



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

Name of designated centre:	Sonas
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	11 October 2018
Centre ID:	OSV-0004773
Fieldwork ID:	MON-0025214

About the designated centre

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

The provider described the centre as one which endeavored to provide a homely environment for the residents. This centre was campus based, consisted of three bungalow style houses and catered for up to 28 residents. Services provided included residential care for adults, both male and female. In addition to the bungalows there is also a swimming pool, a church, a day services, footballs pitches and expansive green areas. The service supported individuals who had a range of intellectual disability, some of whom also displayed behaviours that challenge. Many of the 27 residents in this centre have complex medical, mental health and social needs. Most residents have lived in the centre for many years and are aging in profile. Overall a good standard of care, including skilled 24hour nursing care, is provided in the centre. A number of residents availed of day services which were accessible on site.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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How we inspect

To prepare for this inspection the inspector or 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
11 October 2018	09:00hrs to 18:00hrs	Cora McCarthy	Lead

Views of people who use the service

The inspector met with seven residents who resided in this centre. Some residents communicated in a non verbal manner and therefore could not tell the inspector their opinions of the service. However the inspectors observed residents and noted the positive interactions that took place between residents and staff. Staff were able to interpret resident's vocalisations, needs and preferences. Residents were seen to be relaxed in the company of staff and there was a calm atmosphere in this home throughout the inspection. Residents who were verbal stated they were happy with the care they received. The inspector observed staff members supporting residents at mealtime and the residents appeared happy with the care and support provided by staff. Staff on duty in the centre interacted with residents in a warm and caring manner and the centre was decorated with personal items of the residents such as photos of family members and outings.

Capacity and capability

The inspector found the capacity and capability of the provider supported the delivery of a safe service.

The provider had ensured that there was a good governance and management structure in place to ensure that a good quality and safe service was provided to the residents. The person in charge provided effective leadership and governance and was knowledgeable regarding the regulations and their statutory responsibilities.

There were adequate staff resources and skill mix to meet the residents' assessed needs, which supported the delivery of a good standard of care to the residents. Staff were appropriately trained and competent and a staff training matrix was available to view.

The inspector reviewed quality assurance measures taken by the provider to audit service provision and found the audits were effective in identifying areas of concern or non-compliance's with the regulations. In addition, the annual review and the unannounced six-monthly audit completed by the provider, of their assessment of the quality of care and service provision in this centre evidenced that actions had been taken to address identified issues. However some recommendations from allied health professionals were not adhered to. The residents and staff could raise any concerns regarding the quality and safety of care

delivered.

The service being delivered to the residents was observed to be in keeping with the centre's current statement of purpose.

The required policies to inform and guide staff practices when supporting residents and their needs were available.

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced and had a very good understanding of the residents' care needs. Residents were very familiar with the person in charge and appeared to have a very positive relationship with them.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that an appropriate number, qualification and skill mix of staff were employed to meet the assessed needs of the residents. Staff were familiar with the residents' needs and there was continuity of care. The person in charge ensured that there was a planned and actual staff rota and it was appropriately maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with training needs and appropriate support and supervision was in place for all staff members.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was good governance and management structures in place to oversee the operational management of the service. The quality of care in the service was monitored through a system of audits, and six-

monthly unannounced visits to ensure that the service provided was in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose and found that it contained the information as outlined in Schedule 1 of the regulations. The provider made a copy available to the residents and their families.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider maintained a record of all notifications submitted to the Chief Inspector. The inspector viewed a sample of accident and incident forms and found that the person in charge had notified the authority of all adverse incidents which has occurred in the designated centre.

Judgment: Compliant

Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the resident was good. The inspector found that the assessments of the residents' health and social care needs was not comprehensive. There was a staff member identified to support the resident with goal setting and achieving goals.

Overall the health and well being of the residents was promoted in the centre. However, communication assessments were required to be carried out for all residents and communication training for staff to meet the residents' assessed needs.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents from abuse.

The centre had a comprehensive medicines management system to support the residents' needs. Residents were facilitated to access a pharmacist and GP of their

choice. There was evidence of review of residents' medical and medicines needs. Staff that administered medicines to residents were trained in its safe administration and there was evidence of medication audits.

The residents were supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of a day service and community facilities and amenities. The residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. There were supports in place for residents to develop and maintain personal relationships in accordance with their wishes.

The residents had their own bedroom, access to shared spaces and adequate room for family or friends to visit at each resident's request. The inspector observed that the residents' home was warm and homely. Areas that required improvement included the bathrooms which required upgrading.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. Over the course of the inspection, staff engagement and interactions with the residents were observed to be person centred and positive in nature.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. The risks were recorded on the organisational risk register. Examples of these would be missing persons, injury to a resident, behaviours of concern and choking risks.

There were systems in place and supports available to manage behaviour that challenges in the centre. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges. However the behaviour support plan required to be reviewed and updated.

Restrictive practices were in place in the centre but were reviewed regularly in line with best practice and the organisations policies and procedures.

Regulation 10: Communication

Communication assessments were required to be carried out for all residents and communication training for staff to meet the residents' assessed needs. All residents had access to television, newspapers and radio.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support having regard to the nature and extent of the resident's disability, needs and their wishes. The residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. The residents were facilitated to develop and maintain personal relationships in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The inspector observed that overall the resident's home was maintained to a high standard and was warm and homely. The sanitary facilities were outdated and institutional in design and layout but were clean on the day of inspection.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual dietary needs and preferences. Residents who were assessed as requiring dietary assistance were supported with this.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk management policy was implemented and covered the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had a good fire management system in place in terms of regular fire drills, servicing of equipment and personal evacuation plans. However new fire systems were being installed as per conditions of registration.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider ensured that the residents had access to a pharmacist and GP of their choice. The inspector noted that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines. The storage and administration of controlled drugs was in accordance with the regulations.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that an assessment of need of each resident was carried out. However the communication and sensory needs of the residents had not been assessed and not all recommendations from health professionals were implemented.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The staff members (with whom the inspector spoke) had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges. However the behaviour support plans required review and updating.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. However a resident has been identified in the centre as suitable for transition to a more appropriate accommodation; to date this plan has not been progressed. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The person in charge ensured that the rights of all the residents were respected including age, race, ethnicity, religion and cultural background.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sonas OSV-0004773

Inspection ID: MON-0025214

Date of inspection: 11/10/2018

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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: <ul style="list-style-type: none"> • Currently the organisation has 1 Senior Speech and Language Therapist (SLT) as set out in our Service Arrangement. • Access to SLT is prioritized based on Safety risks and there risks in relation to EDS are prioritized. • Additional SLT posts are required to address support requirements in respect of Communication. • A business case has been submitted to the Funder for additional resources on the 17/06/2016. No approval has been secured todate in respect of this business case. • PIC to request quarterly updates from Director of Services on the status of submitted Business Cases. • Referrals template for communication assessment requirements compiled by speech and language therapist in consultation with person in charge on the 04/12/2018. • Referrals for all individuals who require a communication assessment to be sent to speech and language therapist using new referral form by 31st January 2019. • In the absence of communication assessments the following are tools utilised in the centre to aid communication: <ul style="list-style-type: none"> • Communication Passport • Positive Behaviour Support plan where required. • My Profile My Plan including the individuals Person Centred Plan 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual	

assessment and personal plan:

- The PIC will ensure that any recommendations within resources will be progressed.
- PIC will identify recommendations from health professionals which require additional resources and specific training and escalate to Director of Services.
- Sensory assessment referrals to be completed and sent to relevant disciplinary manager for all whom require same by 31st January 2019.
- Business case submitted to the Funder for additional SLT supports and to cover costs of replacing OT on Maternity leave.
- A plan to be agreed on how sensory assessments will be accessed by individuals supported who require this assessment and a business case will be developed and submitted to the funder by 28 February 2019.
- PIC to receive quarterly updates from Director of Services on the status of submitted Business Cases.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- Behaviour support plan reviewed on day of inspection is at an advanced stage of being updated. This will be completed by 31st December 2018.
- Business case has been submitted to the Funder to replace the CNSp on maternity leave.
- In the interim a meeting has been arranged between the Principal Psychology Manager and the Behaviour Support Team Leader to discuss supporting Behaviour Support department with their caseload. This meeting will take place by 14th December 2018.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- Business case was submitted to the Funder for funding to address safeguarding concern.
- DOS and Bawnmore Services Manager met with the HSE on 19th November 2018 to discuss this specific case. Funder confirmed that the business case had been escalated. We await feedback on status of funding.
- PIC to receive quarterly updates from Director of Services on the status of submitted Business Case.
- Number of residents in the house where there are safeguarding concerns has reduced by 1 (internal transfer of a resident) which is a further mitigation to the safeguarding

concern.

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	31/12/2019
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.	Substantially Compliant	Yellow	31/12/2019
Regulation 07(3)	The registered provider shall	Substantially Compliant	Yellow	31/03/2019

	ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/12/2019