriately or make a choice in relation to each food presented.

In another house an inspector was greeted by a resident who was enjoying their breakfast. They chatted with the inspector about told them how happy they were living in the centre. They spoke all about an overnight trip they were going on with another resident who was moving in to the centre after the trip. They said they were really looking forward to the trip, and spending time with their friend and their new housemate. This resident was then approached by a day service staff member and offered an activity outside their home, which they accepted. The inspector then met a resident who just had their hair dyed and was having their hair styled. Their bedroom was personalised and there was music playing and soft lighting. The inspector then met another resident who did not use verbal communication who greeted the inspector and then took the inspector by the hand to bring them to their room to show them around.

In the third house an inspector had the opportunity to meet the six residents living there. On arrival one resident was in bed relaxing as it was their birthday and they wanted to save their energy for their party later in the day. Later in the day they were supported by staff to get up and dressed into their party clothes. Staff were heard singing happy birthday to them when they got up and then the inspector observed them picking which nail varnish they would like and then the staff proceeded to paint their nails in the living room with some soft music playing in the background.

One resident approached the inspector and a staff member and using sign language told them about a trip they had made at the weekend to a coastal town to get fish and chips. They then brought a photo album to the inspector and used sign language to describe what was happening in the pictures. Later in the day they brought the inspector to their bedroom to show them their favourite possessions and a digital photo frame with some of their favourite photos.

Two inspectors met a resident in their newly developed self-contained apartment within one of the houses. They were just back from work and told inspectors that they left work early to make sure they met with them to show off their new apartment, and to tell them how happy they were with it. They spoke about their plans for a housewarming party in their new apartment. They discussed the snacks and drinks they would be offering their guests, and how much they were looking forward to going shopping to get some things they needed for the party. They chatted about their journey since moving into the organisation as a young person and about all the different places they had lived over the years, and about the friendships they had made. They also spoke about a recent weekend trip they made to see one of their favourite bands who played a song for them for their birthday. They also spoke about how they and their key worker were looking into a cruise where their favourite musicians would be playing. They also spoke about how important being part of the choir was to them and about singing a solo in the choir the week before.

One resident spoke with inspectors and their key worker about some of their recent achievements such as starting a knitting e-hub where they met their peers and showed people how to knit. They had also secured work experience in a local knitting shop and were excited to start this. They would be teaching people in their local community to knit. They also spoke about work they had done with the organisations' right committee including a recent presentation for the organisation they had made to show people how to develop a 'this is my life' box or plan.

It was evident that residents were supported to make choices about their daily routines such as their meals, the clothes they wore and their activities. However, due to staff shortages, it was not always possible to support these choices. A new resident was due to transition into the house in the weeks following the inspection. Staff told the inspector how the resident was supported to visit the house in the evenings and join the other residents for a meal. This move was also discussed with the residents in a house meeting so that they were aware of their new house mate.

Residents' meetings were facilitated on a weekly basis and discussions included menu planning, COVID-19, issues related to the house and outings. Each resident had a list of their preferred activities in their care plan and there were photographs in place to enable residents who had an understanding of photos to do so. For other residents, their preferences were known by staff who had built up knowledge of them over time. Residents' personal plans showed photographs of residents enjoying a number of activities of their choosing.

Resident and family input was being sought as part of the annual review by the provider. Feedback from residents was positive, and seven residents families replied to the family survey from April 2021. The feedback from families indicated they were all satisfied with the service provided to their family member. They also indicated that they felt their family member was safe and that they felt welcomed when they visited the centre. Comments in the surveys included, residents are 'well cared for, respected and loved', 'fantastic service', 'she is very happy', and the 'service provided is first class'.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall, the inspectors found that the improvements made since the last inspection were having a positive impact on the lived experience of residents in the centre. The centre was well managed by a full-time person in charge who was very familiar with residents' care and support needs, as they had worked in the centre for a number of years.

Following a number of inspections on the campus where this designated centre is

situated, the provider was invited by the Chief Inspector to a cautionary meeting. Following this, the provider submitted an improvement plan to address areas of non-compliance across the campus. As part of this plan the provider committed to improve opportunities for residents to take part in activities outside their home and within their local community, to fill the vacant person in charge post, to put additional resources in the centres, and to implement systems to strengthen the governance and management and oversight in the centres. Overall, the inspectors found that their improvement plan was progressing, with a number of actions complete, and others in progress.

The provider had established a governance and oversight committee and the persons participating in the management of the centre (PPIM) had undergone additional training and were in the process of implementing key performance indicators in relation to areas such as visits to the centre, care planning, risk assessments, incidents and complaints, auditing, staff meetings, house meetings, premises and maintenance, infection prevention and control, restrictive practises and supervision. The PPIM's were visiting the houses more regularly and completing audits. They had implemented a system to ensure that there were standard folders in each of the houses so staff could access the same information, in the same folder number in each house.

The person in charge had systems to demonstrate their oversight of the day-to-day running of the centre. They were not counted as part of the staffing quota and were available to residents and staff Monday to Friday. In their absence there was an on-call systems 24/7. The person in charge had an audit folder which contained the audit schedule for the year, a summary of what was completed and a copy of the audits, the actions, and the dates for completions of actions. There was a quality improvement plan which tracked actions, particularly those from the last inspection in this centre. The latest version of this showed that the majority of actions were complete. Actions were in progress in relation to staffing and care planning.

The provider was completing six monthly and annual reviews of care and support and finding areas for improvement in line with the findings of this inspection. However, the latest six monthly review had not been completed in line with the time frame identified in the regulations. There had been eight months between the last two six monthly reviews.

The centre remained under-resourced in terms of staffing but the inspectors were shown documentary evidence of numerous attempts by the provider to recruit staff since the last inspection and recruitment was ongoing at the time of the inspection to fill the eight vacant staff positions.

Improvements had been made in relation to staff training and supervision since the last inspection. However, a number of staff required refresher training, and training in areas in line with residents' assessed needs. These will be detailed later in the report.

Overall, there was evidence of improvements in the governance and management of the centre. The provider was aware of the areas where further developments were

required, and working to bring about the required improvements.

Registration Regulation 8 (1)

The provider made two applications to vary conditions of the registration of the designated centre since the last inspection. They submitted all of the required information with these applications.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full-time and had the qualifications, skills and experience to fulfill the role. They were not counted as part of the staffing quota and were regularly visiting each of the houses. A number of residents were very complimentary towards the person in charge, and how they supported them and listened to any concerns they may have. The person in charge had systems to ensure the effective governance, operational management and administration of this centre. They were motivated to ensure that residents were happy, engaging in activities they enjoyed, and that they felt safe living in the centre.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that the centre remained under-resourced in order to fully meet residents' assessed needs. This was having a negative impact on residents care. For example, due to staffing shortages, staff were unable to cook meals and were reliant on the central kitchen to deliver food. In addition, some residents' activities were not taking place as planned. Staff reported having difficulty in managing all of the residents needs at times, particularly where residents required two staff for personal care needs. This had the potential to impact on residents' safety.

There remained a number of vacancies across the centre and the provider continued to attempt to recruit staff to these posts. One of the residents in the centre had been involved in the recruitment campaign by making a video. Staffing allocations at night time had improved since the last inspection, with all of the houses having a waking night staff in place. Planned and actual rosters were noted to be well maintained and indicated that many of the vacant shifts were covered internally by staff doing extra hours.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff training and development had improved since the last inspection. The person in charge had a central record of all staff training completed to enable them to have oversight of all staff in the centre and to identify training gaps and needs. All staff had completed mandatory training in safeguarding and a number of courses related to infection prevention and control such as breaking the chain of infection, donning and doffing of personal protective equipment (PPE) and hand hygiene. Five staff were due to complete training on the use of albac mats to allow one of the residents to evacuate safely and this was booked. However, there were a number of residents across the three houses who presented with feeding, eating, drinking and swallowing difficulties. Some of the residents had choking risk assessments and a number of staff had not completed first aid training. Some residents' choking risk assessments listed FEDs training as a control measure and evidence that staff had completed FEDs training was provided to inspectors after the inspection. Additionally, many of the residents used Lámh to communicate and staff had not received training in the use of Lámh or in using a total communication approach.

Staff supervision had also improved. The person in charge had a schedule of supervision in place for all staff, with quarterly meetings scheduled to take place. A sample of staff supervision notes indicated that sessions were structured and had some set agenda items such as safeguarding, IPC, outings and risk.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, the centre was found to be well managed by a full-time person in charge who had systems in place to make sure residents were happy and safe. The provider had implemented a number of systems to strengthen the governance and management of the centre. For example, they had implemented systems for the oversight of risk, complaints, safeguarding and restrictive practices. They had developed and implemented a quality improvement plan and were in the process of implementing a number of key performance indicators. They were completing annual and six monthly reviews of care and support. However, there was eight months between the last two six monthly reviews.

Improvements had been made across a number of regulations, and plans were in progress to bring about further improvements. The centre remained under-resourced and the provider was attempting to recruit to fill the vacant staff

positions.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained the information required by the regulations and had been reviewed in line with the timeframe identified in the regulation. A copy was available in each of the areas.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents and adverse events was maintained in the centre and the Chief Inspector had been notified of all the required information in line with the Regulation. However, two notifications had not been notified to the Chief Inspector in line with the time-frame identified in the regulations. These related to serious injuries to a resident requiring immediate medical or hospital treatment.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was evidence of improved oversight of complaints in the centre since the last inspection. There was now a central register of complaints and compliments. The person in charge and PPIM now got a copy of each complaint, and meetings were held with complainants as required. Corrective actions were identified and there was evidence that consultation occurred with the complainant prior to closing the complaint.

There was a policy and procedure in place to guide staff, and complaints were discussed regularly with residents at their house meetings and keyworker 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. Accurate records were maintained of complaints in the centre. There was also evidence of learning from complaints. For example, one resident made a complaint about some staff not knocking on doors prior to entering, and this was brought up at the next staff meeting.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that that residents were in receipt of a good quality and safe service. For the most part, they were making decisions about how and where they wished to spend their time. Staff shortages were sometimes impacting on their access to certain activities. They were also involved in the day-to-day running of the centre, and the upkeep of their home. Their likes, dislikes and preferences were clearly identified in their personal plans. They were living in beautiful clean, warm and comfortable homes.

Residents' homes were decorated in line with their preferences, and their bedrooms were personalised to suit their tastes. A number of residents proudly showed the inspectors around their homes, and to their bedrooms where they had their favourite photos and belongings.

Significant improvements were found in relation to residents' access to meaningful activities. Each resident had an individualised activity planner which was developed with them in line with their wishes and preferences. This timetable had picture of the residents' preferred activities and the days/times they were on should they choose to partake in them. A number of residents had joined groups in their local community such as a knitting club in a local community centre, or a gardening club in the local library. Residents were also going to have their nails and hair done locally, to go out for meals, and were planning nights in hotels later in the year. However, while some residents were now regularly accessing their community, for others there was limited evidence of them accessing their community. At times this was reported by staff to be due to a lack of staffing resources. From reviewing residents' financial records and speaking with staff, some residents appeared to be going out more often than recorded in their activity records.

There was improved oversight of residents' finances in the centre. A number of audits were now being completed and the provider was picking up on areas for improvement such as staff not double signing residents' financial records, but they were reminding staff regularly of the importance of doing this. At times, residents had limited access to their finances, as the majority of residents did not have accounts in their name in a financial institution and this will be discussed further under regulation 9.

Residents and staff were protected by the risk management and infection prevention and control policies, procedures and practices in the centre. There were also systems in place for the prevention and detection of fire in the centre. Some improvements were required in relation to staff training on evacuations aids, to documentation in residents' plans, and to fire drills in the centre and these will be discussed later in the report.

Residents had access to health and social care professionals in line with their assessed needs. Residents who required them had behaviour support plans in place which clearly guided staff to support them. There was evidence of improved oversight of restrictive practices in the centre, and evidence of restraint reduction, with more planned. Restrictive practices relating to one resident were found to be impacting on other residents but this was recognised and plans were in place to further reduce restrictions and the impact for all who lived in the house.

Inspectors found that a number of improvements were required in relation to residents' rights in the centre, For example, the impact of restrictive practices for some residents, some residents' access to their finances, and the impact of institutionalised practices for residents.

Regulation 12: Personal possessions

Improvements were noted in relation to the oversight of residents' finances in the centre. A number of financial audits were now being completed. Residents had financial assessments in place and had a log of their personal possessions in the care plan, and their furniture could be moved with them if they were to transition from the centre.

There were laundry facilities in the houses should residents' choose to use them and inspectors viewed pictures of residents' folding and putting away their laundry. A number of residents showed inspectors their bedrooms where they had space to store their belongings.

Judgment: Compliant

Regulation 13: General welfare and development

Inspectors found that significant improvements had been made in relation to residents access to activities both at home, and on the campus. For some residents there was also evidence of increased opportunities to take part in activities in their local community. For example, residents had availed of overnight stays in a hotel, and some were regularly going on trips to local parks and restaurants.

However, improvements were required in relation to the documentation of residents' opportunities to engage in activities. For example, a number of residents had receipts for meals and snacks in the community and for the purchase of items; however, there was no record of them taking part in activities in their community on the days this money was spent. In addition, for some residents' activity records reviewed there was limited evidence of opportunities to access activities in their local community. As previously mentioned, at times this was due to staffing issues. Inspectors acknowledge that some residents were offered opportunities to take part

in activities in their local community and chose not to take part in these.

Judgment: Substantially compliant

Regulation 17: Premises

Each of the premises were found to be clean, homely and to promote the privacy and dignity of each resident. They were well laid out to promote accessibility. The houses were equipped with aids and appliances such as high-low beds and ceiling hoists to support residents in line with their assessed needs. Residents had access to adequate private and communal spaces, and storage for their personal items. Their bedrooms were personalised to suit their tastes.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that there were systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies. Risks and hazards in the centre were clearly identified, and there were adequate control measures in place. General and individual risk assessments were developed and reviewed as required. There was a risk register in place which was reflective of the actual risk, and which was being regularly reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

Residents and staff were protected by the infection prevention and control policies and procedures in the centre. Contingency plans were developed during the COVID-19 pandemic. There were cleaning schedules in place to ensure each area of the houses were cleaned regularly. In addition, inspectors observed regular touch point cleaning during the inspection.

There were systems to ensure that there were stocks of PPE available in the centre. There were suitable laundry and waste management systems in place. There was information available for residents and staff on infection prevention and control. Staff had completed a number of infection prevention and control related trainings.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect, contain and extinguish fires. There was suitable equipment which was being regularly serviced and appropriately maintained.

Inspectors were not assured on the safe evacuation of residents in one of the houses by night. A number of residents required evacuation by wheelchair and one resident required the use of an evacuation aid to evacuate safely by night. There were a number of staff awaiting training on the use of this evacuation aid. Additionally, there was no evidence to demonstrate that night time drills used this aid to ensure staff were competent and confident to use it.

Improvements were also required in relation to fire drill records, as some of the drills did not indicate evacuation times. In addition, there was duplication of documentation, with three documents relating to residents' evacuation plans, and some personal emergency evacuation plans not containing sufficient detail to guide staff practice. Inspectors acknowledged that staff who spoke with them were aware of how to support residents to evacuate safely.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Inspectors noted that residents who had behaviour support needs had appropriate plans in place. Most staff had received training from the clinical nurse specialist in behaviour support, with the remaining staff booked into a session. Inspectors noted that a comprehensive plan had been put in place for a resident with complex needs which took a holistic approach and included allocated specific staff to the resident, a set timetable involving a number of activities outside of the campus and clear documentation on appropriate strategies to use with the resident using a graduated response. Inspectors found that there was some duplication of information, particularly in relation to the residents' specific communication needs in different parts of the care plan but this did not pose a risk to the resident.

Restrictive practices used in the centre were used for health and safety reasons such as lap belts, sensor alarms, bed rails and some doors were accessed using a swipe card system only. Each of these practices were prescribed and regularly reviewed by members of the multidisciplinary team and shared with the restrictive practice committee. Inspectors viewed correspondence between the provider and residents' families informing them of any restrictive practices in place affecting their relative and the rationale for its use. Some of the restrictions in place had an impact on

other residents' rights in the centre and documentation noted consideration of the impact on residents' rights. Efforts to reduce or eliminate some of the restrictions in place were made and continuously reviewed.

Judgment: Compliant

Regulation 9: Residents' rights

While inspectors found that there was evidence that residents were exercising choice and control in their daily lives, for some residents in the centre, their rights were restricted due to the needs of another resident living with them. Inspectors acknowledge that the provider had recognised this and each resident had a rights assessment completed which identified any restrictions upon their rights.

Inspectors found evidence that some institutional practises were being reintroduced, or were continuing in the centre due to staff shortages. For example, meals were being delivered by the centralised kitchen, whereas this practice had reduced in previous years as staff were cooking in the areas. An inspector also observed a resident being fed pureed food which had been prepared an pureed separately, but which was then all mixed up together in a bowl.

The provider had an advocacy steering committee in place which discussed a different right each week. This information was shared with each centre. There was evidence of monthly discussions taking place with residents about their rights to ensure that they were aware of their rights and how to exercise them. In addition, one resident from this centre had recently been involved in a human rights project and had made a video and a decision-making project.

Consent for personal care was sought, and rights were regularly discussed with residents. Capacity assessments for money management and medication to ensure that residents' independence was promoted and respected. One resident in the centre had an account in their name in a financial institution, the remaining residents did not. There was an accounts staff on site 2-3 days per week, which resulted in residents requesting 300 euro for use in the event that they wanted to buy clothes or a bigger items, when accounts staff were not available.

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 (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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Not compliant

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

Inspection ID: MON-0030328

Date of inspection: 24/05/2022

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
Outline how you are going to come into compliance with Regulation 15: Staffing: Staff recruitment continues on an going basis and the provider is committed to addressing staffing vacancies. The Director of HR has engaged with several agencies to address current staff vacancies. A number of recruitment initiatives will take place including a recruitment open day which is in the planning stage for September 2022. International recruitment will also be explored. Current interns have undergone recruitment process to commence as staff nurse in September 2022. Relief staff and regular agency staff will continue to support areas where vacancies occur.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff have been trained in FEDS. Five remaining staff will be completed ALBAC training by July 30th. All staff have attended demonstration on the use of the Albac Mat. A schedule for First Aid training is planned in the Service with further dates planned through quarter 3 and Quarter 4 2022 SALT has been consulted in using a communication approach to assist with specific training needs for staff. LAMH training for staff will be delivered in Quarter 3 and Quarter 4 2022.	

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Service Manager will ensure that Nominee Provider visits and reports are complete in line with timelines as outlined in the regulations.

Vacancies are currently being addressed and staff recruitment continues on an ongoing basis. The Director of HR has engaged with a number of agencies to address current staff vacancies. A number of recruitment initiatives will take place including a recruitment open day which is in the planning stage for September 2022. International recruitment will also be explored. Current intern have undergone recruitment process to commence as staff nurses in September. Relief staff and regular agency staff will continue to support areas where vacancies occur.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
All notifications of incidents will be notified to HIQA

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
The PIC will ensure key worker supports individuals to develop goals considering each individuals will and preference to enhance community access and engagement.
Keyworkers will support individuals to plan their activities in their local community and ensure participation is recorded in their Quality of Life Section in their Care Plan.

The PIC will ensure a weekly schedule of all activities for individuals is planned.

The PIC completes an audit on a two weekly basis re individual community inclusion and evaluates outcomes and implements improvements where required. Progress is tracked in Monthly PIC/PPIM meetings.

Monthly staff meeting will include Regulation 13 on the agenda

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Individual PEEPs have been updated to reflect supports required for each individual to evacuate safely in the event of fire.

Records of all fire drills going forward will have evacuation times clearly documented and will demonstrate what Aids are required to support individuals when evacuating.

Night time drills will be completed in all areas and will demonstrate and record the use of specific aids to support individuals to evacuate.
Training is also provided to staff on use of ALBAC mats.

The Service Fire Policy is currently under review.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Systems to support the preparation and cooking of meals in resident's homes are currently under review. There has been consultation with SALT, the dietician and the centre catering manager to assist with process of implementing same on a phased basis.

PIC has met with Human Rights Officer. Meeting planned to tailor a mealtime template. This will capture options, choice, dignity and autonomy around meals within the current method of provision i.e. meals delivered from a central pre area.

The requirement for modified food has been addressed with the staff to ensure each individual has an enhanced experience at mealtimes. The monthly staff meetings within the designated centre will include positive mealtime experiences on the agenda.

The Provider is committed to supporting each person to have their financial account. Options for the opening of individual financial accounts are currently being explored for individuals.

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 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	31/12/2022
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	31/12/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care	Substantially Compliant	Yellow	31/12/2022

	and support, particularly in circumstances where staff are employed on a less than full-time basis.			
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	31/12/2022
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	31/12/2022
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive	Substantially Compliant	Yellow	30/07/2022

	suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
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	30/07/2022
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Not Compliant	Orange	30/06/2022
Regulation 09(1)	The registered provider shall ensure that the	Not Compliant	Orange	31/03/2023

	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.			