



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:	25 January 2023
Centre ID:	OSV-0004773
Fieldwork ID:	MON-0037806

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:	10
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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 25 January 2023	10:10hrs to 16:00hrs	Elaine McKeown	Lead
Wednesday 25 January 2023	10:10hrs to 16:00hrs	Lucia Power	Support

What residents told us and what inspectors observed

This centre is run by Brothers of Charity Ireland Services; due to concerns in relation to regulation 23: Governance and Management and regulation 28: Fire precautions, this unannounced inspection was carried out with a focus on these regulations. This designated centre was registered in January 2021 with a restrictive condition attached to the registration. The provider was required to address all non-compliance to the satisfaction of the Chief Inspector no later than 31 May 2023. This inspection report will outline the findings found on inspection.

Prior to commencing this inspection, the inspectors were aware that one of the bungalows was unoccupied since the 16 January 2023. The provider was undertaking upgrade works in this bungalow. In addition, a number of residents had transferred to two other designated centres the week before this inspection.

On the day of the inspection, 10 residents were in receipt of residential services in this designated centre. Six residents were living in the larger bungalow and four residents were being supported in the smaller bungalow. The inspectors met with nine of the residents during the day at times that fitted in with residents' schedules. The 10th resident was attending their day service while the inspectors were present in the designated centre.

On arrival at the first bungalow, the inspectors were greeted by a staff member who was observed to be wearing appropriate personal protective equipment (PPE). Inspectors were informed that there were two staff on duty supporting the four residents. The staff member introduced the inspectors to three residents who were in the communal area. All of these residents had been supported with their personal care in advance of the inspectors arriving. The staff member explained that two of the residents living in the house had recently re-located from the bungalow that was unoccupied. The inspectors spent some time with the three residents while both staff attended to another resident.

One of the resident's was observed to have a photo album which contained photographs of family representatives and also included photographs of the resident in a number of different locations within the community. The other two residents were seated on couches in the large room with music playing in the background on the television. The residents did not communicate with words, but staff were observed to understand and anticipate what each resident required. For example, when two residents made their way to the dining room table, staff explained that the residents were ready to have their breakfast.

The inspectors were introduced to the fourth resident in this house once they had completed their morning routine. The resident was observed to be wearing a number of jewellery accessories and had their nails painted. Staff present explained how the resident enjoyed wearing these accessories and they had a large array to choose from each day. Two of the residents had reflexology sessions scheduled

during the morning with an external therapist who provided the service in the bungalow. Staff explained to the inspectors how much both residents enjoyed this activity. The inspectors were informed of other planned activities for the remainder of the day which included a drive and a visit to the campus hub for residents to spend time with other peers in a social setting.

On arrival at the second bungalow, the inspectors were introduced to three residents in the communal sitting room. All of these residents required staff support with activities of daily living. One resident was observed to self-propel themselves around the communal area. Staff explained how the resident liked to listen to their music in a particular space which they could access independently. Another resident was supported by a staff member to go out in their wheelchair around the campus. The staff member ensured the resident was appropriately dressed with accessories such as a hat and blanket to keep them warm while out and about.

Two other residents had already left the designated centre on a planned social activity on the morning of the inspection. Two staff had supported the residents to go a local shopping centre where they enjoyed a meal. One inspector met these residents on their return later in the morning. Staff were observed to support each individual with their assessed needs. For example, one resident who experienced difficulties at times transitioning from one activity to another was provided with space in a communal area. The resident was observed to be relaxed and enjoying a preferred snack with a staff member supporting them during the transition. The other resident was supported by staff to their bedroom. They spoke with the inspector briefly outlining how they had enjoyed their morning and were able to participate in many community activities regularly which included shopping.

The staff present in the larger bungalow spoke of the individual activities each of the six residents participated in regularly. For example, reflexology, attending the hairdresser in the community and travelling on a train to another large town. As previously mentioned one resident was attending their day service during the inspection. Staff outlined how the resident enjoyed the service five days every week and participated in small group and individual activities in the community at weekends. For example, going to the cinema with a peer resident.

During the inspection, staff spoken too demonstrated their knowledge of the assessed needs of the individual residents living in this designated centre. The provider had ensured that two of the residents who had moved into one of the bungalows continued to be supported by a number of familiar staff who had worked with them previously. In addition, staff were observed to engage with residents in a respectful and professional manner. Residents appeared to be comfortable in the presence of staff and were observed to respond positively to engagements and interactions throughout the inspection.

While the provider had not yet commenced fire safety works in the houses in this designated centre, inspectors found both houses visited during this inspection to be warm and clean. The provider had replaced damaged floor surfaces and a kitchen worktop since the previous inspection in November 2021 in one of the bungalows. Residents' bedrooms were decorated with personal items and some rooms had

lighting effects to support relaxation. New wardrobes had been fitted in a number of bedrooms. A day bed had been installed in a communal area for one resident who liked to be in the company of peers but have their own dedicated space. However, the smaller bungalow had evidence of damage on door frames where equipment such as wheelchairs required to be navigated through. Storage of larger equipment and personal chairs was still under review at the time of this inspection due to the recent transition of two of the residents. One toilet was not working in this house while a part was being sourced at the time of this inspection. The progress of the refurbishment project for this designated centre was behind previously set time lines. Issues relating to premises will be further discussed in the quality and safety section of this report.

In summary, the inspectors found residents being supported to engage in an increased number of meaningful activities regularly in the community by a dedicated and consistent core staff team, since the previous inspection in November 2021. However, staffing resources in place at the time of this inspection in the smaller bungalow were not consistent with the current assessed needs of the four residents with multiple and complex needs. In addition, fire safety upgrade works and the installation of fire doors had not commenced in any of the bungalows in this designated centre.

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

A restrictive condition was attached to this designated centre and the registered provider had not provided assurance that they could fully meet this condition at the time of this inspection. The provider had addressed some actions identified in the November 2021 inspection, such as the engagement of residents in meaningful community activities and improved choice in their daily lives. However, not all actions had been adequately addressed at the time of this inspection. These included the provider ensuring the designated centre was adequately resourced to ensure the effective delivery of care and support to residents, effective fire safety management systems were not in place and the premises were not maintained in a good state of repair and of sound construction. Perspex was still in place instead of glazing in a large number of windows, although a replacement exit door and window in the kitchen area of the larger bungalow since the previous inspection was observed to be comprised of glazing.

The bungalows within this designated centre were located on the same campus. The provider had a plan to improve the fire safety systems across the overall campus. This plan outlined specific dates when fire safety upgrades were to be carried out or

planned closure of some houses which included the three bungalows of this centre. Following significant regulatory activity by the Health Information and Quality Authority (HIQA), registration of this centre was only granted in January 2021 with a restrictive condition which required the provider to implement this plan. The plan required the provider to address all non – compliance to the satisfaction of the chief inspector by 31 May 2023. At the time of this inspection, planned fire safety works had not commenced in this designated centre.

Throughout 2021 it was evident that such time-frames would not be met with resourcing of the overall plan. Progress with this restrictive condition had been the subject of extensive engagement between the provider and the chief inspector throughout 2021 and 2022. While the provider had put forward some alternative plans, they had been unable to provide sufficient assurance as to how such plans would be fully resourced. Given that the regulations require registered providers to ensure that designated centres are appropriately resourced, and taking into account extensive engagement between the chief inspector and provider concerning the campus, the provider was advised during a cautionary meeting with the chief inspector in May 2022 and in subsequent communication in October 2022 of the consequences of continued non-compliance with registration conditions and relevant regulations.

The person in charge worked full time and their remit was over this designated centre. They demonstrated throughout the inspection their knowledge of the role and responsibilities. Delegation of responsibilities was also evident with supervision of the staff team being completed during 2022 and scheduled for 2023 by the clinical nurse managers (CNMs) and the person in charge. In addition, the person in charge met weekly with residents and the staff teams in each bungalow. They were supported in their role by a person participating in management who also demonstrated their ongoing oversight and knowledge of the residents in receipt of services in the designated centre.

The staffing resources available at the time of this inspection included both nurses, care assistants and dedicated activation staff during weekdays. Each house had a waking staff member at night time. There was also a person participating in a community employment scheme who was providing additional support to the staff team at the time of the inspection. The provider had ensured dedicated household cleaning staff were allocated to the designated centre five days a week. On the day of the inspection the larger bungalow had four staff members on duty which facilitated small group and individual activities throughout the day for the five residents who were present. As previously mentioned the sixth resident was attending their day service. Inspectors observed individuals being supported to engage in preferred activities with plans for each resident to avail of an activity in the community during the day if they chose to.

However, the staff resources in the smaller bungalow did not consistently support each individuals assessed needs. While staff demonstrated their commitment to ensuring residents were supported to engage in activities during each day, assistance with activities of daily living in a timely manner were impacted when only two staff were present. As previously mentioned, inspectors observed three

residents with high complex needs in the communal area while both staff were required to attend to the personal needs of another resident. One of these residents had impaired vision and the other two residents had issues with mobility. Staff explained to inspectors that they positioned one of these residents in their chair in the communal area so they could have a line of sight of the resident during this time from the hallway. The three residents required support to have their breakfast and had to wait for one of the staff members to finish supporting the fourth resident. While a third staff member was identified on the planned roster to support the residents from 09:15 hrs - 13:00 hrs, inspectors were informed this staff was supporting residents in another designated centre on the morning of the inspection.

The provider had ensured an annual review and six monthly audits had been completed. The annual review was completed in March 2022. It contained information regarding supports in place for residents which included extra day service staff, commencement of communication assessments, occupational therapy and sensory assessments for some residents. There was also an extensive list of activities which residents were supported to engage in regularly. These included watching concerts of known preferred artists on the internet, objects of reference being utilised to support individual decision making, visiting family representatives in the community, a day at the races, music, art and dog therapy. A number of family representatives responded with positive comments regarding the care provided to their relatives.

The six monthly audits had also been completed in June and December 2022. The person in charge had ensured that actions had been documented as being completed or were being progressed. The December audit referred to actions being taken by the person in charge to ensure a safe service being provided for residents in the designated centre. The person in charge had reported issues relating to resourcing units at times and had a risk assessment in place regarding a gap in cover for day services. In addition, monthly meetings were taking place with the pharmacy due to a trend in dispensing errors that had occurred. Since the previous inspection it was noted that the provider had better oversight and there was a notable change in culture with the inspectors noting increased activity and inclusion for the residents. The provider also ensured communication plans were updated which supported the social stories for residents and provided staff with guidance to best meet the individualised communication needs of residents.

However, as previously mentioned the provider had not progressed within previously agreed time lines to ensure all three houses in this designated centre were resourced to comply with the regulations. In particular regulation 23: Governance and management, regulation 28: Fire precautions and regulation 17: Premises

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full time and they held the necessary skills and qualifications to carry out their

role.
Judgment: Compliant
Regulation 15: Staffing
There was a core staff team available to support the needs of the residents, which was in-line with the statement of purpose and the size and layout of the designated centre. However, the presence of two staff to support four residents with high complex and changing needs in one bungalow at times during the day required further review to ensure their assessed needs were consistently supported in a timely manner.
Judgment: Not compliant
Regulation 16: Training and staff development
The provider had ensured a staff training schedule for 2023. One staff requiring refresher training in Management of Actual and Potential Aggression (MAPA) and two staff who required fire safety refresher training were booked for the weeks after this inspection. All staff had attended Infection Prevention and Control (IPC), manual handling and safeguarding training.
Judgment: Compliant
Regulation 23: Governance and management
While there was evidence of some actions being addressed, progress with the overall fire safety plan which continued to impact the three bungalows in this designated centre had not progressed as per previously outlined time-lines. This was an ongoing issue which had been the subject of extensive regulatory engagement between the chief inspector and the provider during 2021 and 2022
Judgment: Not compliant
Regulation 3: Statement of purpose
The registered provider had ensured the statement of purpose was subject to

regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The chief inspector was notified in writing of all quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in the designated centre. Staff were aware of the provider's complaints policy and had supported residents to make a complaint in April 2022. The issue relating to a service provided by an external contractor was addressed with actions taken to reduce the risk of similar incidents occurring.

Judgment: Compliant

Quality and safety

The inspectors observed some improvements in the quality and safety of services since the previous inspection. However, as already mentioned in this report, none of the bungalows had the installation of fire safety measures completed at the time of this inspection. Two residents had successfully transitioned to another house in this designated centre. Four other residents had moved to two other designated centres also located on the campus. This resulted in a reduced capacity of 10 residents being supported in two of the houses in the designated centre at the time of this inspection.

The staff team demonstrated during the inspection their focus of service provision which included increased community based activities and increased contact with family representatives where possible in community and social settings. The person in charge ensured ongoing monitoring of each resident's individual personal plan. This included promoting meaningful activities. Where priorities were delayed, the person in charge ensured alternative actions or priorities were identified between the resident and keyworker.

Each resident was supported by a key worker who ensured the resident was supported in line with their assessed needs and were facilitated to engage in preferred activities and interests. While some activities did remain on the campus, it was evident residents were being supported to experience a range of social and community activities on a regular basis. These activities varied from an individual activity or in small groups of two or three residents. For example, one resident had enjoyed a train journey with their key worker for the first time to another large town. Other residents enjoyed going to particular retail outlets, going to the hair dresser to get their hair styled and going with peers to the cinema. Since the previous inspection some residents had attended concerts and also enjoyed weekends away. Staff also outlined the involvement of residents in decorating their personal bedrooms. Staff were aware of individual preferences and interests and this was evident in a number of bedrooms visited during the inspection. For example, a hanging display of jewellery in one room; brightly coloured accessories and décor in another bedroom which had been re-painted.

The residents supported in this designated centre required intensive and ongoing support from the staff team due to the high level of complex needs. These included residents having reduced mobility and requiring support with activities of daily living. One resident had impaired vision and another was being supported with the ongoing management of a long term illness with chemotherapy medications. Staff spoken too during the inspection demonstrated their up-to-date knowledge and outlined the supports in place for the residents. For example, staff were mindful of re-organising furniture in the communal space of the home of the resident who had impaired vision. They outlined plans to support the resident to retain their independence while supporting the other residents within the house.

Another resident required ongoing daily management of a life-long medical condition which required strict adherence to a specific dietary plan. There was ongoing consultation with allied health care professionals including consultants in the management of the condition. Staff outlined how a clinical nurse specialist was scheduled to provide additional training and education sessions to the staff team to ensure the ongoing and effective support for the resident. Staff gave an example of their consideration to include the resident as much as possible in meal times. When the other residents were getting a takeaway meal, a similar meal was prepared by the staff team which supported the resident's specific dietary requirements to ensure their inclusion in the meal time. On the day of inspection it was also noted that one resident had benefited from the introduction of a new wheelchair, a staff member explained the impact this has had on the overall quality of life for this resident and the impact of proper posture and seating.

Inspectors did not review regulation 29: Medicines and pharmaceutical services during this inspection. However, there was evidence of shared learning between the staff teams within the campus from HIQA inspections that had taken place in other designated centres on the campus, which included safe practices relevant to this regulation in this designated centre. Staff spoken to during the inspection outlined the practices in place for the safe management of medication keys in both houses. The information provided was consistent with what inspectors observed during the inspection. There were procedures in place to ensure nursing staff were in

possession of the keys at all times.

A review of restrictive practices within the designated centre in November 2022 resulted in a number of restrictions being reduced or less restrictive measures put in place to support the ongoing safety of residents. For example, the keypad to a kitchen door was disengaged which was no longer required for two of the residents in one of the houses. Another resident was provided with a crash mat and a passive infra red (PIR) sensor to replace bed rails that had previously been used nightly. Another resident no longer required the use of a lap belt in their new chair which was reported to have helped to improve their well-being and posture.

As previously mentioned in this report, the provider had not ensured progression of premises upgrade works had been addressed in line with previous time lines. While the provider had submitted an action plan to HIQA following the last inspection in November 2021 which outlined compliance with regulation 17 would be completed by 31 May 2023 in this designated centre, evidence during this inspection did not provide assurance that the required works would be completed by that time line. The inspectors were informed that the provider expected to have the upgrade works completed on the unoccupied house by the end of March 2023. However, these works did not include fire safety upgrade works. While some improvements were seen during the inspection, the design and layout of the smaller bungalow continued to impact on the ease of movement for residents while being supported in their wheel chairs. In addition, there was damage evident in a number of areas in both houses which included damaged kitchen surfaces, walls and door frames.

There was evidence of good IPC practices in the designated centre which included appropriate use of PPE by staff during the inspection and regular cleaning of frequently touched points both by day and night staff. External dedicated cleaning staff were assigned by the provider to complete cleaning activities within the designated centre. While there were adequate supplies of PPE, not all hand sanitiser units or dispensers were subject to regular review. For example, one dispenser located externally at the entrance to one of the bungalows had a date of opening of June 2022 and inspectors were informed the provider's policy was for open bottles to be removed after two months from the date of opening.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their needs and wishes. This included the use of objects of reference.

Since the previous inspection in November 2021 a speech and language therapist had assessed the communication needs of the residents and determined the use of Lamh would not be of benefit to the assessed needs of the residents and staff were supported to ensure an effective means of communication was in place for each

resident. The communication plans were reviewed on the day of inspection and were noted to be clear and provided good guidance for staff to follow so as to ensure the communication needs of residents were been met. The plans also included "my life" and included such things as, where I live, my birthday, my friends, helping to keep me safe.

Judgment: Compliant

Regulation 13: General welfare and development

The staff team had ensured the residents had both the opportunity and facilities to take part in recreation activities of their choosing. Residents were being provided with more opportunities to engage in meaningful activities. The provider had demonstrated strong efforts to enhance and promote general welfare and development since the last inspection. There was evidence of more activities in the community in line with residents choice and preference. Activity plans were reviewed on the day of inspection and these were noted to be inclusive of community activities. The provision of adequate staff support the assessed needs of all residents will be actioned under regulation 15: Staffing

Judgment: Compliant

Regulation 17: Premises

The two occupied bungalows awaited refurbishment, and perspex remained in the larger bungalow on some windows instead of glazing. The smaller bungalow had small spaces including the kitchen and a narrow hallway which were difficult for staff to manoeuvre residents in their wheel chairs. The larger house had evidence of some maintenance being done but further work was required to improve areas such as the music room.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had in place individual and centre based risk assessments. These risk assessment were updated in line with any changes that occurred for the resident and the centre, and control measures were in place to reduce the risk.

Judgment: Compliant

Regulation 27: Protection against infection

While staff working in the designated centre with residents demonstrated good knowledge and adherence to IPC measures including appropriate wearing of PPE, the state of repair of a number of surfaces in the designated centre impacted the effectiveness of cleaning being completed. This included damaged kitchen work surfaces and presses in the larger bungalow and damaged wall surfaces and door frames in both bungalows.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire containment measures remained inadequate and fire safety upgrade works had not commenced within the designated centre at the time of this inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' personal plans were reflective of the current assessed needs of the residents and subject to regular review. The provider had in place an information gathering process in advance of the planning meeting. The planning meeting was done in consultation with the resident and where required with their representatives. Goals reviewed were meaningful and focused and it was noted on this inspection that there had been a cultural shift since the previous inspection.

Judgment: Compliant

Regulation 6: Health care

Residents had care plans in place outlining how their health needs were to be supported. Residents were supported to attend allied health care professionals such as consultants as required. Plans reviewed were comprehensive and were updated

in line with the changing needs of the residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured residents were supported by a staff team with up-to-date knowledge and training to support residents to manage their behaviour. In addition, regular review of restrictive practices had resulted in the removal or the use of less restrictive measures to support residents to remain safe.

Judgment: Compliant

Regulation 8: Protection

The person charge had ensured all staff had attended safeguarding training and safeguarding measures were in place to maintain all residents' privacy and dignity. The registered provider ensured that each resident was assisted and supported to protect them from abuse. Safeguarding plans reviewed on the day of inspection had been recorded in line with the providers process and reported to safeguarding where required. Plans were reviewed in line with the residents needs.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sonas OSV-0004773

Inspection ID: MON-0037806

Date of inspection: 25/01/2023

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • After a review of staffing on the campus, day service supports have been put in place since the 6th of February 2023 Monday to Friday in one house in this Designated Centre. • There is a core staff team that work in the designated centre. • For staff that work on a part time basis, there is a set relief staff to cover these shifts to ensure that residents receive continuity of care and support in as far as possible in the context of HR contracts and COVID protocol. • PIC will continue to review all day rosters regularly. • PIC continues to review rosters with night manager following receipt of same for each pay-period. • The PIC has access to planned rosters at all times. • Head of Integrated Services and Assistant Director of Nursing meet with the night managers bi-weekly to review the roster. • Ongoing recruitment continues. 	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Fire Safety building compliance remains a high priority for the BOCSI and BOCSILR. • The Board visited Bawnmore on 24th January 2023. Following this meeting the Board has instructed the management team to progress with the upgrade of three Ashgrove bungalows one of which is in the designated centre. • Based on this clear direction a revised high level plan in respect of fire safety and decongregation was submitted to HIQA on the 24th February 2023. • This overall plan will be completed by 31st March 2026. • This plan is subject to approval by HIQA. • Risk assessment in place for fire safety and all preventative measures continue to be followed with the designated centre in line with guidance from Fire Safety engineer. • First responders training has being completed with relevant staff. Specialised PPE training has being completed with first responder staff. 	

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • There is a system in place for addressing maintenance issues as they arise. These are prioritized by PIC and are scheduled in consultation with facilities management. • P.I.C completed a walkabout on the 27/02/2023 with the assistant facilities manager and a plan has been completed in relation to works to be completed. • PIC completed detailed IPC walkabouts on 21/02/2023 outlining all IPC concerns in the Centre. • The facilities manager meets with the HOIS and ADON bi-weekly. • PIC will continue to complete monthly IPC walkabouts to highlight all areas of concern in relation to IPC. • HOIS and ADON met with met with ECO cleaning company on the 14/02/2023 to discuss any IPC concerns in relation to their roles and responsibilities within the Centre. • New rosters and adequate time slots have been allocated by the company in an effort to improve the standard of cleaning provided, this will be monitored closely and a further meeting is planned for March 2023. • The Board visited Bawnmore on 24th January 2023. Following this meeting the Board has instructed the management team to progress with the upgrade of three Ashgrove bungalows one of which is in the designated centre. • Based on this clear direction a revised high level plan in respect of fire safety and decongregation was submitted to HIQA on the 24th February 2023. • This plan will be completed by 31st March 2026. • This plan is subject to approval by HIQA. 	
The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • PIC completed detailed IPC walkabouts on the 21/02/2023 outlining all IPC concerns in the Centre. • PIC will continue to complete monthly IPC walkabouts to highlight all areas of concern in relation to IPC. • HOIS and ADON met with met with ECO cleaning company on the 14/02/2023 to discuss any IPC concerns in relation to their roles and responsibilities within the Centre. • New rosters and adequate time slots have been allocated by the company in an effort to improve the standard of cleaning provided, this will be monitored closely and a further meeting is planned for March 2023. • Facilities managers meeting with PIC on 27/02/2023 to review work surfaces and presses in the kitchen area. 	
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.
- The Board visited Bawnmore on 24th January 2023. Following this meeting the Board has instructed the management team to progress with the upgrade of three Ashgrove bungalows one of which is in the designated centre.

Based on this clear direction a revised high level plan in respect of fire safety and decongregation was submitted to HIQA on the 24th February 2023.

- This overall plan will be completed by 31st March 2026.
- This plan is subject to approval by HIQA.
- Risk assessment in place for fire safety and all preventative measures continue to be followed with the designated centre in line with guidance from Fire Safety engineer.
- First responders training has being completed with relevant staff. Specialised PPE training has being completed with first responder staff.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	06/02/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/03/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	31/03/2026

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	06/02/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/03/2026
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the	Substantially Compliant	Yellow	28/02/2023

	standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	31/03/2026
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Not Compliant	Orange	31/03/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2026