Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sonas
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	18 October 2023
Centre ID:	OSV-0004773
Fieldwork ID:	MON-0041470

About the designated centre

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

This designated centre is based on a large campus setting within the environs of a large city. There has been a number of re-configurations of this designated centre in recent years. Currently the centre is comprised of three buildings and is registered to support a maximum of 16 residents. Adults both male and female with a diagnosis of intellectual disability are supported in this designated centre. Many of the residents in this centre have complex medical, mental health and social care needs. Many of the residents are physically dependant on staff interventions and support for all activities of daily living. The designated centre comprises of two bungalows and a large single storey building. A medical model of care was being provided to residents by a staff team comprised of a person in charge, nursing staff and care assistants. Residents were supported by staff both by day and night. One bungalow was not occupied at the time of this inspection due to planned upgrade works. The other bungalow had four single bedrooms, a staff office, a kitchen, a day / dining room, two bathrooms and a utility room. There was a small secure garden area to the rear. The larger house had eight single bedrooms, a kitchen, a dining room, a large open plan living room, an office, a snoezelen room, a music room, a staff room, two showers, a large bathroom area and toilets. There was a large well developed garden area to the rear.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 18 October 2023	09:40hrs to 15:00hrs	Elaine McKeown	Lead
Wednesday 18 October 2023	09:40hrs to 15:00hrs	Kerrie O'Halloran	Support

What residents told us and what inspectors observed

This was a short announced inspection of the designated centre to monitor the provider's compliance with the regulations and inform the decision regarding the renewal of the registration of the designated centre.

The inspectors had the opportunity to visit two of the three bungalows in this designated centre and met with eight residents during the inspection. Both inspectors arrived at one of the bungalows and introduced themselves to the staff who greeted them. One inspector then entered the centre as the other inspector went to visit another one of the bungalows. On entering the centre the inspector was asked by staff to sign into the visitors book and then was introduced to some of the residents. One resident had left to attend a day centre which was located on the campus. There were five residents living in this centre, with one resident living in an annex apartment. One resident was in the kitchen being supported by staff to have a snack, and later was seen to be listening to music. The inspector visited the resident in their apartment, which was decorated throughout with items that the resident loved. The resident here appeared very happy and showed the inspector various items they had purchased at a local car boot sale which they are supported to attend regularly. Warm interactions were seen between the staff and the resident. A staff member showed the inspector around the rest of the centre, and discussed the excitement in the centre that they would be moving to a new premises later this year as part of the provider's plan. The inspector briefly greeted another resident who was resting in their bedroom. Later in the morning the inspector met another resident who was being supported by staff to get ready for their day ahead. The staff offered the resident a choice of breakfasts and the resident communicated with the inspector that they were very happy. The staff spoke about outings and events the resident had recently attended, which included sporting events, concerts and day trip on a boat. The resident had moved to the centre at the beginning of the year and was supported to maintain relationships with family and friends, which they met regularly. The resident appeared very happy with the active life they had.

Staff in the second house introduced the inspector to the four residents living there. On arrival two of the residents were leaving with a staff member to attend activities in the activity hub which was located on the campus. A staff introduced both of the residents and explained to the residents who the inspector was and why they were visiting. Both residents were observed to be wearing waterproof clothing appropriate to the poor weather conditions at the time. Upon entering the hallway the inspector observed that the staff team had displayed the easy-to -read information sheets referring to the planned visit of the inspectors.

One resident was introduced to the inspector as they completed some table top activities with blocks in a sensory room which was decorated with butterflies and warm colours. The staff member present outlined how the resident liked to spend time in this room by themselves while positioned in front of a window through which

they could easily look out to see activity of transport vehicles, peer residents and staff passing by.

Another resident was introduced to the inspector after they had completed their morning routine with the support of a staff member who was familiar with the preferences and assessed needs of the resident. Staff explained how the resident liked the large communal space in the house and how they liked to keep doors closed which was observed by the inspector during the time they were in the house. This resident had moved into the house at the start of 2023 and was being supported to manage a medical condition with input from a consultant. Staff outlined how the resident was coping well in recent months and showing signs of being more relaxed in their environment.

The staff team in one of the houses had a record of monthly initiatives that had taken place since the start of 2023. Previously some of these activities would have been considered an event that occurred occasionally. Staff described these events as now part of the general activities which residents were supported to attend regularly. These included going to the circus, cinema, concerts in a number of different venues, swimming and socialising in the community.

Staff spoke in particular of the positive outcomes for two residents who had moved into houses in this designated centre since the previous inspection in August 2022. Both had larger bedrooms and more communal space available to them. In particular, one of the resident's had experienced a positive impact on their quality of life and was consistently engaging in activities such as swimming with staff which would not have previously been possible for the resident to enjoy due to their anxiety levels at the time. For example, the resident had enjoyed a boat trip, attended a barber and visited shops and restaurants with staff support which would not have previously been activities that the resident would have actively engaged in. Staff spoke of the benefits observed for the resident since they moved into their new home which included a reduction in some institutional behaviours and increasing expression of choice. They spoke of how the different environment and increased activities has '' changed the resident's life for the better''.

Staff spoke enthusiastically about upcoming planned activities for a number of residents which included over night short breaks to a large tourist town and attending the provider's masked ball. The provider had deployed dedicated day service staff to the designated centre who were available to support residents to attend activities including at weekends. This flexible approach facilitated the residents to attend sporting events, concerts and other community activities regularly.

Maintaining relationships and close connections with family and friends was an important aspect to the lives of the residents in this designated centre which staff supported. In addition, one resident had been supported to visit their family home following the death of a close relative. Familiar staff provided the resident with a social story and followed the resident's visual routine during the visit which was found to be of benefit to the resident. Another resident frequently met with friends with whom they had previously lived with in another house on the campus. A

resident was also supported to celebrate a milestone birthday with their peers and staff team on the campus.

In addition, staff were aware of the importance of routines for a number of residents and outlined measures in place to support the residents with these routines. For example, one resident liked to look at a newspaper daily which was consistently facilitated. However, in advance of no newspaper being available on Christmas day in 2022 an additional newspaper was bought a few weeks in advance which enabled staff to provide the resident with a fresh newspaper on the day which they could look at. This was described to the inspector as helping to reduce the resident's anxiety and enhance their enjoyment of the day.

The inspectors did not visit the third house in the designated centre during this inspection. At the start of the inspection, the person in charge outlined a dynamic and changing situation for one of the resident's regarding a known medical condition which required them to be taken to a local hospital on the morning of the inspection. The person in charge outlined the complex medical needs of the resident but also spoke of the easy -to -read information provided to the resident to keep them fully informed of their condition and plans for the future. The resident had been supported to voice their expressed wishes regarding the future management of their care and wished to remain living in the designated centre. The staff team were supportive of these expressed wishes and were working closely with allied health care professionals to ensure ongoing and appropriate care interventions were available and provided to the resident while maintaining their comfort in the designated centre.

The provider was actively progressing with plans to upgrade premises and fire safety on the campus which included this designated centre. The residents in one of the houses in this designated centre were scheduled to move to another house on the campus in the weeks after this inspection. This house will have been upgraded with fire safety and premises works being completed and residents will remain living in this new home. Four residents from another designated centre on the campus will move into the vacated house in Sonas while upgrade works are completed on their home. This is expected to take a number of months to complete but was in -line with the provider's project plan submitted to the Chief Inspector.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Bawnmore campus is made up of five centres, with each centre having an additional condition. The non-standard condition attached to the registration of Sonas is the provider shall address the regulatory non compliances as outlined in the plan dated

21 September 2020 to the satisfaction of the Chief Inspector no later than 20 January 2024 pertaining to fire and premises.

Premises and fire precautions continued to be not compliant on this inspection, however the provider had assessments in place to mitigate the risk. The campus was inspected over a two day period with each centre been inspected as per the Health Act 2007 and the regulations.

There was a specific emphasis on this inspection in relation to the lived experience and quality of life for residents given their current living environment.

The provider's overall plan related to a high level decongregation plan for Bawnmore with details pertaining to each individual centre. On the day of inspection the provider gave an update in relation to the project plan and also gave the inspectors a detailed plan of progress to date. It was evident that the provider was keeping as much as possible to these time lines and demonstrated oversight and commitment to this project plan.

The provider has very good systems in place for the oversight and monitoring of the centre. There was evidence of monthly meetings with senior managers, meetings with persons in charge, clinical nurse managers and staff meetings. The agenda items discussed areas such as, complaints, safeguarding, recruitment, best practice, quality and operations items and it was also seen that areas such as TILDA, dementia care, changing needs and planning with the acute setting was discussed so as to enhance the quality of care and support delivered by the provider.

There was also good evidence of staff supervisions and documented evidence that staff could raise concerns if required. It was noted from the documentation and from speaking with persons in charge that a learning review took place post inspections and that the team of persons in charge worked together to ensure consistency across the five centres on the Bawnmore campus.

It was also evident that there was an increased focus on the lived experience for residents despite the current environmental constraints.

The provider was afforded time to revert back to the Chief Inspector with an updated statement of purpose to incorporate the night time arrangements, both from a staffing and accountability perspective, they were also afforded the time to review the floor plans of the centre as these plans form part of the conditions of registration.

It was noted that residents had bank accounts with the one banking organisation and that bank statements went to the provider's business address. Clarity was sought in relation to the residents' choice of banking and if consent was given and if residents were afforded a preference of whom to bank with. The provider did not have any evidence to support that the residents were involved to select a bank of their choosing, were consulted and had the freedom to exercise control in relation to this. This will be discussed further under rights.

The provider did demonstrate that they are seeking advice in relation to consent

issues due to the Assisted Decision Making Act 2015 as they wanted to ensure they were supporting the rights of residents. They were awaiting further legal advice on same. The inspectors did not review the contracts of care as they afforded the provider the opportunity to follow this up so the rights of residents was not compromised.

The provider had good oversight in relation to audits and reviews. It was seen on the day of inspection that all safeguarding measures were implemented and that the person in charge on a monthly basis reviewed all incidents and ensured there was follow up where required.

Improvements were required in relation to Regulation 21: Records. A sample of staff files were reviewed for staff employed by the provider, with records in place as per Schedule 2. However, there was not a clear process for people working in the centre who were on a community employment scheme (CE). The only supporting documentation was Garda Vetting and a training record. The statement of purpose included CE workers as part of the staffing compliment within the statement of purpose and they carried out the same functions as some of the staff. There was no list of duties, no evidence of an induction and no evidence of the records as per Schedule 2. On the day of inspection the provider agreed to ensure that the same process would be in place as for staff employed by the provider.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements along with the prescribed documents.

The provider had been requested to review all of the floor plans to ensure they accurately reflected the actual layout of each room in the designated centre as per Schedule 1 of the regulations. This was required to be updated by the provider and re-submitted to the Chief Inspector.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had ensured that a person in charge had been appointed to this designated centre. This person worked full time with their remit over this designated centre. They demonstrated their awareness of their role and responsibilities. The person in charge was familiar with the residents' assessed needs and clearly outlined the individual health and social care needs of the residents living in this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that core staffing resources, including day service staff were allocated to the designated centre. There were no staff vacancies at the time of this inspection. There were regular relief staff available who were familiar with the assessed needs of the residents for whom they were providing support to fill gaps in the staff rota at times of staff training, planned and unplanned leave. The staff team demonstrated their flexible approach to supporting residents to attend activities such as concerts and sporting fixtures in the community.

However, the allocation of shared staff resources in the evening time in the designated centre and on the campus was found to not be accurately reflected on the actual or planned rota. In addition, a number of residents required two staff to support them with activities of daily living. Following a review of the actual and planned rotas it was unclear when staff providing support in the evening time were present in a particular house. For example, a staff was rostered to be working in one of the houses from 20:30 hrs- 00:00 hrs but also provided support to other houses on the campus which may not be part of this designated centre. The inspector was informed the night time staffing resources were being managed by the clinical nurse managers on nights on the campus.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured all staff in the designated centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support the residents. These included training in mandatory areas such as fire safety and safeguarding of vulnerable adults. The provider ensured there was a scheduled and planned training matrix for 2023. This was frequently updated to reflect the status of training requirements for the staff team. Refresher training was booked in advance of the previous training expiring by the person in charge.

The provider had ensured that staff had access to training that was identified as important for this centre and in-line with residents' assessed needs including manual handling, safety intervention training and positive behaviour support awareness. In addition, the provider was reviewing the training requirements for all staff relating to Human rights at the time of this inspection.

The supervision of staff was scheduled for 2023 and in progress by the person in

charge.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in Schedule 2 were in place and available for inspectors to review. A sample of staff files were reviewed during this campus based inspection of staff employed by the provider.

However, there was not a clear process for people working in the centre who were on a CE scheme who carried out the same functions as some of the staff team and were reflected on the statement of purpose as part of the staffing compliment.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider ensured the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of good oversight and systems were in place to ensure a safe, consistent and person centred service was provided in this designated centre. There were arrangements in place to monitor the quality of care and support provided in the designated centre. There was documented evidence of plans in place to address actions that had been identified in various audits that had been completed which included six-monthly unannounced provider-led audits as required by the regulations. In addition, the provider had ensured an annual review had also been completed.

Sonas has an additional condition of registration in place, that the provider shall address the regulatory non compliance's as outlined in the plan dated 21 September 2020 to the satisfaction of the Chief Inspector no later than 20 January 2024. The provider has had delays in meeting this condition and there has been extensive regulatory engagement between HIQA and the provider since 2021. As the provider has had significant delays in progress with the overall fire safety plan and meeting

the requirements of the condition by January 2024, assurance was not provided at the time of this inspection that this requirement would be met.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was prepared for the designated centre and subject to regular review. It reflected the services and facilities provided at the centre. Some minor changes were also completed by the person in charge during the inspection.

The provider was informed during the feedback at the end of the inspection that further review of the document was required in relation to the governance arrangements for night time staffing to ensure an accurate reflection was provided in the document. This was required to be updated by the provider and re-submitted to the Chief Inspector.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the quality and safety of care provided for residents was of a good standard. Residents' were being encouraged to explore different activities and experiences while also maintaining regular contact with family members. A number of residents required support with activities of daily living (ADLs) and had complex medical conditions.

The provider and person in charge supported and encouraged residents' opportunities to engage in activities in their home or in the local community. From meeting with residents, speaking with staff, and from a review of a sample of residents' assessments and daily records, the inspectors found that residents had regular opportunities to engage in meaningful activities both inside and outside of the centre. They were attending activities, day services and engaging with local services such as barbers/hairdressers in the community with staff support.

All residents had personal care plans that were reflective of each individuals assessed needs and the supports they required. Some plans contained photographs of the residents engaging in different activities both within the designated centre and in the community. Residents were also supported by a key worker who was a familiar member of staff. The person in charge ensured there was an effective system in place for all plans to be reviewed as required but no less frequently than annually. A number of residents had ongoing input and support from family

representatives.

Residents were provided with easy -to-read formats of their personal goals which were found to be meaningful. For example, one resident had a goal to take a ride in a helicopter, others had been supported to go on a train journey for the first time and another resident was being supported to improve their handwriting skills. Residents' were supported to engage in activities in the community, attend concerts and sporting fixtures and to increase social interactions within the community such as visiting a social farm. The inspectors reviewed a sample of daily activity logs which documented details including the resident's engagement and participation in the activity. For example, one resident in recent months was not engaging as much in their horse riding sessions that they attended. This was being monitored by the resident's keyworker at the time of this inspection. However, the documenting of the progress of goals was not consistent, with limited information provided in some instances. For example, some records reviewed had no time lines for goals to be completed and progress on the actions to date were not consistently updated.

Regulation 13: General welfare and development

Residents were being supported to access facilities for recreation, maintain relationships with peers and family and develop relationships with the wider community in line with their interests.

Residents were provided with opportunities to engage in meaningful activities both within their homes, on the campus in the day services hub or in the community. Residents were supported to engage in a range of activities regularly which included art therapy, swimming, sensory baking, walking, attending concerts and sporting events as well as boat rides and day trips to scenic locations such as castles and beaches.

Judgment: Compliant

Regulation 17: Premises

All of the premises in this designated centre had evidence of personalised decor and furnishings to create a homely atmosphere. Each bungalow reflected the interests of the residents living there. For example, bedrooms and other communal rooms such as a sensory room were personalised and painted in colours which individual residents were known to like.

However, some areas required maintenance as part of the upgrade works contained within the provider's overall plan for the campus. The inspector acknowledges that four residents from one of the bungalows were scheduled to move to another bungalow on the campus in the weeks after this inspection. This bungalow (part of

another designated centre on the campus) had undergone planned upgrade and fire safety works as part of the provider's overall plan for the campus and was envisaged to be the new home for the four residents.

Judgment: Not compliant

Regulation 28: Fire precautions

There was inadequate fire containment measures in all of the bungalows in this designated centre at the time of this inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge has systems and practices in place regarding medicines and pharmaceutical services within the designated centre. Staff spoken too during the inspection were knowledgeable on medicine management procedures and the reasons medicines were prescribed for individual residents. Medicine records that were reviewed were found to be complete. Medicines were securely stored in a locked press in both of the houses visited during this inspection. In addition, the person in charge had ensured that all opened liquid medicines had a date of opening and expiry dates were present on all medications that were reviewed by the inspectors.

The person in charge had also completed monthly medication audits since January 2023 to monitor dispensing errors that had occurred in the designated centre. This information was shared with the pharmacist with quarterly meetings also taking place. A risk assessment was also in place with regular review by the person in charge. Further review of the audit findings was scheduled to take place in November 2023.

Staff spoken too during the inspection outlined an issue with on-line prescriptions that were episodic in nature, (short term medicines). The current electronic system only facilitated two such prescriptions at a time for a resident. The inspectors were informed that this matter was under review at the time of the inspection. This issue did not have an adverse impact on the prescribing and administration of short term medicines to residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a personal plan for each resident that reflected the nature of their assessed needs and the supports required. The provider ensured there was input from allied healthcare professionals and multi-discplinary team as required. For example, residents who required increased sensory input had recommendations from an occupational therapist in place. Each resident had a key worker who supported them to access their personal plan in an accessible format.

However, the documenting of the progress and regular review of personal goals required further review. While residents did have personal goals identified, inconsistencies were present in recording actions, progress and time lines for residents to achieve these goals.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents. Information was available for residents in easy- to– read format. There were no open safeguarding concerns in this designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspectors found that the diversity of residents were being promoted in the designated centre. Both of the houses visited had been decorated to reflect the individual personalities of those living there. Residents were consulted about the running of the designated centre, information was shared and choices were discussed in a format understood by the residents, such as with visual aids or verbal communication. Residents were supported to engage in weekly meetings that discussed a range of topics including complaints, decision making and safeguarding.

Over the course of the inspection, residents were observed to be supported professionally and with respect by the staff team. Staff on duty were observed to use a variety of communication supports in line with residents' individual needs. Staff practices were noted to be respectful of residents' privacy. For example, they were observed to knock on doors prior to entering, to keep residents' personal

information private, and to only share it on a need-to-know basis

Residents had access to information on how to access advocacy services and were supported to access information in relation to their rights, their responsibilities, safeguarding, and accessing advocacy supports. There was information available in an easy-to-read format on the centre in relation to a number of topics including safeguarding and infection prevention and control.

Staff outlined the supports in place to assist one resident to use their bank card while out in the community such as in cafes. However, the inspectors were informed all but one of the residents in this designated centre had bank accounts with one banking organisation and residents' bank statements went to the provider's business address. The provider did not have any evidence to support that the residents were involved/consulted in the selection of a bank of their choosing and had the freedom to exercise control in this.

In addition, one resident did not have access to their personal finances at the time of this inspection. The inspectors acknowledge that the provider was actively seeking to address this situation at the time of this inspection.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sonas OSV-0004773

Inspection ID: MON-0041470

Date of inspection: 18/10/2023

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Protocol put in place by the Night Managers on the 19-10-2023 to support houses in the designated centre for people and manual handling and/or medication rounds and clinical oversight. • Since the inspection, Ashgrove 35 has two twilight staff at night. Protocol put in place by the Night Managers on the 19-10-2023 for the second twilight staff to support for a short period in another Designated Centre on the campus for a medication round and/or manual handling requirements. • Since inspection WTE's reviewed in relation to the twilight staffing. • Statement of Purpose resubmitted to HIQA on the 08-11-2023	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • Meeting arranged for the 30/11/2023 with the Assistant Director of Nursing, Human Resources and the supervisor of the sponsor organisation for the Community Employment scheme to progress a clear process for people working in the designated centre who are on the Community Employment scheme. • The sponsor organisation will provide the BOCSILR Human Resources dept. with a CV and references for each of the participants of the community Employment scheme. • The BOCSILR will develop a job description and/ or a contract for the role of the Community Employment staff prior to commencing in their role. • Staff will complete a Health Declaration before they commence stating they are fit for the role.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Fire Safety building compliance remains a high priority for the BOCSI and BOCSILR. • In relation to the registration condition in place for Regulation 23 a timeline for Sonas to come into compliance will be rolled out and completed by Q1 2026 as part of the	

Bawnmore plan agreed with HIQA.
• Four residents from Ashgrove 31 will transfer to a fire compliant bungalow by 31st December 2023.
• Four residents will transfer temporary to Ashgrove 31 while their home is upgraded. After that time Ashgrove 31 will be upgraded.
• After that Ashgrove 32 will be upgraded.
• Six Residents in Ashgrove 35 will then transfer to Ashgrove 32 once fire upgrades are completed. Ashgrove 35 will close.
• Risk assessment is in place for fire safety and all preventative measures continue to be followed within the designated centre.
• PEEP's plans in place for all residents.
• First responders training has being completed.
• Specialised Fire Marshall and PPE training completed with first responder staff on the 27/09/2023 and the 04-10-2023.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Fire Safety building compliance remains a high priority for the BOCSI and BOCSILR.
• In relation to the registration condition in place for Regulation 17 a timeline for Sonas to come into compliance will be rolled out and completed by Q1 2026 as part of the Bawnmore plan agreed with HIQA.
• Four residents from Ashgrove 31 will transfer to a fire compliant bungalow by 31st December 2023.
• Four residents will transfer temporary to Ashgrove 31 while their home is upgraded. After that time Ashgrove 31 will be upgraded.
• After that Ashgrove 32 will be upgraded.
• Six Residents in Ashgrove 35 will then transfer to Ashgrove 32 once fire upgrades are completed. Ashgrove 35 will close.
• In the interim continuous efforts to facilitate minor upgrades will continue.
• The Head of Integrated Services and the Assistant Director of Nursing meet with the facilities team bi-weekly to discuss and prioritize works to be completed in the designated centre.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Fire Safety building compliance remains a high priority for the BOCSI and BOCSILR.
• In relation to the registration condition in place for Regulation 23 a timeline for Sonas to come into compliance will be rolled out and completed by Q1 2026 as part of the Bawnmore plan agreed with HIQA.
• Four residents from Ashgrove 31 will transfer to a fire compliant bungalow by 31st December 2023.
• Four residents will transfer temporary to Ashgrove 31 while their home is upgraded. After that time Ashgrove 31 will be upgraded.
• After that Ashgrove 32 will be upgraded.
• Six Residents in Ashgrove 35 will then transfer to Ashgrove 32 once fire upgrades are completed. Ashgrove 35 will close.
• PEEP's plans in place for all residents.
• First responders training has being completed.
• Specialised Fire Marshall and PPE training completed with first responder staff on the

27/09/2023 and the 04-10-2023.	
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 documentary evidence required for the progression of goals for individuals we support discussed at staff meetings on the 07.11.2023 & 14.11.2023. • All goals identified to be progressed with accurate timelines recorded. • Staff will record if the goal was completed & if the goal was successful or unsuccessful. • If the goal was successful, this goal will form part of the resident's daily activities. • Date of commencement of next goal to be discussed with the residents and recorded as part of the PCP process. • PIC will review all PCPs with keyworkers to ensure goals and timelines are recorded accurately.	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • MDT held on the 18-10-2023 in relation to one resident not having access to their personal finances. Restrictive practice was put in place on the 18-10-2023. • A meeting will be arranged in Q1 2024 to discuss the steps to progress this resident having access to their personal finances. • The Brothers of Charity Services Ireland Limerick Region (BOCSILR) has a Policy (Policy on the Handling of the Personal Assets of Adults Supported by the Services) in place which governs how we support Adults Supported by the Services with the management of their personal assets. • This Policy is necessary to ensure that the rights and entitlements of the People Supported by the Services in relation to personal property and money are respected and protected by all people in the Services and that a safe system of working is provided for staff to ensure that they are not open to allegations of mishandling the monies or assets of the People Supported by the Services. • The first step in the application of this Policy is to discuss it with the Person Supported to support them to make a decision on whether they wish to have the support of the BOCSILR with the management of their personal assets and, if so, to complete a consent process in respect of same. Where an individual does not understand this process a decision is reached in consultation with those who know them well based on best interpretation of will and preference, and / or in good faith and for the benefit for the person. • In advance of the rollout of the Policy on the Handling of Personal Assets of Adults Supported by the Services the BOCSILR linked with all of the principal financial institutions in the country in an effort to identify a product offering that would allow staff to provide the required support to People Supported by the Services. • After much research, the only available product identified by the BOCSILR was the Person-In-Care account product offered by Allied Irish Bank. • The Person-In-Care Current Account mandate allows for a maximum of two possible authorised signatories. The mandate does not allow for the Person Supported by the Services to be an authorised signatory on their Person-In-Care account. The Services recognise that some People Supported by the Services may wish to have more autonomy on their bank account, while also wanting to have support, and so have included	

Appendix 2(a) on the consent process. Where Appendix 2(a) has been agreed during the consent process staff will complete Appendix 2(b), with the Person Supported by the Services, in advance of withdrawing money. The Keyworker will act on this instruction. The authorised signatories on all Person-In-Care Current Accounts within the BOCSILR are the relevant Key Worker and the relevant PIC. Only one authorised signatory is required for each transaction and the expectation is that the Key Worker would support the Person Supported by the Services with the majority of transactions with the PIC being available in the event that the Key Worker was not available.

- As only one possible banking product has been identified, there is, unfortunately, no option for People Supported by the Services to have choice and freedom to exercise control in respect of bank accounts where they wish to be supported by BOCSILR staff with their finances.
- The address to which the bank statements are sent is also governed by the mandate but each bank statement is scanned and forwarded for inclusion in the personal financial file of the relevant Person Supported by the Services in a timely manner.
- A restrictive practice document is being developed to reflect the restrictions currently in place in respect of operations of Bank A/Cs for the people supported which will include Bank Statements.
- Continue to engage with family who currently manage their family members disability allowance.

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(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	08/11/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2026
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/01/2024
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre	Not Compliant	Orange	31/03/2026

	is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2026
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.	Substantially Compliant	Yellow	31/01/2024
Regulation 09(3)	The registered provider shall 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	Not Compliant	Orange	31/01/2024

	information.			