



## Office of the Chief Inspector

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

|                            |   |
|----------------------------|---|
| Name of designated centre: | Sonas Bungalows - Sonas Residential Service                                   |
| Name of provider:          | Daughters of Charity Disability Support Services Company Limited by Guarantee |
| Address of centre:         | Dublin 15   |
| Type of inspection:        | Unannounced   |
| Date of inspection:        | 28 and 29 January 2019  |
| Centre ID:                 | OSV-0003738   |
| Fieldwork ID:              | MON-0021828   |

## About the designated centre

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

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

**The following information outlines some additional data on this centre.**

|  |            |
|--|------------|
| Current registration end date:                 | 28/08/2020 |
| Number of residents on the date of inspection: | 33         |

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date            | Times of Inspection  | Inspector   | Role |
|-----------------|----------------------|-------------|------|
| 28 January 2019 | 09:30hrs to 18:00hrs | Marie Byrne | Lead |
| 29 January 2019 | 09:30hrs to 13:00hrs | Marie Byrne | Lead |

## Views of people who use the service

The inspector had the opportunity to meet and spend some time with 22 residents during the inspection. Throughout the inspection, residents were found to be very comfortable and relaxed. They were observed making decisions about how they wished to spend their time. A number of residents spoke with the inspector about how happy they were in the centre and how supportive the staff were.

Residents were observed to be happy in each others company and a number of residents spoke with the inspector about friendships they had made in the centre.

A number of residents had tablet computers and showed the inspector pictures of people who were important to them and pictures of the many activities they were taking part in both in their home and the local community.

One resident described their experience of using the complaints process and how they were being support regularly by a social worker and a member of the management team to resolve issues of concern to them.

## Capacity and capability

Overall, the inspector found that the registered provider and person in charge were monitoring the quality of care and support for residents. They were completing regular audits including the annual review and six monthly visits by the provider. These reviews were identifying areas for improvement in line with the findings of this inspection. However, from reviewing these audits and other documentation in the centre, the inspector found that a number of actions from these reviews were not being progressed in a timely fashion.

There were clear management systems and structures in place and staff had clearly defined roles and responsibilities. The staff team reported to the person in charge who in turn reported to the person participating in the management of the designated centre (PPIM). The person in charge was not on duty during the inspection and the PPIM and clinical nurse manager facilitated the inspection. Audits were being completed regularly in the centre. However, these were not proving effective as there was a lack of progress in relation to the identified actions in these audits. For a number of months staff meetings were not occurring regularly in the centre and actions were not developed following the meetings. There had been an increase in staff meetings in the last number of months. The latest version of the annual review of care and support and six monthly visits by the provider were not available in the houses during the inspection. However, these were made

available to the inspector on the second day of the inspection.

Throughout the inspection residents appeared happy, relaxed and to be engaging in activities of their choosing. Staff members who spoke with the inspector were found to be knowledgeable in relation to residents' care and support needs and residents appeared comfortable with the support they offered them. However, there were not sufficient numbers of staff in line with residents' needs and the centres' statement of purpose due to the fact that there were 10.27 whole time equivalent (WTE) staff vacancies. These vacancies included 3.4 WTE staff nurse positions and 6.77 WTE care staff vacancies. The provider was in the process of recruiting to fill these positions and 3.5 WTE staff had recently been successful at interview. The provider was attempting to minimise the impact of these vacancies by filling the required shifts using regular relief and agency staff. The inspector recognised that the provider had reviewed staffing numbers in the centre since the last inspection and in response to residents' changing needs put additional supports in place. The providers staffing plans could not be fully implemented until the vacancies were filled.

Staff had completed some training and refreshers in line with residents' assessed needs. However, a number of staff required training and refreshers in a number of areas such as fire safety, safeguarding, positive behaviour support and hand hygiene. The provider had recognised this and dates had been identified for staff to complete these training and refresher courses. A number of staff who spoke with the inspectors stated they were supported by the person in charge, clinical nurse manager and PPIM of the centre. However, they were not in receipt of regular formal supervision.

The inspector found that residents' admissions were in line with the statement of purpose. They had a written contract of care which outlined the care, welfare and support to be provided. However, they did not fully detail the fees charged including additional fees if required.

### Regulation 15: Staffing

Staff were suitably qualified and knowledgeable in relation to residents' care and support needs. Residents were observed to receive assistance in a kind, caring, respectful and safe manner throughout the inspection. However, there were not sufficient WTE staffing numbers due to a number of staffing vacancies.

Judgment: Not compliant

### Regulation 16: Training and staff development

Staff had access to some training and refreshers in line with residents' needs.

However, a number of staff required training and refreshers and dates had been identified for them to complete these. Staff were not in receipt of regular formal supervision.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There were clearly defined management structures which identified the lines of authority and accountability for each staff member. However, there was a period of time where staff meetings were not being held regularly and actions from audits and reviews were not progressing in order to have a positive impact on residents' care and support.

Judgment: Not compliant

### Regulation 24: Admissions and contract for the provision of services

Residents had a written contract of care which outlined the care, welfare and support to be provided. However, they did not fully detail the fees charged including additional fees if required.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was good. The centre was well managed and residents lived in a caring environment. They were

partaking in activities, outings, and events in line with their wishes and appeared comfortable throughout the inspection with the staff supporting them.

Each of the houses were found to be warm, clean, comfortable, and homely. A number of residents showed the inspector around their home and their bedrooms. They described their involvement in decorating their room and their involvement in the day-to-day running of their home. Overall, there was sufficient private and communal space to meet the number and needs of residents. However, one resident was currently being supported to explore the possibility of getting access to an additional space in line with their wishes.

In line with the findings of care plan audits completed in the centre and the providers' annual and six monthly reviews, improvement was required in relation to residents' personal plans. They required review to ensure they were guiding staff to support residents with their care and support needs. There was evidence of improvements to residents' personal plans since the last inspection and the provider outlined future plans to further improve them. However, these improvements were not yet consistently implemented across all residents' personal plans reviewed. Some sections of the personal plans were not detailed or fully completed and in some personal plans reviewed, it was unclear what supports residents required, if any. There was evidence that some personal plans were reviewed to ensure they were effective. However, this was not consistently found across all personal plans reviewed.

Overall, residents were supported to enjoy best possible health. However, some residents' health care needs were not appropriately documented. They had an assessment of need in place. However in some residents' personal plans reviewed, this assessment was not fully completed and it was unclear what support they required in relation to health care. Where appropriate, residents had access to appropriate allied health professionals in line with their assessed needs. The provider had recently set up a committee to review health screening programmes and to set up various health promotion initiatives. This committee have been tasked with ensuring residents were accessing national screening programmes in line with their wishes.

The inspector found that residents were protected by appropriate policies, procedures and practices in relation to the ordering, receipt, storage and disposal of medicines. Medication audits were completed regularly and medication incidents were recorded and investigated.

Overall, residents were assisted and supported to communicate in line with their needs and wishes. In the personal plans reviewed, residents communication needs were appropriately assessed and support plans in place detailed residents' preferred methods of communication. The provider described plans in place to get additional access to the appropriate allied health professional for a number of residents to further support them to communicate in line with their changing needs.

There were a number of residents transitioning into the centre. They had detailed step-by-step transition plans in place and it was clear that residents were being



supported to transition in a planned and safe manner and at a pace that suited them and their peers.

On two occasions, the inspector had the opportunity to join some residents during their mealtime. These mealtimes were relaxed and very much a social event. Residents were supported to make choices in relation to what they wished to eat and drink. Those who required staff support to eat and drink, were supported in an appropriate manner in line with their assessed needs. There was a central kitchen on the campus where food was prepared and then delivered to each home. Residents were offered choice in relation to these meals in advance and should they change their mind there were facilities in each home for them to prepare something more suitable. Residents were supported to buy, prepare and cook if they so wished.

Restrictive practices were logged and reviewed regularly to ensure the least restrictive measures were used for the shortest duration. Staff had the up-to-date knowledge and skills to support residents to meet their assessed needs. Residents had access to the relevant allied health professionals to support them.

Residents were protected from all forms of abuse. There were appropriate policies, procedures and practices in place and staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding residents. Incidents, allegations and suspicions of abuse were recorded and appropriately followed up on in line with the organisation's and national policy.

Residents were protected by appropriate risk management policies, procedures and practices. There were systems in place for keeping residents safe while responding to emergencies. There was a risk register in place and risk assessments were developed as required. These risk assessments were reviewed and updated regularly in line with learning following incidents. There were systems in place to ensure vehicles were roadworthy, regularly serviced and appropriately equipped.

## Regulation 10: Communication

Residents were supported to communicate in line with their wishes and preferences. They had access to a telephone, radio, newspapers and the Internet if they so wish.

Judgment: Compliant

## Regulation 17: Premises

The houses were clean, homely and well maintained. Their design and layout of the centre was in line with the statement of purpose and meeting residents' needs.

Judgment: Compliant

### Regulation 18: Food and nutrition

Mealtimes were a pleasant and social event. Residents were supported at mealtimes in line with their assessed needs and preferences.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

Residents were in receipt of the necessary supports as they transitioned into the centre. There were clear step-by-step transition plans in place to ensure they occurred at a pace suitable to the resident.

Judgment: Compliant

### Regulation 26: Risk management procedures

Residents were protected by appropriate risk management procedures and practices. There were systems in place for responding to emergencies and evidence that vehicles was maintained and serviced regularly.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Residents were protected by appropriate policies and procedures relating to the ordering, receipt, prescribing, storage and disposal of medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Work had commenced to ensure residents' assessment of need and personal plans

were person-centred and guiding staff to support them in line with their needs, wishes and preferences. However, this was not yet fully implemented and some residents' personal plans were not reflective of their needs or guiding staff to support them and some required review to ensure they were effective.

Judgment: Not compliant

### Regulation 6: Health care

Overall, residents were being supported to enjoy best possible health. They had access to allied health professionals in line with their assessed needs. However, some required review to ensure they had a full assessment in place and to ensure they were accessing the national health screening programmes in line with their wishes and preferences.

Judgment: Not compliant

### Regulation 7: Positive behavioural support

Residents had access to the support of relevant allied health professionals in line with their needs. There was evidence of regular review of residents' positive behaviour support plans and staff had access to relevant training and refreshers to support residents.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by safeguarding policies, procedures and practices in the centre.

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 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title  | Judgment                |
|---|-------------------------|
| <b>Views of people who use the service</b>                              |                         |
| <b>Capacity and capability</b>  |                         |
| Regulation 15: Staffing   | Not compliant           |
| Regulation 16: Training and staff development                           | Substantially compliant |
| Regulation 23: Governance and management                                | Not compliant           |
| Regulation 24: Admissions and contract for the provision of services    | Substantially compliant |
| Regulation 3: Statement of purpose                                      | Compliant               |
| <b>Quality and safety</b>   |                         |
| Regulation 10: Communication  | Compliant               |
| Regulation 17: Premises   | Compliant               |
| Regulation 18: Food and nutrition                                       | Compliant               |
| Regulation 25: Temporary absence, transition and discharge of residents | Compliant               |
| Regulation 26: Risk management procedures                               | Compliant               |
| Regulation 29: Medicines and pharmaceutical services                    | Compliant               |
| Regulation 5: Individual assessment and personal plan                   | Not compliant           |
| Regulation 6: Health care   | Not compliant           |
| Regulation 7: Positive behavioural support                              | Compliant               |
| Regulation 8: Protection  | Compliant               |

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

Inspection ID: MON-0021828

Date of inspection: 28 and 29/01/2019

## 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: 2 carestaff and 1 staff nurse have commenced in the designated centre since the monitoring inspection.</p> <p>4 staff have been successful at interview and are currently being processed including clinical nurse manager 1, carestaff and staff nurse.</p> <p>Interviews are scheduled for 12th March 2019.</p> <p>Active recruitment campaign continues for designated centre.</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 schedule in place for 2019 to ensure all staff receive mandatory training.</p>  |                         |
| Regulation 23: Governance and management   | Not Compliant           |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Regular team meeting in place will continue to be scheduled.</p> <p>All actions from the Provider Representative Reports, Annual Quality Report will be logged and progress tracked in an appropriate timeframe.</p>  |                         |
| Regulation 24: Admissions and contract for the provision of services   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 24: Admissions and</p>  |                         |

|   |                      |
|---|----------------------|
| <p>contract for the provision of services:<br/> The Contract of Care will be reviewed to ensure it includes any additional fees. A full copy of the contract of care will be kept in in residents personal file and will include details of all costs.</p>  |                      |
| <p>Regulation 5: Individual assessment and personal plan</p>  | <p>Not Compliant</p> |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:<br/> All residents' careplans will be reviewed to ensure that they each have a comprehensive assessment, an appropriate action plan and evaluation which is reflective of their needs. An annual multidisciplinary team meeting has been scheduled for all residents in 2019 which commenced in Janaury 2019 prior to the monitoring inspection<br/> All residents will have a personal plan in an accessible format.</p>      |                      |
| <p>Regulation 6: Health care</p>  | <p>Not Compliant</p> |
| <p>Outline how you are going to come into compliance with Regulation 6: Health care:<br/> All residents careplans will be reviewed to ensure they have a comprehensive health assessment, an appropriate action plan and evaluation in place where required. Residents whom meet the criteria have been and will continue to access national screening programs as appropriate including bowel screening, retina screening and breast check.<br/> A team has been identified who are developing accessible information on health promotion.</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      | 30/06/2019               |
| 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      | 31/12/2019               |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised.   | Substantially Compliant | Yellow      | 30/03/2019               |
| Regulation 23(1)(a) | The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.   | Not Compliant           | Orange      | 30/06/2019               |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to   | Not Compliant           | Orange      | 30/03/2019               |



|                     |   |                         |        |            |
|---------------------|---|-------------------------|--------|------------|
|                     | residents' needs, consistent and effectively monitored.   |                         |        |            |
| Regulation 24(4)(a) | The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.  | Substantially Compliant | Yellow | 30/06/2019 |
| Regulation 05(1)(b) | The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis. | Not Compliant           | Orange | 30/06/2019 |
| Regulation 05(4)(a) | The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).  | Not Compliant           | Orange | 30/06/2019 |
| Regulation 05(4)(b) | The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.                                      | Not Compliant           | Orange | 30/06/2019 |
| Regulation 05(5)    | The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or  | Not Compliant           | Orange | 30/06/2019 |

|                     |  |               |        |            |
|---------------------|--|---------------|--------|------------|
|                     | her representative.  |               |        |            |
| Regulation 05(6)(c) | The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.                            | Not Compliant | Orange | 30/06/2019 |
| Regulation 05(6)(d) | The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments. | Not Compliant | Orange | 30/06/2019 |
| Regulation 06(1)    | The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.   | Not Compliant | Orange | 30/06/2019 |
| Regulation 06(2)(e) | The person in charge shall ensure that residents are supported to access appropriate health information both within the residential service and as available within the wider community.   | Not Compliant | Orange | 30/06/2019 |