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Riverside - Sonas Residential Service, OSV-0005452, 10 May 2022

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

Issued by the Chief Inspector

Name of designated centre:	Riverside - Sonas Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	10 May 2022
Centre ID:	OSV-0005452
Fieldwork ID:	MON-0034624

About the designated centre

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

Riverside Sonas is a community-based residential home for six adult residents with high support needs. The centre is located in West Co. Dublin close to a variety of local amenities and public transport links. It is a detached two-storey building located in a quiet residential area. The ground floor comprises of a large entrance hall, three en-suite bedrooms, bathroom facilities, a kitchen, a conservatory area and a utility area. The second floor comprises of four bedrooms two of which are ensuite and two which utilise a shared bathroom. One of the bedrooms is used as a staff sleep over room/office. There is a large back garden which overlooks a local river and a large outdoor storage area beside the house. Staffing support is provided for residents 24 hours a day, seven days a week. The staff team comprises of a person in charge, social care workers and health-care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 10 May 2022	09:50hrs to 14:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This unannounced risk based inspection was completed following an inspection in the centre in October 2021 where poor levels of compliance with the regulations were found to be negatively impacting on residents' experience of care and support in the centre. Following this inspection the provider was invited by the Chief Inspector of Social Services to a cautionary meeting.

Overall, the findings of this inspection were that a number of improvements had been made since the last inspection, and more were planned. Governance and oversight arrangements had strengthened and the provider had a quality improvement plan in place to track the required actions. Most of these actions were complete at the time of the inspection. The outstanding actions related to staffing as a number of staff vacancies remained. However, it was evident that the provider had made efforts, and were continuing to attempt to recruit to fill these vacancies. The centre was now managed by a full-time person in charge who had systems in place to make sure residents were safe and regularly engaging in activities they enjoyed.

As the inspection was completed during the COVID-19 pandemic, the inspector of social services adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff, was limited and done in line with public health advice. On arrival to the centre staff directed the inspector to a hall table with hand sanitiser and personal protective equipment (PPE), there was also sign in book for visitors and a thermometer available. There were six residents living in the centre at the time of this inspection, and the inspector had the opportunity to meet and briefly engage with five of them. One resident was in hospital at the time of the inspection.

The house appeared clean, well maintained, homely and comfortable. Residents had decorated their bedrooms in line with their wishes and preferences since the last inspection. They were brightly coloured and contained their personal items, photos, and soft furnishings. They also had televisions and radios in their bedrooms if they wished to spend time there. A number of residents had ensuite bathrooms and walk in wardrobes. There were also a number of communal areas where residents could spend their time. These included a sun room, a large kitchen come dining room, and a separate living room. There was a well maintained garden to the front of the house with garden furniture and a BBQ.

Two residents greeted the inspector at the front door when they arrived. They both smiled and then went back to what they were doing. They were both dressed and ready to have their breakfast. One resident approached a staff member and asked for a certain type of breakfast and the staff member prepared this for them. Over the course of the morning the inspector observed three residents having their breakfast. They were observed to be offered support by staff in a sensitive and appropriate manner. On the morning of the inspection they were short staffed due

to unplanned leave, but there was a relaxed and calm atmosphere in the house. Residents were supported at a pace that suited them and appeared relaxed and comfortable with any supports offered by staff. Just after the inspector arrived a staff member from another part of the organisation arrived to provide support.

Kind, caring and respectful interactions were observed between staff and residents throughout the inspection. Staff were observed to take the time to listen to residents and to pick up on their non-verbal cues. Residents were observed to be busy at times during the inspection, but they were also observed to have time to spend relaxing if they so wish.

Since the last inspection residents had developed a number of new goals and tried out new activities to see if they would enjoy them. Some had really enjoyed these and were now regularly enjoying these activities. For example, residents had joined an active retirement group, were regularly going bowling, going to the horse stables, and were attending local exercise groups. On the day of the inspection two residents were supported by staff to go for a drive in the morning, two residents then went for a walk with staff, and one resident went for lunch in the afternoon. Weather permitting plans were in place for a number of residents to go to the zoo after the inspection.

One resident had a lie on and breakfast in bed on the morning of the inspection. When they got up they appeared well rested and content. They relaxed and listened to some music, and then later in the day they went out to the garden to spend some time with staff. Residents' meetings were occurring regularly and agenda items included COVID-19, activities, fire safety, complaints procedures, safeguarding, advocacy, local news, and meal choices.

One resident had transitioned to the centre since the last inspection. They appeared comfortable and content in the centre, and moved around the house as they so wished. They appeared very much at home and were observed smiling throughout the inspection. They made their needs known to staff through the use of gestures and staff were observed to be familiar with their communication preferences and to respond appropriately. They were also observed to spend some time in the garden with staff and water the flowers in the hanging baskets and window boxes. They took their time doing this and appeared to really enjoy this.

In summary, residents appeared happy, content and relaxed in their home. Inspectors found that a person-centred approach was being used to ensure residents' care and support needs were met. The team were found to be quickly responding to residents' changing needs and to be motivated to ensure that residents were choosing how and where they spent their time.

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

Capacity and capability

Overall, the inspector found the improvements made since the last inspection were having a positive impact on the lived experience of residents in the centre. These improvements included improved oversight of the day-to-day running of the centre, increased supports for the staff team, the implementation of a quality improvement plan, and the review and update of residents' personal plans. Residents' opportunities to engage in activities they found meaningful both in their home and in their local community had significantly improved since the last inspection.

The inspector found the centre was well managed. There was now a full-time person in charge in post who was very familiar with residents' care and support needs as they had supported them following their move from a large congregated setting to this centre. They were on leave on the day of the inspection and a person participating in the management of the designated centre (PPIM) and a regular staff member facilitated the inspection.

As previously mentioned, the provider had implemented a quality improvement plan and a number of governance and oversight meetings had been held with representatives of the senior management team, the service manager, CNM3, and person in charge. They were tracking progress on actions from the compliance plan following the last inspection, and the actions from their own audits and reviews in the centre.

Improvements were noted in relation to staff training, supervision and support since the last inspection. Staff were in receipt of regular formal supervision which was completed by the person in charge. Staff meetings were occurring regularly and discussions at these meetings were focused on the day-to-day running of the centre and residents' care and support. Staff's roles and responsibilities were discussed in detail during staff meetings. There was also a daily safety pause meeting, where discussions were held in relation to areas such as health and safety, and risk management. The person in charge had a system to track when staff were due refresher training, and were following up with staff to ensure they completed these. Staff had access to training in line with the organisation's policy and residents' assessed needs.

The centre remained under-resourced in terms of staffing but the inspector was shown documentary evidence of numerous attempts by the provider to recruit staff since the last inspection. This included seven sets of interviews for care staff, social care workers and a clinical nurse manager (CNM). Recruitment was ongoing at the time of the inspection with CNM1 interviews scheduled just after the inspection.

Regulation 14: Persons in charge

The person in charge was full-time and had the qualifications, skills and experience to fulfill the role. They were also identified as person in charge of two other designated centre but were found to have systems to ensure the effective governance, operational management and administration of this centre.

Judgment: Compliant

Regulation 15: Staffing

At the time of the inspection there was one social care worker vacancy, one CNM1 vacancy, and 1.5 care staff vacancies. The recruitment drive was ongoing with further interviews scheduled after the inspection.

From a review of staff rotas it was evident that the provider was attempting to ensure continuity of care and support for residents through the use of regular agency staff. However, due to the volume of staff vacancies there was an over-reliance on agency staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the organisation's policies. A number of staff had completed training in relation to person-centred planning since the last inspection, and more staff were due to attend four days training in this area following the inspection. There were two staff due refresher manual handling training but were due to complete it the day after the inspection. One staff was due refresher safeguarding training but completed it on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The centre was managed by a suitably qualified and experienced person in charge who had the authority, accountability and responsibility for the provision of service. The quality of care and the experience of residents was being monitored and developed on an ongoing basis. The provider was completing regular audits and reviews and found to be self-identifying areas for improvement. These were being captured on the centre's quality improvement plan.

The inspector found that there was a clear focus on person-centred care and quality improvement in this centre. Improvements were found in areas such as staff training and development, governance and management, residents' general welfare and development, risk management and fire precautions.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents and adverse events was maintained in the centre and the Chief Inspector had been notified of all the required information in line with the Regulation.

Judgment: Compliant

Quality and safety

From what the inspector observed and was told, and from reviewing documentation, it was evident that residents were in receipt of a good quality and safe service. They were making decisions about how they wished to spend their time, and where. They were also involved in the day-to-day running of the centre, including the upkeep of their home. Their likes, dislikes and preferences were clearly identified in their personal plans.

Residents lived in a warm, clean and comfortable home where they had access to plenty of private and communal spaces. Their home was decorated in line with their preferences and their bedrooms were personalised to suit their tastes. A number of improvements had been made in the centre since the last inspection which had resulted in it appearing more homely and comfortable.

Residents and staff were protected by the infection prevention and control and risk management policies and procedures in the centre. There were also systems in place for the prevention and detection of fire in the centre. Improvements were noted in relation to risk assessments, residents' personal emergency evacuation plans, and the documentation relating to fire drills since the last inspection.

A significant piece of work had been completed in relation to the development of meaningful goals for residents since the last inspection. Residents were meeting with their keyworkers regularly to review how their goals were progressing. Some of the home based goals included, money management, baking, cooking, and gardening. Each goal was broken down into the steps required to achieve them and progress towards meeting goals was recorded and tracked regularly. There was a folder with pictures of activities resident's could choose to engage in at home

including, bingo, word searches, yoga, mindfulness, relaxation techniques, exercises, arts and crafts and quiz nights.

There was documentary and picture evidence to show that residents' had increased opportunities to engage in activities in their local community. For example, residents were going to local shopping centers, going out for meals, going to cinema, bowling, and flower arranging. There was an audit being completed regularly in residents access to activities. These demonstrated the variety and number of activities residents were engaging in every month. There was also evidence to demonstrate that residents had increased opportunities to develop relationships and links within their local community, and more plans were in place in this area. Examples of opportunities to develop relationships and friendships included resident's joining retirement groups, and local exercise groups.

Regulation 13: General welfare and development

Overall, residents had opportunities to participate in activities that were meaningful and purposeful to them, both at home and in their local community. Residents had been involved in the development of a number of goals in line with their areas of interest. Their personal plans were detailed in relation to the typical activities they enjoyed, and dates that were important to them every year.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be homely and to promote the privacy and dignity of each resident. Residents had access to adequate private and communal spaces, and storage for their personal items. Their bedrooms were personalised to suit their tastes.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy in place which contained the information required by the regulations, and there was also an emergency plan in place. There was a risk register which was reflective of the risks in the centre at the time of the inspection. General and individual risk assessments were developed and reviewed as required.

Judgment: Compliant

Regulation 27: Protection against infection

There provider had developed policies and procedures in relation to infection prevention and control, and contingency plans were developed during the COVID-19 pandemic. There were cleaning schedules in place to ensure each area of the house was cleaned regularly.

There were systems to ensure water systems were flushed regularly and there were stocks of PPE available in the centre. There were suitable laundry and waste management systems in place. There was information available for residents and staff on infection prevention and control. Staff had completed a number of infection prevention and control related trainings.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect, contain and extinguish fires, and there was suitable equipment which was being regularly serviced and appropriately maintained.

Staff were in receipt of fire safety awareness training and fire drills were occurring regularly. It was evident that learning following drills was leading to further drills and the review and update of residents' personal emergency evacuation plans.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant

Compliance Plan for Riverside - Sonas Residential Service OSV-0005452

Inspection ID: MON-0034624

Date of inspection: 10/05/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment for current vacancies remains ongoing. Since inspection one social care worker has been successful at interview and currently undergoing the recruitment process. Regular relief and agency are supporting the vacancies.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/12/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/12/2022