Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

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:	26 June 2019
Centre ID:	OSV-0004773
Fieldwork ID:	MON-0023401

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26

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 - 2015 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
26 June 2019	09:30hrs to 19:00hrs	Cora McCarthy	Lead

Views of people who use the service

On the day of inspection the inspector met with seven residents. the first resident the inspector was very clear they not want to engage with the inspector. The inspector respected their wishes and left the bungalow. When the inspector went to the next bungalow there were six residents present , five were in the dining room. One resident was in their bedroom and was upset and engaging in self injurious behaviour, both staff were supporting this resident. The residents in the dining room were unsupported, one of whom had dysphagia and required to be supported while having breakfast. The residents the inspector interacted with had limited verbal communication abilities however the inspector was able to interact with them through facial expressions and some words. The residents indicated that they were were happy in the designated centre and enjoyed each others company. Some were ready to go out for the day and were looking forward to that. Others were remaining in the centre for the day. There was a clear shortage of staff in the centre and for the resident who was distressed this seemed to be a contributing factor.

Capacity and capability

Governance and management systems were in place in this centre, and there was clear lines of accountability and responsibility.

The centre had a clearly defined structure which included a suitably qualified and experienced person in charge.The person in charge ensured there was effective governance and operational management in the designated centre. However greater oversight and monitoring of personal plans was required. The registered provider had ensured that an annual review of the quality and safety of care and support in the designated centre had been carried out and an action plan developed. However, some actions from the review had not been followed up on for example review of hospital passport which was out of date. The follow up and oversight for some actions was poor such as sensory and communication assessments.
The review had not provided for consultation with residents and their representatives.

Staff spoken with on the day of inspection had a good knowledge of the residents and their needs and the inspector observed that support was provided in-line with the residents' assessed needs.

Due to the complex needs of the residents, the provider had a training schedule in place to support these needs. The inspector reviewed the training matrix and noted

all mandatory training was up to date.

The inspector reviewed actual and planned rosters and although the staffing was in line with the statement of purpose it was clear to the inspector that there was inadequate staffing for the complex needs of the residents. There were residents who required support at mealtime left unsupported while staff members attended to another resident.

There was an appropriate directory of residents in place which included the dates of admission of the residents.

The registered provider had ensured systems were in place for the receipt and management of complaints. The inspector noted good evidence of tracking, follow up and oversight. Records indicated that there were no open compliant currently.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had a planned and actual roster in place and although the staffing was in line with this it was clear to the inspector that there was inadequate staffing for the complex needs of the residents.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training.

Judgment: Compliant

Regulation 19: Directory of residents

There was an appropriate directory of residents in place which included the dates of admission of the residents.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 and residents in schedule 3 were available for the inspector to view.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that an annual review of the quality and safety of care and support in the designated centre had been carried out.
However, some actions from the review had not been followed up on for example review of hospital passport which was out of date. The follow up and oversight for some actions was poor such as sensory and communication assessments which had been recommended by a clinician. The review had not provided for consultation with residents and their representatives. Given the number of non-compliant findings identified during the inspection and their significance, inspectors were not confident that the provider could ensure the effective governance, operational management and administration of the designated centre.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

A signed contract of care was in place for each resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the office of the chief inspector of incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured an effective complaints procedure was available to residents. There were no complaints at the time of inspection.

Judgment: Compliant

Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the resident was good.

The inspector found that the assessments of the residents' health and social care needs were completed to a good standard and were effective in meeting the needs of the residents. However within the hospital passport , there was no diagnosis indicated on in and there was contradictory information in the personal plan. Goals for the residents outlined in the person centred plan they were not followed up, this area required greater oversight and monitoring.

Overall the health and well-being of the residents was promoted in the centre.

All residents had access to television, newspapers and radio. Communication assessments were required to be carried out for some residents and communication training for staff to meet the residents' assessed needs. The referral for a resident, who had limited verbal skills to have a communication and sensory assessment had not been adhered to.

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

The person in charge had a fire management system in place which included regular fire drills, regular servicing of equipment and suitable personal evacuation plans for the residents should it be necessary. Phase one of a fire works plan had been completed in line with condition 8 of registration which included emergency lighting and alarm system. However there were no fire doors in the designated centre.

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes. However the residents had limited access to facilities for occupation and recreation; opportunities to participate in activities in accordance with their interests, capacities and developmental needs. There were supports in place for residents to develop and maintain personal relationships in accordance with their wishes.

The inspector observed that overall the resident's home was warm and homely. However there was inadequate private bedroom space and the registered provider had not ensured that each resident's privacy and dignity was respected in relation to a residents private bedroom space and sharing with another resident. The residents had adequate storage for belongings and the centre was clean and maintained to a good standard.

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

There was a risk management policy in place to address the risks present to the residents, visitors and staff. The policy advised that these risks were to be recorded on the organisational risk register, and this was evident. There were arrangements in place for the investigation of and learning from adverse events.

There were systems in place and supports available to manage behaviour that challenges in the centre and behaviour support plans were comprehensive. However the behaviour support plan for one resident required a sensory and communication assessment to augment it and for it to be effective in addressing the behaviour needs of the resident.

Regulation 10: Communication

Communication assessments were required to be carried out for residents and communication training for staff to meet the residents' assessed needs. All residents

had access to television, newspapers and radio.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes. However the residents had limited access to facilities for occupation and recreation.

Judgment: Substantially compliant

Regulation 17: Premises

The inspector observed that overall the resident's home was warm and homely. However there was inadequate private bedroom space as two residents were sharing a bedroom.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 28: Fire precautions

The person in charge had a fire management system in place which included regular fire drills, regular servicing of equipment and suitable personal evacuation plans for the residents should it be necessary. However while phase 1 of a fire works plan had been completed in line with condition 8 of registration which included emergency lighting and alarm system, it did not include fire doors.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

An assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents' individual needs. However the hospital passport was out of date, had no diagnosis on it and the health action plan had contradictory information in it.

Judgment: Substantially compliant

Regulation 6: Health care

Overall the health and well-being of the residents was promoted in the centre. Staff demonstrated a good knowledge of the resident's health care needs and how to support them. Each resident had access to a general practitioner of their choice.

Judgment: Compliant

Regulation 7: Positive behavioural support

While there was a good positive behaviour support plan in place there was a recommendation that it should be supported by a communication and sensory assessment for it to be comprehensive.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had not ensured that each resident’s privacy and dignity was respected in relation to a residents private bedroom space and sharing with another resident.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sonas OSV-0004773

Inspection ID: MON-0023401

Date of inspection: 26/06/2019

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: 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. • The PIC in consultation with the ADON is preparing a proposal to reduce the number of residents in one bungalow that will address the bedroom sharing situation following a recent death of a resident in another designated centre. This will be submitted to the Admissions Committee on 7th October 2019. • Should the transfer be successful this reduction in numbers in the residence will alter the staffing ratio from 2:6 to 2:5 allowing for additional supports. • Scheduling of MDT meetings has been reviewed in order to accommodate the needs of the residents. MDTs will be scheduled after morning routine is completed. • Community Employment personnel will be reflected in the Statement of Purpose and Function to reflect the hours they are present in the relevant bungalows providing supports to residents. • The protocol to request assistance from management has been reviewed with staff. • Nursing risk assessments in respect of skill mix are reviewed quarterly. • Advertisement and recruitment of nursing posts and care assistant posts on active link in order to achieve compliance with agreed roster. • Monitoring of nursing levels and skill mix takes place daily by the management team.	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
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.

• CNM2 posts will be re-advertised by 23rd September 2019.
• The intention is that there will be 5 CNM2 in place in Bawnmore by the 31st December 2019. This is subject to successful recruitment. This will provide more effective structures for governance and management.
• Planned leave of ADON and PICS will be scheduled for future leave in order to ensure that the appropriate management levels are in place at all times.
• Hospital passports have been removed from the files of each resident. All the necessary information is now included on hospital transfer forms and personal details form which accompanies individuals to hospital. These forms are in Section 1 of the My Profile My Plan.
• Currently there is 1 SLT employed by the Brothers of Charity Services Ireland Limerick Region for Adult Services. This SLT focuses primarily in Eating Drinking and Swallowing to address safety risk associated with dysphagia. The SLT does not have capacity to address communication supports. Business case previously submitted have not been funded.
• Risk assessment completed on 05/07/2019 by PIC for both Speech and language and occupational therapist as a result of insufficient resources available for adults attending BOCSI limerick with increasing high support needs.
• ADON in consultation with PICs, OT, SLT and head of psychology met in relation to referrals, waiting times and risk associated with sensory and communication assessments on 18/9/19.
• Reconfiguration for one post into two posts one in SLT and one OT was recommended and been agreed by Senior Management. A business case will be resubmitted to the HSE on the 27/9/19 with the new proposal on a cost neutral basis.
• There is a changeover international Dysphagia Diet Standardization imitative IDDSI in Ireland commenced in September 2019. This has to be completed by March 2020. SLT will be implementing roll out of same. Staff training and resource folders in one house has commenced.
• SLT will provide Lamh one Day module 1 and half day add on course to be provided to staff that will facilitate the setting up of a signing environment. All houses in the designated centre will create a signing environment, based on needs of residents, by 31st December 2020.
• In the absence of communication assessments the following are tools utilised in the centre to aid communication:
o Communication Passport – all individuals in the designated centre have an upto date communication passport that is accessible to all staff.
o Positive Behaviour Support plan where required.
o My Profile My Plan including the individuals Person Centred Plan supported by the observation skills assessment
• New sensory assessment form to be developed by Psychology and OT to prioritize referrals by 31/10/2019. This will then be submitted as a referral with more comprehensive information which will aid prioritization
• PIC /OT/Psychology and ADON will meet to prioritize referrals 29/11/2019

• Private OT with sensory assessment qualification has been sourced by the organization.
• Private SLT will be sourced by management.
• Individuals will be prioritized by the PIC for referral to private OT and SLT and this service will be offered in line with organization's Personal Assets policy.

The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.
• As part of the annual review conducted in Sonas, questionnaires were forwarded to residents and their representatives.
• Findings from these questionnaires are outlined in the annual review with follow-up actions required.

Regulation 10: Communication	Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication:
The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.
• Risk assessment completed on 05/07/2019 by PIC for both Speech and language and occupational therapist as a result of insufficient resources available for adults attending BOCSI limerick with increasing high support needs.
• ADON in consultation with PICs, OT, SLT and head of psychology met in relation to referrals, waiting times and risk associated with sensory and communication assessments on 18/9/19.
• Reconfiguration for one post into two posts one in SLT and one OT was recommended and been agreed by Senior Management. A business case will be resubmitted to the HSE on the 27/9/19 with the new proposal on a cost neutral basis.
• There is a changeover international Dysphagia Diet Standardization imitative IDDSI in Ireland commenced in September 2019. This has to be completed by March 2020. SLT will be implementing roll out of same. Staff training and resource folders in one house has commenced.
• SLT will provide Lamh one Day module 1 and half day add on course to be provided to staff that will facilitate the setting up of a signing environment. All houses in the designated centre will create a signing environment, based on needs of residents, by 31st December 2020.
• In the absence of communication assessments the following are tools utilised in the centre to aid communication:
o Communication Passport – all individuals in the designated centre have an upto date communication passport that is accessible to all staff.
o Positive Behaviour Support plan where required.
o My Profile My Plan including the individuals Person Centred Plan supported by the observation skills assessment
• New sensory assessment form to be developed by Psychology and OT to prioritize referrals by 31/10/2019. This will then be submitted as a referral with more comprehensive information which will aid prioritization.

• PIC /OT/Psychology and ADON will meet to prioritize referrals 29/11/2019
• Private OT with sensory assessment qualification has been sourced by the organization.
• Private SLT will be sourced by management.
• Individuals will be prioritized by the PIC for referral to private OT and SLT and this service will be offered in line with organization's Personal Assets policy.

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
The registered provider shall provide the following for residents; access to facilities for occupation and recreation.

• The PIC in consultation with staff in the centre carried out a review of activities based on individuals person centre plans during August 2019. The output of this review was an updated activity timetable for each individual. These activities timetables will be reviewed and monitored by PIC on a quarterly basis.
• Residents choose activities and may refuse to attend scheduled activities or day services on theses occasions alternative activities are arranged and facilitated.
• 10 residents access a day service on the campus without staff support from the residence. In one bungalow one resident has a 1:1 staffing in place who supports his day. In one house where residents are sharing bedrooms 2 residents attend a day service 5 days a week without residential support. Therefore during the day the ratio of staff to residents is 2:4.
• The PIC in consultation with the ADON is preparing a proposal to reduce the number of residents in one bungalow that will address the bedroom sharing situation following a recent death of a resident in another designated centre. This will be submitted to the Admissions Committee on 7th October 2019. This shall provide the remaining residents opportunity for more access to facilities for occupation and recreation.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider shall make provision for the matters set out in Schedule 6.

• The PIC in consultation with the ADON is preparing a proposal to reduce the number of residents in one bungalow that will address the bedroom sharing situation following a recent death of a resident in another designated centre. This will be submitted to the

Admissions Committee on 7th October 2019.
• Should the transfer be successful this reduction in numbers in the residence will alter the staffing ratio from 2:6 to 2:5 allowing for additional supports.
• If this transfer is approved the issue of bedroom sharing will be addressed and the number of residents in a bungalow will reduce from 6 to 5. This will ensure each resident's privacy and dignity is respected in relation to having private bedroom space.
• Capital funding for 4 out of 5 Capital projects has been approved by the HSE.
• Upgrade works are currently being undertaken on three of the houses with the remaining 1 houses to commence before year end. All these houses will be fire and accessibility compliant.
• A"Time to Move On" Committee was set up to identify four residents to transfer to one of these houses and also to agree the process.
• The plan is to transfer 4 residents from Sonas to live in one of these homes.
• The ADON will present to the members of the Time to Move on committee on 20/9/19 four residents suitable to transfer based on compatibly and support needs. This will result in reduced numbers in the designated centre maintaining current compliment of staff. This transfer is likely to be subject to business case approval.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider shall ensure that effective fire safety management systems are in place.

• The Brothers of Charity Services Ireland Limerick Region (BOCSILR) take the issue of fire safety for the people we support very seriously. In order to assure the best possible fire safety approach, the BOCSILR has engaged with a Fire Safety Engineer since 2016. To this end a strategy was developed by the Fire Safety Engineer outlining the challenges we had in respect of fire and a plan to address these challenges over time.
• The issue of Fire Safety is on the agenda as part of our Service Arrangement engagement with the funder.
• Significant progress has been made within Bawnmore Centre, which includes Sonas Designated Centre, in respect of improving fire safety.
• In summary these improvements include: -

o L1 Fire alarm system and emergency lighting upgrades was installed in each house that have been fully certified by Fire Safety Engineer. This project was completed by 10th May 2019 as per conditions of registration.
o Staff training is mandatory on fire safety for all staff in all houses.
o Installation of exit doors from individual apartments in the designated centre.
o Reduction in numbers of people residing in Bawnmore including within Sonas designated centre.
o Within one bungalow one resident has relocated to a newly configured bedroom within the bungalow that is fire compliant.

o There is a plan to carry out further upgrade works in Sonas that will include the installation of exit doors in 2 newly configured bedrooms.
o A new Fire Safety committee has been established since the 16th August and has a Fire Safety Engineer as a member in order to advise and support the management team.
o Night time Fire Drills have been scheduled to take place on 23rd, 24th and 25th August in all houses based on advice from the Fire Safety engineer as
part of discussion of the Fire Safety Committee.
o Meetings with staff to take place on the week commencing 16th September in respect of Fire Safety.
o Electrical survey to be arranged in September of all bungalows in Bawnmore and necessary upgrades will be actioned as a priority.

• HSE Fire Safety survey took place in the designated centre between the 28th and 30th August with a view to making recommendations in respect of further fire safety upgrade works.

• A meeting with the Funder and representatives from both the BOCSI and the Funder took place 6th September 2019. Actions from this meeting are currently being agreed. Draft report to be issued to BOCSI by 30th September 2019. Final report will be issued by 30th October 2019.

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 person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

• Hospital passports have been removed from the files of each resident. All the necessary information is now included on hospital transfer forms and personal details form which accompanies individuals to hospital. These forms are in Section 1 of the My Profile My Plan.

• All health care plans in residence have been reviewed.

• Healthcare plans continue to be reviewed quarterly by keyworkers or sooner if required.

Regulation 7: Positive behavioural support	Substantially Compliant

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

The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.

• Currently there is 1 SLT employed by the Brothers of Charity Services Ireland Limerick Region. This SLT focuses primarily in Eating Drinking and Swallowing to address safety risk associated with dysphagia. The SLT does not have capacity to address communication supports.

• Risk assessment completed on 05/07/2019 by PIC for both Speech and language and occupational therapist as a result of insufficient resources available for adults attending BOCSI limerick with increasing high support needs.

• ADON in consultation with PICs, OT, SLT and head of psychology met in relation to referrals, waiting times and risk associated with sensory and communication assessments on 18/9/19.

• Reconfiguration for one post into two posts one in SLT and one OT was recommended and been agreed by Senior Management. A business case will be resubmitted to the HSE on the 27/9/19 with the new proposal on a cost neutral basis.

• There is a changeover international Dysphagia Diet Standardization imitative IDDSI in Ireland commenced in September 2019. This has to be completed by March 2020. SLT will be implementing roll out of same. Staff training and resource folders in one house has commenced.

• SLT will provide Lamh one Day module 1 and half day add on course to be provided to staff that will facilitate the setting up of a signing environment. All houses in the designated centre will create a signing environment, based on needs of residents, by 31st December 2020.

• In the absence of communication assessments the following are tools utilised in the centre to aid communication:

o Communication Passport – all individuals in the designated centre have an upto date communication passport that is accessible to all staff.

o Positive Behaviour Support plan where required.

o My Profile My Plan including the individuals Person Centred Plan supported by the observation skills assessment

• New sensory assessment form to be developed by Psychology and OT to prioritize referrals by 31/10/2019. This will then be submitted as a referral with more comprehensive information which will aid prioritization

• PIC, OT and Head of Psychology and ADON will meet to prioritize referrals 29/11/2019

• Private OT with sensory assessment qualification has been sourced by the organization.

• Private SLT will be sourced by management.

• Individuals will be prioritized by the PIC for referral to private OT and SLT and this service will be offered in line with organization's Personal Assets policy.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.

The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.

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 information.

• The PIC in consultation with the ADON is preparing a proposal to reduce the number of residents in one bungalow that will address the bedroom sharing situation following a recent death of a resident in another designated centre. This will be submitted to the Admissions Committee on 7th October 2019.
• Following this meeting family representatives, individuals and the circle of support will be consulted on the possibility of one individual transferring in line with the protocol developed.
• Following transfer of resident there will be no individuals sharing bedrooms in the centre ensuring that each resident's privacy and dignity is respected in relation to having private bedroom space.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Ye llow	31/12/2020
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	31/12/2019
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	Not Compliant	Orange	31/12/2019

	the designated centre.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2020
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	31/12/2019
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Not Compliant	Orange	12/09/2019
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	31/12/2020
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried	Substantially Compliant	Yellow	12/09/2019

	out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	31/12/2020
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	31/12/2019
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Not Compliant	Orange	31/12/2019

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 information.	Not Compliant	Orange	31/12/2019