



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

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| Name of designated centre: | Sonas Nursing Home Innis Ree |
| Name of provider: | Sonas Nursing Homes Management Co. Limited |
| Address of centre: | Ballyleague, Lanesborough, Roscommon |
| Type of inspection: | Unannounced |
| Date of inspection: | 28 November 2024 |
| Centre ID: | OSV-0000350 |
| Fieldwork ID: | MON-0043371 |

About the designated centre

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

Sonas nursing home Innis Ree is a purpose built centre for older people that accommodates 58 residents. It is located in the village of Ballyleague approximately 14k from the town of Roscommon and Longford and overlooks the river Shannon. The centre provides care for male and female residents requiring long term, respite, convalescent and dementia care. The ethos of the centre as described in the Statement of Purpose is one of resident-centredness and the motto is "We work in your home". Residents' accommodation is provided on the ground floor and comprises five separate communal areas, each with dining facilities reflecting a household model. There are 54 single bedrooms and two twin bedrooms all with en-suite shower and toilet facilities. Bedrooms are spacious and have good storage space and each room has a kitchenette which has a fridge, worktop and cupboards, a kettle and a washing machine. The building makes good use of natural light and en-suites were suitably ventilated. There are ample corridors for residents to walk and the centre has landscaped gardens surrounding it and an enclosed courtyard garden.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 57 |
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 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 |
|------------------------------|-------------------------|---------------|---------|
| Thursday 28 November 2024 | 09:00hrs to 18:15hrs | Michael Dunne | Lead |
| Thursday 28 November 2024 | 09:00hrs to 18:15hrs | Nan Savage | Support |

What residents told us and what inspectors observed

On the day of inspection, the inspectors observed that residents were supported to enjoy a satisfactory quality of life supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy with the care and support they were receiving in the centre.

The inspectors spoke with several residents during the inspection. One resident said that it was 'A1' and mentioned that 'staff are lovely' and if they any concerns or worries they could speak to staff. Another resident spoke about how their room was 'spacious and has everything' the resident could want and mentioned that they had access to their own kettle and could make a cup of tea when they wanted. They went on to add that they had their own washing machine that they used to wash items of personal clothing.

Other residents described the centre as 'home from home' and spoke about how they liked to go for a walks in the afternoon. Visitors were seen coming and going during the inspection. Residents were observed meeting with their loved ones in communal areas as well as in their own bedrooms. Inspectors met with a relative who said the 'care is excellent, couldn't fault it'. This relative also mentioned that the staff were good and their relations were very happy living in the centre.

On completion of the introductory meeting, inspectors walked the premises with the person in charge, meeting and engaging with staff and residents along the way. Inspectors found that the temperature fluctuated in different parts of the centre and that some areas felt cold. Some residents living in these areas told inspectors that they felt the cold. One resident who was in their bedroom said that they 'feel cold all the time' while another resident sitting in one of the homestead areas told inspectors that they were cold and had to wear plenty of clothes in order to keep warm.

Although the provider was aware of the problems with the heating system and had plans in place to modernise the current system, the interim arrangements to maintain a suitable and sufficient level of heating in the centre were not effective. Portable heaters were provided to some of these areas during the inspection, however the oversight of the internal heating levels did not provide assurances that all residents were comfortable with the heating levels. This was brought to the immediate attention of the person in charge and is discussed in more detail under Regulations 23 Governance and Management and Regulation 17 Premises.

Sonas Nursing Home Innis Ree is a purpose-built single-storey building that can accommodate a maximum of 58 residents. The centre provides long term care and respite care for both male and female adults with a range of dependencies and

needs. There were 57 residents living in the centre on the day of inspection. Residents' accommodation is arranged in both single and twin bedrooms which are located within four areas of the centre. Bedrooms were spacious and equipped to promote independence with, a fridge and laundry facilities in each room. Residents were supported to do their own laundry if they wished to do so. Large items of linen and bedding were laundered by an external provider. Bedrooms had their own ensuite toilet and shower. Inspectors observed that some residents' bedrooms were personalised with items of personal significance such as photos, ornaments and soft furnishings.

There was a programme of decoration underway at the time of this inspection and inspectors noted the overall improvement to the ambiance on the centre. The redecoration programme was ongoing with an expected completion date in 2025.

The inspectors observed a number of sitting rooms which were spacious, tastefully decorated and well maintained. These rooms were in constant use by residents throughout the day of the inspection. The dining areas were clean and well-designed to meet the needs of the residents. The provider also had re-purposed a number of rooms to improve the segregation and storage of supplies and equipment in the centre however inspectors found that the segregation of resident equipment and other items still required improvements.

Residents were free to move about the internal areas of the centre however the outdoor enclosed courtyard area was not readily accessible from one of the residents' homesteads rooms. Inspectors saw that the access point to this facility was over complicated and did not promote easy access for residents accessing this area.

A number of staff and residents interactions were observed, residents who had communication needs were supported by staff in a positive manner. Residents were given time and space to make their views known. These interactions confirmed that staff were aware of residents' assessed needs and were able to respond to those needs in a constructive manner. Residents who walked with purpose were supported by staff in a dignified manner and this approach was seen to reduce potentially challenging situations and maintain the safety of those residents.

A schedule of activities was displayed for residents and staff also reminded residents of what was happening on the day. Twelve residents were seen playing bingo that was facilitated by the recreational therapist while others were observed enjoying singing songs. Some of the residents told inspectors that they had enjoyed getting their nails done that morning. Others mentioned how they liked playing a card game called '25'. This was a request that had been raised at the residents' meeting and card playing now took place regularly. One resident mentioned how they enjoyed arts and crafts and had samples of their artwork framed and displayed in the centre.

Residents were facilitated to exercise their religious and political rights. For example, residents had the choice to attend daily mass in the centre and this was confirmed by residents and staff.

Residents were facilitated to exercise their right to vote and some mentioned that they had already voted in the upcoming election. Inspectors were also informed that residents could go out to vote if they wished.

Residents had access to current affairs and technology was available to keep residents in contact with their families and friends.

Inspectors observed a meal service and found that residents were in receipt of appropriate and timely support to enjoy their meal. Residents who required assistance with their eating and drinking were supported in a dignified manner by the staff supervising the meal service. Residents were provided with a choice of main meal and could also access alternative food should they not like what was on the menu. The choice of meal available on the day consisted of bacon and cabbage or beef meatballs. Inspectors observed that there was a selection of snacks and refreshments available for residents throughout the day. There were water dispensers available in the designated centre to promote good hydration.

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

Capacity and capability

Overall this was a well-managed centre which ensured that residents were provided with good standards of care to meet their assessed needs. However improvements were required to ensure resources were made available to address any known maintenance issues in a timely manner.

There were management systems in place which provided oversight to maintain these standards and on balance the majority of these systems were working well effective in delivering good outcomes for the residents.

Since, the last inspection held in January 2024 the provider submitted an application to vary condition 1 of the registration to regularise the changes the provider had made to the layout of the centre identified on that inspection. The inspectors reviewed the revised layout of the centre and found that the changes made by the provider were consistent with those identified in the statement of purpose and floor plan submitted to support the application.

There were however some areas of current practice that required actions to ensure that existing systems identified all areas of the service that required improvement, these areas are described in more detail under the relevant regulations. Issues relating to premises and infection control are discussed under their respective regulations and under the theme of Quality and Safety.

While the inspectors found that the provider was working towards achieving full compliance with the regulations, the heating system had broken down in some areas of the building. The provider had purchased portable heaters to supplement the heating system however some were not in use on the day of the inspection and a number of areas were found to be cold. Residents also informed the inspectors that they were feeling cold and as a result of these findings the provider was issued with an urgent provider compliance plan following the inspection. The provider submitted a suitable compliance plan response with enhanced interim arrangements for heating the designated centre in advance of the new heating system that was planned to be installed in 2025.

This was an announced inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the actions the registered provider had undertaken following the findings of the last inspection.

The registered provider is Sonas Nursing Homes Management Company Limited. The provider is a national provider with a number of nursing homes in Ireland. The inspection was facilitated by the person in charge and the provider's regional manager for the area both of whom had recently taken up their posts. The local team consists two clinical nurse managers, staff nurses, health care assistants, household, catering, maintenance and administration staff. A quality and assurance manager attended the centre on a regular basis.

At the time of this inspection the registered provider was awaiting the start date for the part time physio. There were no other staff vacancies in the centre. The provider maintained the complement of staff nurses in line with the numbers identified in the statement of purpose.

A review of staff training documentation confirmed that the majority of staff working in the designated centre were up-to-date with their mandatory training. However, there were two members of the staff team who required their annual refresher fire training, while training in manual handling and safeguarding was provided in accordance with the designated centre's policies. There was a range of supplementary training available for staff to attend such as wound and pain management, medication management, dementia, infection prevention and control, and cardio-pulmonary resuscitation (CPR).

Discussions with staff throughout the day confirmed that they were clear about their roles and the standards that were expected of them in their work. Staff said they were well supported and that they had good access to training and updates. Staff demonstrated appropriate knowledge and skills in their day to day work. There were established recruitment processes in place and all staff had Garda vetting in place before they started working in the centre.

The provider had a range of audit and quality assurance systems in place. These included a daily walkabout by a member of the management and leadership team however there was no record of these daily checks available for review.

Audits that were reviewed included key areas such as falls, incidents, antimicrobial stewardship, concerns and complaints. Weekly management reports were compiled and made available to the provider's senior management team. Audits reviewed had action plans with time frames for completion. However the providers own processes had not identified a number of risks and non compliances in relation to the premises and infection prevention and control that were identified on this inspection. This meant that there was no action plans in place to address to mitigate these risks. In addition, while there were effective recruitment practices in place and there was good compliance in relation to Schedule 2 of the Regulations, more diligence was required to ensure that there were explanations sought for staff who has significant gaps in their employment histories.

While the provider was found to communicate effectively with the Chief Inspector and submit notifications in a timely manner, the inspector found that records relating to quarterly notifications were not accurate and resulted in the non reporting of sensors currently in use in the centre.

The provider considered complaints as opportunities to learn from the experiences of people using and interacting with the service. There was one complaint received since the last inspection in January 2024. Inspectors viewed the records that had been maintained and found that the provider had responded appropriately to the complaint and had taken necessary remedial actions. Inspectors spoke with staff and reviewed training records which confirmed that these actions had been implemented.

The provider had processes in place to ensure resident's feedback was recorded and used to inform the quality improvement plan. The annual review for 2023 was being completed at the time of the inspection. Resident questionnaires had been used to inform the review. There were clear procedures in place to support residents and their families to make a complaint.

Regulation 14: Persons in charge

The provider had recently recruited a person in charge who met all the requirements of this regulation.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to meet the assessed needs of the residents in the designated centre. A review of the rosters

confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place to ensure staff were facilitated to attend mandatory and professional development training appropriate to their roles. Although two members of staff required refresher fire safety training, the provider had arrangements in place for those members to receive this training.

There were arrangements were in place to ensure staff were appropriately supervised and supported to carryout their roles effectively.

Judgment: Compliant

Regulation 19: Directory of residents

There was an electronic directory of residents available in the centre that contained the required information as outlined in Schedule 3, paragraph 3 of the regulations.

Inspectors reviewed a sample of entries in the directory of residents and found that resident information was maintained and up-to-date.

Judgment: Compliant

Regulation 21: Records

A review of records relating to schedule 1 and schedule 2 maintained in the designated centre found that,

- The provider failed to follow up on a staff members' employment record which showed a significant gap in their employment history.
- The statement of purpose did not accurately describe the whole time equivalents for two members of staff involved in the clinical oversight of the designated centre.
- Daily records relating to the cleaning of the the centre were not complete.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had failed to ensure that resources were made available to repair/replace the heating system in the centre following a maintenance report dated May 2024 in which the heating engineer recommended that the system be replaced.

The inspectors found that the registered provider had management systems in place to monitor the quality of the service provided however some actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- The oversight of the interim measures the provider had put in place to maintain the temperature of the designated centre did not identify that some supplementary heaters were not in use and as a result the temperature in a number of areas of the centre did not ensure the comfort of residents.
- Infection prevention and control audits did not identify poor practice with regard to the oversight of cleaning practices for resident handling equipment.
- The oversight of environmental records were not effective as they did not identify gaps in the daily cleaning records.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A review of a number of contracts for the provision of services confirmed that residents had a written contract of care in place, that outlined the services to be provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place dated October 2024 which set out the facilities and services that were available in the designated centre. A review of this document found that some amendments were required to ensure that staff working in the centre were accurately recorded. This is discussed in more detail under Regulation 21: Records.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that not all restrictive practices were being reported on a quarterly basis to the Chief Inspector, as required by Regulation 31. For example, the use of sensor mats which had the potential to impact on residents' free movement when activated were not been reported.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was an accessible complaints policy and procedure in place to facilitate residents and or their family members lodge a formal complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints officer, timescales for a complaint to be investigated and details on the appeal process should the complainant be unhappy with the investigation conclusion.

A review of the complaint's log indicated that the provider had managed the complaints in line with the centre's complaints policy.

Judgment: Compliant

Quality and safety

Overall the residents living in this centre received good quality care and support from a staff team who were aware of their assessed needs. This helped to ensure that support and care interventions were person centred and that resident daily routines were prioritised. There was a calm and welcoming atmosphere in which residents were observed spending time with each other and with their families and friends.

There was evidence that residents had the freedom to exercise choice regarding their day to day activities and how they liked to spend their time. Residents were afforded the opportunity to be alone as they chose and to attend various meaningful activities for them that took place daily in group settings and individually. Some residents were seen pursuing their own personal interests.

The inspectors found that resident care records were well maintained. This was validated by the inspectors who found that records were of a good standard. A review of residents care records confirmed that pre assessments were in place for each new resident prior to admission to ensure the provider could meet the needs of the resident. In addition residents' care needs were assessed on admission and personalised care plans were developed in response to any identified needs. Care plans were well written, detailed and provided clear care interventions to guide nursing and care staff.

Residents' health care needs were met through regular assessment and review by their general practitioner (GP). The inspectors reviewed a sample of residents' records and found that residents received timely and unrestricted access to their GP. Residents were also referred to health and social care professionals such as dietitian services, occupational therapy, physiotherapy and speech and language therapy as needed. Where changes to treatment were recommended following a review by the GP or health and social care professional, these changes were appropriately updated within the resident's care plan. Daily care notes provided good information on the care interventions provided to residents and on their health and well-being.

There were arrangements in place to ensure that residents had access to pharmacy services of their choice. The inspectors spoke with a nurse on duty regarding medication issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management. Records relating to controlled medicines were well maintained and stored appropriately. A sample of controlled medicines were reviewed and the amounts stored in the controlled safe tallied with the records maintained the provider. Secure refrigerated storage was provided for medicines that required specific temperature control. The provider had introduced an electronic record system to monitor the administration of medicines, feedback from staff and management confirmed that this system was working well and increased the time available for staff to undertake their medication administration in a safe manner.

The provider had an ongoing programme of decoration to maintain the lived environment. In addition, flooring has been replaced in a number of resident rooms so far with plans to complete this work in 2025. Overall the premises were well maintained and communal facilities were spacious and comfortable for residents to enjoy. However, as described elsewhere in this report, more robust arrangements were needed to ensure that the failure of the heating system in parts of the centre was not impacting on residents comfort and their peaceful enjoyment of their home.

Equipment in use to provide care to the residents which included mobility equipment, hoists and hoist slings and resident beds were serviced regularly. Although, storage had improved in the centre since the last inspection, more diligence was required to ensure that resident communal facilities were not used to

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Equipment in use to provide care to the residents which included mobility equipment, hoists and hoist slings and resident beds were serviced regularly. Although, storage had improved in the centre since the last inspection, more diligence was required to ensure that resident communal facilities were not used to store painting and decorating equipment and that mobility equipment stores were used solely to store equipment.

In general inspectors observed good practices with regard of infection prevention and control (IPC), which included good hand hygiene techniques, and overall procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). However, improvements were still required in relation to the cleaning and maintenance of resident's equipment to reduce the risk of cross contamination.

Inspectors encountered unpleasant mal-odours along some corridors at different times of the day. The provider was aware of this prior to the inspection and was seeking a solution.

While residents were in the main able to access all areas of their home, inspectors found that the mechanism for opening a door to access a communal courtyard was overly complicated and had the potential to restrict residents access this facility. There was knowledge among the staff team regarding the use of restricted practices, and many staff had received additional training in relation to the management of responsive behaviours (How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). This was evident during the inspection where staff were observed using their skills and knowledge to support residents who became anxious or distressed.

Residents views were sought both individually and as part of residents' committee meetings that took place bi-monthly. Inspectors viewed a sample of minutes maintained and read that a range of items were discussed such as the menu, activities including social outings, gardening, the laundry arrangements and the previous inspection report from HIQA.

Information was available for residents and their families in their centre regarding independent advocacy services and access to this service had been facilitated and used by some residents.

There was a variety of activities available for residents to engage in both on a one to one basis or through scheduled group activities. The provider arranged for 1:1 activities to be available in the morning while group activities were arranged for the afternoon. A selection of activities observed on the day consisted of arts and crafts, quizzes, and reading newspapers. Religious services were held on a daily basis and celebrated in the centre.

Residents had access to radio and television. There was internet available so that residents could keep in touch with family and friends through social media. Resident

meetings were held every two months and there was evidence that resident feedback from the meetings was acted on.

Residents families and friends were made welcome and were encouraged to be involved in the care and ongoing lives of the residents. The inspector spoke with two visitors who gave very positive feedback about the care and support that their loved ones received in the centre.

Regulation 11: Visits

Visits by residents' families and friends were encouraged and the inspector observed several visitors attending the designated centre during the day. Residents access to their visitors was unrestricted and there were facilities available for residents to meet their visitor's in private in other locations apart from their bedroom.

Judgment: Compliant

Regulation 17: Premises

The centre's premises did not conform to the matters set out under Schedule 6 of the Care and Welfare Regulations 2013. For example:

- The heating system was ineffective to provide sufficient levels of heating to all areas of the centre. Although this was a known issue since May 2024 the provider had failed to address it in a timely manner.
- There were paint products stored in the bathroom.
- Inspectors found mal-odours coming from vents located in different parts of the centre.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had access to sufficient quantities of food and drink that met their nutritional requirements. A varied menu was available daily providing choices to all residents including those on a modified diet. Inspectors noted that arrangements were in place to support residents with making choices about meals and there was clear communication between healthcare staff and those preparing residents' meals. Inspectors saw that appropriate records were maintained of residents' dietary

requirements, preferences, likes and dislikes and that this informed their food choices.

There were sufficient numbers of staff to assist residents at mealtimes. Inspectors observed the dining experience and saw that staff were supportive and encouraging when assisting residents that required additional support with their meals and refreshments. Residents had plenty of time to eat and drink, and inspectors found residents enjoyed the social interactions at meal times. Residents that spoke with inspectors commented that their lunch was lovely.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and procedure in place which contained details regarding the identification of risk, the assessment of risk and the measures and controls in place to mitigate against known risks. The policy met all the requirements as set out under Regulation 26. Risks associate with the lack of heating were not well managed and are discussed in more detail under Regulation 23.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had generally ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship but some actions are required to be fully compliant. For example;

- There was no clear strategy for the cleaning of equipment used in the transfer of residents. Hoist and wheelchairs did not have a record in place to confirm that they had been cleaned since they were last used.
- One transfer wheelchair could not be effectively cleaned due to damage to an arm. This posed a risk of cross contamination between residents.
- There was multiple storage in the hoist equipment room which had the potential to cause infection spread.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were systems in place to monitor the administration, storage and returns of medicines used in this centre. The person in charge monitored current practices to ensure that medicinal products were administered in accordance with the directions of the prescriber. Residents were supported to access pharmacy services in line with their choice.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Assessment and care planning were found to be of a high standard which ensured each resident's health and social care needs were identified and the care interventions that staff must complete were clearly described. The inspectors reviewed a sample of residents' care documentation and found the following;

- All residents had a comprehensive assessment of their needs prior to admission to ensure that the centre was able to provide care that met residents assessed needs.
- Care plans were reviewed at 4 monthly intervals, or as and when required.
- Residents were consulted about their preferences for care interventions and where residents were unable to provide this information records confirmed that family members were consulted.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. GPs visited residents in person and were contacted and made aware if there were any changes in the resident's health or well being. Allied health professionals such as dietitian, physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, either remotely or on-site, where appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a restraints policy and register in place which the provider monitored as part of the clinical governance systems. Where restraints were in use they were used following risk assessment with the residents or their representative and were used in line with national guidance.

However, the use of sensors mats and the possible impact on resident movements was not identified as a restrictive practice and as such had not been notified to the chief inspector as a restriction in the quarterly notifications.. This is discussed in more detail under regulation 31 Notification of Incidents.

Judgment: Compliant

Regulation 9: Residents' rights

There were arrangements in place for residents to pursue their interests on an individual basis or to participate in group activities in accordance with their interests and capacities. There was a schedule of activities in place which was available for residents to attend seven days a week. Residents also had good access to a range of media which included newspapers, television and radios.

Resident meetings were held on a regular basis and meeting records confirmed that there was on-going consultation between the staff and residents regarding the quality of the service provided.

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (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 | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Not compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Sonas Nursing Home Innis Ree OSV-0000350

Inspection ID: MON-0043371

Date of inspection: 28/11/2024

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records: All staff files have been re-audited and now meet the regulatory requirements.</p> <p>The SOP has been reviewed and updated accordingly.</p> <p>Records in the center now evidence cleaning of all manual handling equipment including hoists.</p> | |
| Regulation 23: Governance and management | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Immediate actions were taken to include:</p> <ul style="list-style-type: none"> • Additional electric heaters were put in place on the day of inspection. • Monitoring by room thermostats has been implemented to ensure accurate readings and rapid response to any deviations. Room temperatures are monitored and recorded twice daily. • Oversight has been strengthened by assigning senior staff to review and act upon daily temperature logs. • Along with the twice daily temperature monitoring, continuous and daily feedback is sought from residents regarding their comfort levels. <p>As part of our Capital Expenditure plan for 2025, we have committed to a comprehensive upgrade of our heating and energy management systems and this order has been placed</p> | |

with Eurotech who commenced works on the 27/01/25 with full fitout and commissioning due for completion by the end April 2025. This upgrade will provide each resident with individual temperature controls.
 Records in the center now evidence cleaning of all manual handling equipment including hoists.

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|--|---------------|
| Regulation 31: Notification of incidents | Not Compliant |
|--|---------------|

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
 Going forward sensor mats will be reported in the NF39A on a quarterly basis.

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|-------------------------|---------------|
| Regulation 17: Premises | Not Compliant |
|-------------------------|---------------|

Outline how you are going to come into compliance with Regulation 17: Premises:
 Immediate actions were taken to include:

- Additional electric heaters were put in place on the day of inspection.
- Monitoring by room thermostats has been implemented to ensure accurate readings and rapid response to any deviations. Room temperatures are monitored and recorded twice daily.
- Oversight has been strengthened by assigning senior staff to review and act upon daily temperature logs.
- Along with the twice daily temperature monitoring, continuous and daily feedback is sought from residents regarding their comfort levels.

As part of our Capital Expenditure plan for 2025, we have committed to a comprehensive upgrade of our heating and energy management systems and this order has been placed with Eurotech who commenced works on the 27/01/25 with full fitout and commissioning due for completion by the end April 2025.
 Paint products have been removed from the tempoary storage in the bathroom and are now stored in an appropraitely designated external store room.

Drain lines have been inspected the mal-odour coming from vents located in different parts of the centre has now been resolved.

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| Regulation 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The wheelchair which was identified on the day of the inspection has been disposed of. The wheelchair and hoist storage room now have no other items stored there. The three items found were removed on the day of inspection. Records in the center now evidence cleaning of all manual handling equipment including hoists.</p> | |

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 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Not Compliant | Red | 30/04/2025 |
| Regulation 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector. | Substantially Compliant | Yellow | 29/01/2025 |
| Regulation 23(a) | The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with | Not Compliant | Orange | 30/04/2025 |

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|------------------|---|-------------------------|--------|------------|
| | the statement of purpose. | | | |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Substantially Compliant | Yellow | 30/04/2025 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 29/01/2025 |
| Regulation 31(3) | The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4. | Not Compliant | Orange | 29/01/2025 |