Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Sonas Bungalows - Sonas Residential Service
Centre ID:	OSV-0003738
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Lorraine Macken
Lead inspector:	Helen Thompson
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
03 August 2016 09:35	03 August 2016 17:30
04 August 2016 09:35	04 August 2016 17:15

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was an unannounced inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The required actions from the centre's registration inspection in June 2014 were also followed up as part of this inspection.

How we gathered our evidence

Over the two days, the inspector met with a number of the staff team which included care staff, household staff, the person in charge, the CNM1 and some of the nursing team. On day one the inspector conducted a lengthy introductory meeting with the CNM1 who was deputising for the person in charge and then met with the person in charge on day two. The inspector also talked with six residents to garner their opinions on living in the centre. Additionally, in assessing the quality of care and support provided to residents, the inspector spent time observing staff engagement and interactions with residents across a number of the units.

In general, residents appeared happy and contented in their home and some highlighted that they had originally requested to come and live there. They noted to the inspector that they were very happy with staff and would talk to them if they had a problem. Also, residents reported that they were very happy with the food and their healthcare supports. However, in further discussion residents in two of the units highlighted that they were not happy living with some of their current peer group and wanted this situation to be addressed.

Also, as part of the inspection process the inspector spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files, the centre's complaints log and a number of the centre's policy documents. The inspector also completed a walk through all of the centre's six units.

Description of the service
The service provider had produced a statement of purpose which outlined the service provided within this centre. This large centre was comprised of six bungalow type units within a campus based setting which was located in an urbanised area. The bungalows were identified as either a 24 hour nursing house or as a sleepover house. Staff in these houses were on waking duty from 07:00 to 23:00 hours. Each of the three nursing houses was linked with a corresponding sleepover house. There was capacity in the centre for 36 residents but on the day of inspection it was home to 35 female residents over 18 years of age. The statement of purpose stated that residents' needs included physical disabilities, behaviour support, epilepsy management and a number of medical conditions. Residents needs were primarily identified as being of a medium and high support level.

Overall judgment of our findings
Eleven outcomes were inspected against with major non-compliances found in the core outcomes of safeguarding, in workforce and in residents' rights, dignity and consultation. Additionally, the inspector found moderate non-compliance in the core outcomes of governance and management and health and safety and risk management. A gap was also observed in the centre's notifications of incidents to HIQA.

Internet access needed to be available for all residents for outcome 2 (communication) to move from substantial to full compliance. With regard to residents, admissions and contracts for the provision of services improvement was required in the signing of the contract by a resident's representative.
The inspector found that residents' medication and healthcare needs were well supported. Overall, residents' social care needs were being supported though recent demands and evolving needs were noted to be impacting on this area.

These findings along with others are further detailed in the body of the report and the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
In general, the inspector found that residents were consulted with and participated in decisions about their care and about the organisation of the centre. However, significant improvements were required in the centre's response to, management of and support of residents' complaints. Additionally, improvements were required in the facilitation of residents' privacy and dignity and one of the actions from the previous inspection was not observed to be fully implemented.

The inspector observed that residents' complaints were not dealt with in line with the regulatory requirements. The centre's complaints report form demonstrated that a recorded complaint was not properly documented, followed up or signed off. There was no recorded evidence that any of the required measures for improvement were put in place and in discussion with the inspector the complainant noted that the matter had not been addressed though they had discussed it with the local complaints person. The complainant reported that the matter of their complaint had been an issue for a period of time and that they had previously highlighted their safeguarding related concerns. The inspector observed that the poor response and lack of systematic addressing of this matter for the resident led to them residing in an environment where they had concerns for their safety.

The inspector found that some residents' privacy and dignity was being breached as there was a practice that nurses from the 24 hour nursing support houses were conducting routine checks on three occasions during the night for residents in the sleepover houses. On review of some residents' files the inspector failed to find a clearly

documented rationale to underpin this intrusion for residents. Staff noted to the inspector that some of the checking related to staff's sense of a duty of care rather than an evidence based reason.

Whilst observing residents' mealtimes in some units, the inspector noted that a number of residents appeared to automatically wear an institutional type clothing protector garment.

With regard to the support of residents' finances the inspector observed that there was some improvement since the previous inspection with increased transparency found in residents' finances, with expenditure in general for residents and that systems had been established for communication with residents' families regarding these matters.
In one of the units the inspector found that one resident from the six that lived there managed their money through their own bank account. The need to explore access to personal bank accounts for residents had been identified on the previous inspection and the provider had committed to addressing the matter by 31 October 2014.
Additionally, review of another resident's file identified that the person did not have access to their own bank account and that the service manager only was documented as their next of kin. There was no indication of any independent advocacy consultation for this resident.

Judgment:
Non Compliant - Major

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector found that some residents did not have access to an internet facility. This had been identified on the centre's previous inspection and the provider had committed to completing this action by 31 August 2014.

Since then, internet access had been installed for residents in two of the six units. The inspector was informed by the person in charge and provider nominee that this situation was under review and discussion had taken place with the service provider's technical manager. However, no timeframe was available for the implementation of this outstanding action.

Judgment:
Substantially Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The centre had addressed the issue identified on the previous inspection. Residents' contracts now contained a breakdown in relation to fees charged. The inspector found that staff practices were informed by this process and noted evidence in residents' files of communication with families regarding additional cost requirements.

However, on review of one resident's contract the inspector noted that it was signed off by a member of the service provider's management team rather than the resident or their representative. This practice required review to ensure regulatory compliance.

Judgment:
Substantially Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Overall, the inspector found that the wellbeing and welfare of residents was supported with their needs outlined in their personal plan. Good practices were noted regarding the identification, implementation, review and evaluation of residents' social goals. Residents were facilitated to participate in activities that were appropriate to their interests and preferences. The inspector observed that the residents and their representative were involved in the personal planning process and accessibility in their documentation was noted. There was evidence of review in line with residents' changing and evolving needs. Residents were found to be supported during times of transition between services.

From a review of plans, discussion with staff and residents' representatives and general observation the inspector found that the needs and wishes of residents were assessed as required. Plans were available to inform and guide staff in supporting residents' needs and wishes. The inspector noted that plans were made available to residents in an accessible format. Residents and their representatives were found to be involved in review and planning meetings. The inspector observed that a number of meetings occurred during the course of the inspection process. Residents informed the inspector that they enjoyed their review meetings. Also, residents were looking forward to the upcoming centre family day event. Residents were found to be have multidisciplinary input into their plans as required.

The inspector observed that residents attended a campus based day service. Residents were also noted to participate in a number of community based activities which included going to mass in the local parish, bingo, lunches and shopping. Residents informed the inspector that staff facilitated and ensured that they got out regularly. Residents' social goals were found to be planned with their participation, the benefits of the goal to them were identified, action plans were drawn up to support the implementation and the goals were evaluated post implementation. The inspector observed that residents' goal implementation was also recorded in pictorial formats with individual scrapbooks developed.

The inspector reviewed a number of files which demonstrated that residents were consulted with and supported around transitions. There was evidence that proposed moves are planned in a person centred manner and involved sampling of the proposed new centre with review and evaluation of the resident's response post sampling. This information was then utilised in the final decision making process with the resident.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Overall, the inspector found that there were systems in place to ensure the health and safety of residents, staff and visitors. However, some improvement was required to ensure that that all risks in the centre were identified, comprehensively assessed and mitigated.

Each unit in the centre had a risk register which identified the specific risks for that location. These included safety, manual handling, falls, challenging behaviour, absconding, restrictive practices, fire evacuation and staff member safety risks. However, no risk assessment had been completed to underpin the practice at night of the staff nurse in the 24 hour nursing led bungalow leaving residents in that unit unsupervised whilst they conducted checks three times a night in a sleepover house. Additionally, the inspector noted that some residents' risk assessments were not reviewed within their specified timeframe in accordance with the centre's procedures for managing risk.

The centre had appropriate fire equipment in place. The inspector reviewed certificates that extinguishers, the fire alarm and emergency lighting were regularly serviced. The fire register also demonstrated that checks were completed for fire exits, fire panels, evacuation equipment and emergency lighting. The fire alarm was also activated on a weekly basis.The inspector observed that each unit had fire guidelines available in the hall and that fire drills were regularly conducted with residents. Residents had risk assessments completed to underpin their evacuation needs.

However, the inspector noted that not all risk assessments were updated to fully reflect residents' current needs and supports, for example, an evacuation issue with a resident in May 2016 was not followed up and did not lead to a review of the resident's risk assessment. Also, the inspector found that this resident recently presented with the same evacuation issue when being supported by an agency staff member. Staff informed the inspector that recently other strategies were explored but this was not documented. The inspector also found that a risk assessment did not reference a resident's sensory disability as outlined in their file and in the staff' member's description of the resident's evacuation supports.

The centre had systems in place for the investigating and learning from serious incidents as part of the service's health and safety committee. One of this centre's staff is a health and safety representative on the committee and co-ordinates the data generated from completed incident reports.

The centre had systems in place for infection control. The centre employed household staff and inspector found the centre to be very clean. There was adequate hand washing facilitates and personal protective equipment available throughout the centre.

The vehicles used by the centre were not inspected as part of this inspection.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Overall, the inspector found that though there were measures in operation in the centre to protect residents from being harmed or suffering abuse, significant improvements were required to ensure that residents in some units were fully protected by these measures. There was a positive behaviour support approach evident for residents that engaged in behaviour that was challenging. The centre was found to promote a restrictive free environment for residents but some improvement was required to fully meet regulatory requirements.

During the inspection some residents reported that sometimes they were afraid of other residents that they lived with. The inspector found that residents were aware that they could talk to staff, they had expressed their concerns and were awaiting an improvement in their living situation. Residents also reported that issues were discussed at their local house meetings. Staff additionally highlighted the current safeguarding needs for some residents.

The inspector found that incidents between residents were reported, recorded and reviewed. The provider was observed to be aware of the current situation for some residents and was attempting to find solutions to bring about improvements.

Staff members could outline how they would respond to potentially abusive situations for residents and were clear with regard to their reporting responsibilities. The inspector found that in general there were systems in operation for responding to incidents, allegations and suspicions of abuse and that these were being utilised for residents. However, the inspector found that as per the previous inspection a staff member had not received training in the safeguarding of vulnerable adults. Also, the person in charge noted that other staff needed to attend refresher training in safeguarding.

In general, the inspector found that residents' positive behaviour support needs were being assessed, supported, monitored and reviewed. Residents were supported by a multidisciplinary team which included a clinical nurse specialist in behaviour, psychiatry and social work. The inspector noted that there was evidence of regular reviews of the residents' behaviour that was challenging and noted that these were responsive to changes in residents' presentation with ongoing efforts being made to identify possible underlying causes.

However, staff had not been provided with all the necessary training and education to facilitate them in fully supporting the needs of some residents that engaged in behaviours of concern. This training gap was also highlighted by the new person in charge.

The inspector found that restrictive practice usage with residents was being tracked, recorded and notified. There was evidence of regular review of the restriction and a protocol to underpin its usage and guide staff practice. However, the inspector did not observe evidence of discussion with the resident's representative regarding this restriction or of consent for its usage.

Overall, during the inspection staff were observed to treat residents in a warm and respectful manner. Additionally, residents highlighted to the inspector that staff members were lovely and treated them very well. The centre was found to have the policies as required by regulation in place.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that a record of incidents that occurred in the centre was maintained. However, during the inspection process the inspector found that a safeguarding incident with a resident had not been notified to HIQA as required. This incident was subsequently notified post inspection.

Judgment:
Substantially Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Overall, the inspector found that residents in this centre were supported to achieve and enjoy the best possible health.

A review of residents' plans showed that their healthcare needs were being responded to in a timely manner, were assessed and supported. The inspector found that residents were supported by a multidisciplinary team which included psychiatry, clinical nurse specialist in challenging behaviour, psychology and physiotherapy. Residents also attended allied health care services which included specialist clinics, ophthalmology, haematology and endocrinology. Also, the inspector noted that residents were facilitated in referral to and accessing specialist diagnostic services and external sensory disability services.

The inspector observed that residents were well supported by their general practitioner who visited the centre on a daily basis and was available to review residents' healthcare needs as required. Residents informed the inspector that they were happy with this service.

Residents' nutritional needs were assessed and documented in their care plans and the inspector noted that a dietician was available to residents as required. Specialised diets were facilitated for residents.

The inspector found that residents' food choices and preferences were acknowledged and supported. The inspector observed that the residents were supported with weekly menu planning for the meals that were supplied from the centralised campus kitchen. Meal preparation and cooking was also facilitated in the units with some residents' participation. Residents were noted to be generally involved in the preparation for mealtime, for example, in the setting of the table. Residents informed the inspector that they were happy with the food provided to them.

The inspector observed residents having their meals on a number of occasions and noted that mealtimes appeared to be a positive and social event. Drinks and snacks were also freely available to residents throughout the day.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Overall, the inspector found that residents were protected by the centre's policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Medicines, including control drugs, in the centre were stored as required and residents' medication records were kept in a safe and accessible place.

A pharmacist was available to the residents and there was evidence of ongoing review of the residents' medical status and their medication. Medication in this centre was only administered by registered nurses.

There was a system in place for reviewing and monitoring safe medication management practices. Medication errors were discussed and reviewed at a sub-committee of the service's health and safety committee. Medication management auditing was completed on a weekly basis.

The inspector noted that no residents in this centre were responsible for the administration of their own medication.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Overall, the inspector found that the management systems in place in the centre did not ensure the delivery of safe and quality services for residents. Also, improvements were required to ensure that the service provided is effectively monitored, especially with regard to oversight of critical data sets, for example, complaints and in facilitating the person in charge to have supervision of all staff members. Additionally, the centre needed to ensure that the required six monthly visits and annual reviews are completed in line with regulatory requirements with residents and their representatives clearly consulted regarding their opinions on the quality of care provided.

The centre's management systems did not ensure that the service provided to some residents was safe and consistent with all of the residents' needs and wishes. This was particularly evident from the inspector's findings under outcome 7 where some possible risk to residents had not been identified and mitigated, under outcome 8 where gaps were identified in safeguarding for residents and under outcome 17 where staffing deficits were identified. Additionally, under outcome 1 the inspector found gaps in the centre's response and management of complaints, in the maintenance of residents' privacy and dignity and residents' finances.

The inspector noted that the person in charge and provider nominee were aware of the current situation for residents and were in the process of addressing issues, especially with regard to staffing deficits and safeguarding of residents.

No annual review of the quality and safety of care in the centre was available for the inspector to review. The inspector observed that six monthly unannounced visits were conducted by the provider with areas for improvement identified. However, the inspector noted that the timeframe was beyond the six month requirement with the last two completed on 11 May 2016 and 24 September 2015 respectively. Additionally, there was room for improvement in the implementation and tracking of the identified actions to ensure that they brought about improved outcomes for the residents.

The inspector found that there was a clearly defined management structure in place with clear lines of authority and accountability. This was devolved down to the individual unit as each one had its own house leader whom the person in charge met with on a monthly basis. The person in charge took up the role in recent months and is supported by a CNM3/service manager. The person in charge demonstrated sufficient knowledge of the legislation and their responsibilities and was involved in the governance and management of the centre. Additionally, they were committed to their own professional development. However, during interview the inspector was informed by the person in charge that they would shortly be leaving to take up this role in another of the service's centres.

There are clear arrangements for the absence of the person in charge which were observed on the first day of the inspection as the CNM1 deputised. Generally, the person in charge and their deputy were supernumerary and they conducted daily walkabouts of all the units. The inspector noted that they were easily identifiable to the residents. Also, the inspector observed that staff meetings occurred in the centre and there were arrangements in place for staff to exercise their responsibilities and express any concerns regarding the quality and safety of the services provided.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Overall, the inspector found that the number of staff in the centre was insufficient to comprehensively meet the assessed needs of the residents and to ensure the safe delivery of services. A gap in the continuity of care for residents was also identified. Some staff member's training was not current. The staff appraisal system had not been commenced with staff in 2016. The regulatory requirements for volunteers were being met.

Throughout the inspection process the inspector made several observations which demonstrated that the staffing levels were insufficient to support residents' needs and wishes, especially in one unit of the centre where residents were presenting with an increase in their support requirements for their behaviours that challenge. Observations included insufficient staff numbers to ensure adequate supervision and safety of residents with minimal staff numbers available in the evening. The inspector observed on day two, that from 15:00-20:00 hours there was two staff to support six residents with complex and very high support needs in one unit. Also, in another unit, apart from a two hour overlap period, there was one staff throughout the day to support six residents with complex evolving needs. The inspector was informed that extra staff hours that had been introduced as an additional support for a unit in early July 2016 were no longer provided though the inspector found that residents' needs were unchanged.

Additionally, a reduction in the evening staffing complement limited the option of supporting residents' social goals and sometimes led, according to some residents, to a situation where they had to leave their unit and stay behind in another if they did not wish to go out with the main group. The staffing deficit was highlighted by residents who noted to the inspector that sometimes there was not enough staff to supervise and that this situation may be contributing to some safeguarding issues that they were experiencing. Also, staff members noted to the inspector that sometimes they struggled

to ensure that residents were facilitated with social outings if others required a higher level of support to meet their needs.

The person in charge identified staffing issues and the subsequent effects for residents as the biggest concern for the centre. He noted that this issue was being discussed and reviewed with the centre's management team.

Due to a number of leave vacancies the centre was observed to utilise a number of agency staff to cover weekly gaps in the roster. The inspector found that this situation contributed to a break in the continuity of key supports for a resident where the agency staff member did not implement the resident's required support strategies to ensure a successful evacuation during a fire drill.

In response to an action from the previous inspection the centre now maintained a planned and actual staff rota.

The inspector observed that there were some gaps in staff training requirements, for example, manual handling and fire.

Informal supervision arrangements were in place with the person in charge or their deputy conducting daily walk rounds in all the units of the centre where they checked in with staff regarding that day's issues. A staff appraisal system was in operation; however, none had been completed for 2016, though staff were noted to be dealing with a number of increased demands.

Additionally, the inspector observed that the current roster system hindered the person in charge's ability to adequately supervise and facilitate governance over the practices of staff that worked twilight shifts only. This was recognised by the deputy person in charge who verbally outlined a plan to address this matter through shift changes.

Volunteers were active in supporting residents within the centre and the community. They were supported by the service provider's volunteer co-ordinator. The inspector observed that they had provided a vetting disclosure, had their roles and responsibilities set out in writing and were receiving supervision.

Judgment:
Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Helen Thompson
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Action Plan

Provider's response to inspection report[1]

Centre name:	Sonas Bungalows - Sonas Residential Service
Centre ID:	OSV-0003738
Date of Inspection:	3 August 2016
Date of response:	13 September 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Night time checks were being routinely conducted for some residents. Also, a number of residents were observed to wear an institutional type clothing protector garment.

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
A comprehensive assessment involving GP and service users is ongoing. This assessment will be utilised in the final decision making process with service users and members of MDT. Families will be informed of outcome.

The use of institutionalised protective garment has been discontinued to majority of the service users except for some who require/need to wear in order to maintain their independence at mealtimes as and as per their wishes. An alternative table napkin is currently on order.

Proposed Timescale: 31/10/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents had not been facilitated with access to advocacy support services.

2. Action Required:
Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

Please state the actions you have taken or are planning to take:
The Acting PIC has commenced utilising independent support and advocacy services through SAGE and will continue to utilise independent advocacy services for service users if the need arises. There is also an Advocacy Group within the Campus which service users attend at the end of every month. This is facilitated by Head of Social Work/ CNM1 and Staff Nurse.

Proposed Timescale: 30/10/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents did not have access to personal bank accounts.

3. Action Required:
Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

Please state the actions you have taken or are planning to take:
The Registered Provider will envisage that service users will have their own personal bank account/post office account.

Proposed Timescale: 31/03/2017

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The measures required for improvement in response to residents' complaints had not been put in place.

4. Action Required:
Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

Please state the actions you have taken or are planning to take:
The social worker and PIC have met with service user in relation to the complaint. Minutes of meeting are available on file. The Registered Provider will ensure that designated Complaints Officer will communicate all complaints to PIC and Registered Provider as per Policy, to comply with the regulation. The service user has expressed her satisfaction with the outcome.

Proposed Timescale: 23/08/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents' complaints were not investigated promptly.

5. Action Required:
Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

Please state the actions you have taken or are planning to take:
The PIC linked in with the Complaints Officer on 10.08.2016 and with immediate effect all complaints will be communicated to PIC and to Registered Provider to ensure that complaints are investigated promptly as per regulation.

Proposed Timescale: 10/08/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records of residents' complaints were not fully recorded and did not detail investigations, actions implemented and the residents' satisfaction or not with the process.

6. Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The PIC, Service User and Social Worker had a meeting on 2 occasions. Minutes of meeting available on file. Also a separate meeting between Complaints Officer and Service User was held. Outcome of both meetings was to residents satisfaction and service user recommended closure to this complaint.

Proposed Timescale: 23/08/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Internet access was not available to residents in four of the six units of the centre.

7. Action Required:
Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

Please state the actions you have taken or are planning to take:
Internet Café to be set up in Boardroom while funding is being sourced for wifi in all areas by March 2017. The Registered Provider has spoken to IT Consultant. Costing for instillation of internet access has been completed. The Registered Provider is to meet with funding agent to seek finance to complete project.

Proposed Timescale: 31/12/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A resident's contract was not signed off by them or their representative.

8. Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:
The Registered Provider will ensure that the service users will sign their contract of care. In the case that service user does not have next of kin and does not have the capacity, an independent advocate will be utilised. A recent meeting was held with the independent advocate. A copy of contract of care was given for her to peruse. She will come back to us in the coming weeks and discuss further. A list of service users who do not have a next of kin was submitted to the independent advocate also and she expressed her willingness to work with the service.

Proposed Timescale: 31/12/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All risks to the residents were not identified, assessed and mitigated.

9. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
A risk assessment has been carried out by Night Managers and staff nurses. A comprehensive assessment involving GP and Service Users is ongoing. These will be utilised in the final decision making process with service users and members of the MDT.

Proposed Timescale: 31/10/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Issues identified with residents during drills were not followed up by a review and effective communication to all staff of the residents' current evacuation support requirements.

10. Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
Following failed fire evacuation during fire drill, a repeat fire evacuation was carried out on 05.08.2016 implementing service user PEEP and was successful. Staff to ensure that agency staff are orientated to service user's PEEP for effective fire evacuation.

Proposed Timescale: 05/08/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not been provided with all the necessary training and education to facilitate them in fully supporting the needs of some residents that engaged in behaviour that was challenging.

11. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
As per MDT meeting held on 30.06.2016, PIC will ensure that staff working with service users with Behaviours that Challenge will be prioritised to attend Studio 3 Training. The next training date will be on 19th – 21st October 2016 inclusive and 8th – 10th November 2016 inclusive. Also 8th – 10th February 2017 inclusive. It is the aim that 3 staff go to each session.

The Education Training Department is responsible for facilitating all training within the centre and therefore we must adhere to their calendar.

Consultant Psychiatrist to provide staff with sessional training in relation to diagnosed mental health issues within the designated centre is scheduled on 1st November 2016. CNS in Autism to continue to provide input and support in relation to management of behaviour of concern.

Proposed Timescale: 30/06/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents were not found to be protected from abuse.

12. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
The Registered Provider to meet service users about their concern to date. Living arrangements is currently under review. Additional behaviour support in place to support service users.

Proposed Timescale: 30/09/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff had not received training in the safeguarding and protection of vulnerable adults.

13. Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
The PIC will ensure all staff will attend Service User's Protection and Welfare Training. Next training scheduled for Tuesday 13th September 2016. All staff will have attended by end of year. Service User Protection Welfare Training is facilitated by Social Workers in conjunction with Training Department and therefore we must adhere to dates submitted to us.

Proposed Timescale: 31/12/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge did not notify HIQA of a safeguarding matter for a resident.

14. Action Required:
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Please state the actions you have taken or are planning to take:
PIC has submitted notification to HIQA on 6/8/2016 and service user expressed her satisfaction of the outcome. PIC will ensure all future safeguarding incidents will be notified to HIQA promptly as per regulations.

Proposed Timescale: 23/08/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre's management systems did not ensure that the service provided to some residents was safe and consistent with their needs and wishes.

15. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
The PIC to review complaints report forms monthly and ensure all are followed up appropriately within the time frame as per organisational policy.

Proposed Timescale: 23/08/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The timeframe for the provider's six monthly visits was outside of the required timeframe and improvement was required in the implantation of actions to ensure improved outcomes for residents.

16. Action Required:
Under Regulation 23 (2) (a) you are required to: 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 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.

Please state the actions you have taken or are planning to take:
The Registered Provider will ensure that 6 monthly Quality Care and Safety Audits be carried out as per regulation.

Proposed Timescale: 31/12/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Annual reviews of the quality and safety of care and support in the centre had not been completed.

17. Action Required:
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
Annual review of quality and safety of care and support in the centre commenced on 27th July 2016. At the time of the HIQA visit 2 of the houses within the centre remain to be visited and the report relating to this review was not completed. It will be agreed with PIC and Nominee Provider and available in the Service by 23rd September 2016

Proposed Timescale: 31/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were insufficient staffing levels to comprehensively support all of the residents' assessed needs.

18. Action Required:
Under Regulation 15 (1) you are required to: 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.

Please state the actions you have taken or are planning to take:
Currently there are no permanent vacancies in Sonas. CNM2 position has been advertised and interviews to be scheduled. Staff Nurses and Care Staff to be recruited for relief panel to replace staff currently on maternity leave. When 2 staff are on duty at the same time outside of these three houses there, there is a system of additional support from linked houses.

Proposed Timescale: 30/11/2016

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did not receive continuity in their care and support needs.

19. Action Required:
Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

Please state the actions you have taken or are planning to take:
Service to ensure that any booking of agency staff is kept to an absolute minimum. The PIC will carry out review of rosters with Senior Management Team.

Proposed Timescale: 30/11/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were gaps in staff training requirements.

20. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
PIC to update all training records and identify any training needs. The PIC will submit training needs to Management/Training Department by end October 2016.

Proposed Timescale: 31/10/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff supervision was not being fully provided and implemented for staff in the centre.

21. Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
PIC to develop plan for completion of annual performance appraisals. PIC has commenced shift changes to facilitate supervision of staff working alternative hours ie. Twilight and night shift supervision through shift changes.

Proposed Timescale: 30/09/2016