



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

Issued by the Chief Inspector

Name of designated centre:	Grange Apartments - Sonas Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	26 July 2023
Centre ID:	OSV-0003745
Fieldwork ID:	MON-0031281

About the designated centre

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

Care and support is provided in Grange Apartments for up to six residents with an intellectual disability, both male and female, from the age 18. It is located within a campus based service in North Dublin. The aim of grange apartments is to provide a supportive, individualised and low arousal residential environment, specifically tailored to each individual's needs. Each resident has their own apartment with a bedroom, bathroom and kitchen/living/dining area. The long term objective of the centre is to support the individual to develop the tools and skills required for their discharge to live in/or engage in their community at a level that best suits them. Residents usually transition to the centre from within the service. The primary focus in grange apartments is to support each resident to engage in meaningful activities of their choice, with a strong emphasis on community integration. The centre is situated near many local and public amenities including good public transport links and there are a number of vehicles in the centre to support residents to engage community activities. Internally, there are a variety of activities the residents can avail of including a gym, a number of garden areas, and a number of multifunctional rooms. Staffing support is provided 24 hours a day, seven days a week by a person in charge, clinical nurse manager, staff nurses and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 26 July 2023	09:00hrs to 17:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

Overall the findings of this inspection were that this was a well managed centre where residents were in receipt of person-centred care and support in line with their assessed needs. Overall, the building and residents' apartments were warm, clean and decorated in line with their assessed needs, wishes, and preferences. There were some outstanding maintenance and repairs but there was a work plan in place.

The provider was picking up on areas where improvements were required in their audits and reviews. For example, they had identified that works were required in the premises, and that improvement was required in relation to staff numbers and continuity of care for residents, and to the uptake of staff training and refresher training by the staff team.

The inspector of social services had the opportunity to meet and engage with the six residents living in the designated centre, and to meet their pet dog. The time spent with each resident was short, but the inspector had the opportunity to observe residents coming and going in the centre throughout the day. Residents were keeping busy and they each had plans for the day with their support staff.

At different times during the inspection, the inspector had opportunities to meet and speak with residents either in the main part of the building, or in their apartments. They were observed going out for drives with staff, going for walks around the grounds, spending time chatting with staff, getting food from the kitchen to feed the chickens which were on the main campus, spending time with the dog, bringing the post to the main building, having meals and snacks, listening to music, and watching television or using their tablet computers. Throughout the inspection staff were observed to knock on residents' doors before entering their apartments and to treat residents with dignity and respect. Staff were observed to take the time to listen to residents and to pick up on their verbal and non-verbal cues. The inspector observed some residents and staff communicating using sign language. A number of staff had completed communication training, and the remaining staff were booked onto this training. There was a wall in the centre which was covered with examples of different words and the corresponding signs. Signs were practiced regularly by the staff team during handover.

Residents spoke with the inspector about how they liked to spend their time, things they had done, and things they were looking forward to. For example, one residents spoke about a recent trip to the beach they had enjoyed. Residents also spoke about the important people in their lives and about how much they enjoyed spending time with them.

The premises consisted of a number of communal areas, and then each resident had their own apartment with a living come dining room, a bedroom, and a bathroom. Apartments had kitchen areas, some of which contained equipment and cooking facilities. There was a kitchen in the centre where meals could be prepared, and

there as a central kitchen on the campus where meals were prepared and delivered to the centre. Residents had at least two choices at meal times. Some residents were preparing snacks and light meals in their apartments. For others, they did not have cooking facilities, plans were in place to slowly introduce equipment in line with risk assessments, and residents' preferences. Residents were being supported to develop their skills in relation to meal preparation, and they were taking part in cooking and baking at home, and food preparation in day services. The communal areas in the centre included a number of garden spaces including a vegetable garden, office spaces, a gym, a kitchen, and laundry facilities.

A number of improvements had been made since the last inspection including works to a number of gardens to add plants, pots, and bird feeders. There were pictures of residents getting involved in planting and decorating their gardens. Further works were planned in some garden areas in line with residents' wishes. Painting had also been completed in a number of areas in the centre.

Residents were being supported by days service staff every week. Four residents were attending activities in days services and plans were in place for the other two residents to attend also. One resident was attending and after hours club and working with staff to develop life skills. Residents were also engaging in food preparation, and pet therapy in the day service. Plans were also in place to use the swimming and hydrotherapy pool on the campus. An occupational therapist was now working in this centre and supporting residents to engage with sensory equipment. Sensory pods were in the process of being developed in an unused part of a building on the campus.

Resident and their representatives input was being sought as part of the provider's annual review. The report detailed how residents were getting up when they choose, having meals and snack at times that suited them, and taking part in activities of their choice. It has been identified that the transport available for one resident did not meet their needs. However, an occupational therapy assessment had been completed since then and the required equipment had been installed. Family surveys had also been completed and the annual review indicated that feedback in these was mostly positive. One residents' representative had stated they would like their relative to have more access to community activities, and one person would like their family member to have a more comfortable bed.

In addition to meeting the six residents, four residents' representatives completed questionnaires, and one resident was supported by staff to complete a questionnaire about aspects care and support in the centre, prior to the inspection. Feedback in the questionnaires was overall very positive, particularly relating to the staff team. For example, comments included, "happy with staff support", "staff are so welcoming, friendly and chatty", "staff are very patient and caring. They provide lots of support and reassurance", and "staff are great, they work very hard to support each service user".

There were areas included in questionnaires where people would like to see some improvements; for example, "I would like a new bed, my manager is ordering this soon ", "looking forward to garden being done up shortly", and "would like to take

part in more swimming and horse riding". One questionnaire referred to how long it takes to procure some furniture and specialised equipment. The procurement was being followed up on by the person in charge at the time of the inspection. Questionnaires indicated that people were aware of the complaints procedure and who to go to. Questionnaires also stated that residents had lived in the centre for 10 years.

The questionnaires detailed a variety of activities residents were engaging in such as, drives in the countryside, shopping, using the gym, collecting models, going to day services, playing football, cycling and walks, cooking and baking, bringing the dog for a walk, gardening, feeding the birds, and meeting and spending time with friends and family.

There was an advocacy folder available with resources such as information about the availability of independent advocacy services, application forms to access advocacy services, and the minutes of the local advocacy group's meetings. There were also easy-to-read documents relating to residents' rights, fire safety, the use of restrictive practices, infection prevention and control, contracts of care, and safeguarding.

The inspector spoke with one staff member about human rights awareness training they had completed. They spoke about the internationally recognised FREDa principles (fairness, respect, equality, dignity, and autonomy). They discussed self-advocacy and independent advocacy services and how they used residents' meetings as an opportunity to discuss advocacy and rights with residents. They spoke about supporting residents to understand their choices and to make informed decisions. They also spoke about the importance of respecting people's choices. They spoke about using easy-to-read documents and residents' preferred communication styles to support them to understand what restrictive practices were in place. They also spoke about ongoing work with residents and the multi-disciplinary team to implement restrictive practice reduction plans.

In summary, residents were being supported to engage in activities they enjoyed both at home and in their local community. Work was ongoing to support them to sample different activities to see which ones they enjoyed and found meaningful. Premises works had been completed, and more were planned. The provider was self-identifying areas where improvements were required and seeking the input of residents and their representatives in relation to the environment and care and support in the centre.

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

Capacity and capability

This announced inspection was completed following an application by the provider to renew the registration of this designated centre. Overall, the findings of the inspection were that the provider and the local management team were identifying areas for improvement and taking action to bring about the required improvements. However, some further improvements were required in relation to the premises, staffing numbers and continuity of care for residents, and staff training.

The person in charge was full time and responsible for this and two smaller designated centres. They were present in this centre regularly and in their absence there was a member of the local management team on duty. They were supported in their role by a number of persons participating in the management of the centre, and a service manager.

The inspector spoke with the person in charge, a person participating in the management of the centre, a clinical nurse manager, a clinical nurse specialist in behaviour, a staff nurse, two staff members, and an agency staff during the inspection. Staff spoke about the comprehensive induction for staff in this centre, and about residents' likes, dislikes, and care and support needs. They described how important it was to them to make sure that residents were happy, safe and taking part in activities they found meaningful. They said that they felt supported in their role and spoke about training course they had accessed.

A number of staff also spoke about the positive impact of the successful recruitment of a number of new staff for the centre, and of the return of the person in charge to the centre on a full-time basis after they had spent a number of months covering planned leave for a member of the management team. In addition, staff nurses, care staff, a clinical nurse manager, a clinical nurse specialist in behaviour and an occupational therapist had started working full-time in this centre.

A number of staff vacancies remained and the provider was in the process of recruiting to fill these. There were planned and actual rosters in place and they were well-maintained. It was evident that the provider was attempting to ensure continuity of care and support for residents while they recruited to fill vacant posts; however, this was not always providing possible and will be discussed further under Regulation 15. A sample of staff files was reviewed prior to the inspection, and found to contain the information required by the regulations.

Staff had completed training to enable them to support the resident in line with their assessed needs, and more training was planned after the inspection. Staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities, and staff meetings were occurring regularly in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew

the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full-time and had the qualifications, skills and experience to fulfill the role. They had systems in place to ensure the effective governance, operational management and administration of this centre.

Judgment: Compliant

Regulation 15: Staffing

There were 3.5 whole time equivalent staff vacancies at the time of the inspection. While the provider was attempting to ensure continuity of care and support through the use of regular relief staff, this was not always proving possible. For example, in June 2023 51 shifts were covered by relief staff, agency staff, or staff from the centre completing additional hours. 42 of these shifts were covered by 16 different agency staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the organisation's policy and some had completed a number of trainings in line with residents' assessed needs. However, a number of staff required training or refresher training in areas such as, fire safety, safeguarding, infection prevention and control, food safety. The inspector was shown the training plan which showed that staff were booked onto these training courses in 2023.

21 staff working in the centre has completed human rights training, and 7 staff were due to complete it. The inspector spoke with one staff member who had completed the training and they described the positive impact that completing this training had on their day-to-day practice. This is detailed under the 'what residents told us and what inspectors observed' section of this report.

Staff were in receipt of regular formal staff supervision in line with the organisation's policies and procedures. Staff who spoke with the inspectors said they were well supported in their role. Staff meetings were occurring regularly and there was an

<p>opportunity for discussions and a review of incidents during handover.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 22: Insurance</p>
<p>The centre was insured against accidents or injury to residents and for risks such as loss or damage to property.</p>
<p>Judgment: Compliant</p>
<p>Regulation 23: Governance and management</p>
<p>There were clearly defined management structures and staff had specific roles and responsibilities in the centre. The centre was managed by a person in charge who was familiar with residents' care and support needs and their responsibilities in relation to the regulations.</p> <p>The provider and person in charge had systems in place to ensure oversight and monitoring of care and support for residents such as an annual review, six-monthly reviews, and regular audits in the centre.</p>
<p>Judgment: Compliant</p>
<p>Regulation 3: Statement of purpose</p>
<p>The statement of purpose contained the required information and had been updated in line with the timeframe identified in the regulations.</p>
<p>Judgment: Compliant</p>
<p>Regulation 31: Notification of incidents</p>
<p>A record was maintained of all incidents occurring in the centre and the Chief Inspector of Social Services was notified of the occurrence of incidents in line with the requirement of the regulations.</p>

Judgment: Compliant

Quality and safety

Through discussions with residents and staff, and a review of documentation it was evident that every effort was being made to ensure that residents were in receipt of a good quality and safe service. They lived in warm and clean apartments which were designated and laid out to meet their needs.

Work was ongoing to ensure their apartments were more homely and contained kitchen equipment and facilities. Residents were being supported to gain independence and develop life skills and to be involved in the upkeep of their home. They were also being supported to engage in activities they had previously enjoyed prior to the COVID-19 pandemic, and to sample different activities at home and in their community to see what they found meaningful.

Residents had space to store their personal belongings and a log was maintained of their belongings. They had financial assessments and some residents were being supported to open bank accounts in their name in financial institutions. Records were maintained of their income and expenditure and financial audits were completed regularly.

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. General and individual risk assessments were in place and these were being reviewed and updated in line with residents' changing needs, and in line with incidents in the centre. There was evidence of shared learning across the team following incidents and adverse events, both during staff meetings and at handover.

There were a high volume of restrictive practices in the centre and these were being reviewed regularly to ensure they were the least restrictive for the shortest duration. Residents had access to a behaviour support specialist who was based in the centre. They had behaviour support plans and guidelines in place in line with their assessed needs. These were detailed in nature and contained guidance for staff in relation to the proactive and reactive strategies to support them.

Residents were protected by the safeguarding policies, procedures, and practices in the centre. Allegations and suspicions of abuse were reported and followed up on in line with the provider's and national policy. Safeguarding plans were developed, implemented and reviewed as required. Staff had completed safeguarding training. Two staff were due refresher safeguarding training and this was captured under Regulation 16.

Regulation 11: Visits

There was a visitors' policy in place and there were no restrictions placed on visits unless they were requested by residents, or in the interest of safety. The residents' guide and statement of purpose for the centre detailed the arrangements for visiting.

The inspectors observed staff knocking on residents' doors and making their presence known before entering their apartments. They also asked them if it was alright to bring a visitor to see them, before they entered. Some residents' had specific guidelines in place to support them to receive visitors, or to support them to visit and stay with their family.

Judgment: Compliant

Regulation 12: Personal possessions

Work was ongoing to support some residents to open accounts in their name in a financial institution. In the interim there were systems in place to record their income and expenditure. Financial audits were being completed regularly. These audits were proving effective as they were picking up on times where residents paid for items of services that were due to be covered by the provider. Records showed that residents were reimbursed for this spending.

Each resident had a log of their personal belongings and had space to store their personal belongings. They had access to laundry facilities, if they wished to use them.

Judgment: Compliant

Regulation 17: Premises

A number of works had been completed in the centre, and more were planned. For example, kitchen and wardrobe doors were recovered, repairs were made to a bath, some broken furniture was replaced, plastering and painting was completed, some floor surfaces were repaired, an extractor fan was replaced, and some garden maintenance was completed.

There was also a plan of works for the months after the inspection including the replacement floor coverings, works relating to drainage issues in one bathroom, and some further works in garden areas.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide which had been recently reviewed. It contained the information required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register and general and individual risk assessments were developed and reviewed as required. There were systems to ensure vehicles were roadworthy and well maintained.

There were systems in place for responding to emergencies and feedback and learning from incidents was shared amongst the team at team meetings, and during handover.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviour support plans were developed and reviewed as required. There were policies and procedures in place to guide staff practice in relation to positive behaviour support and restrictive practices.

Staff had completed training to support residents in line with their assessed needs. There were high levels of restrictive practices in the centre. These were being reviewed regularly to ensure they were the least restrictive for the shortest duration. Residents also had restrictive practice reduction plans in place.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Safeguarding plans were developed and reviewed as

required.

Staff had completed training in relation to safeguarding and protection, and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities. Two staff were due to do refresher training online.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Grange Apartments - Sonas Residential Service OSV-0003745

Inspection ID: MON-0031281

Date of inspection: 26/07/2023

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The provider and HR continue to recruit to fill vacancies in WTE for the centre.</p> <p>The provider and PIC will continue where possible to fill vacancies with the use of regular relief and agency staff.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The provider will ensure all staff will have completed Mandatory training in line with Service Policy.</p> <p>All staff Training outstanding, has been scheduled and will be completed within the designated timeframe.</p>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

Plans for outstanding Identified works to be carried out in individual apartments is currently under review with Director of Operations and maintenance manager .
A plan of action will be implemented for all remaining works to be completed .

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/12/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/12/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	31/12/2023

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2023