



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Carrick-on-Suir
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Waterford Road, Carrick-on-Suir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	24 September 2024
Centre ID:	OSV-0007883
Fieldwork ID:	MON-0044704

## About the designated centre

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

Sonas Nursing Home Carrick-on Suir is located a five minute walk from the town centre and serves the local community of approximately 12,000 people. The nursing home is a purpose built care home that provides accommodation for 53 residents in mostly single bed accommodation with some twin rooms available. There are two internal landscaped courtyards with outdoor seating provided. Bedroom accommodation provides bright en suite rooms with built in safety features such as a call bell system, fire doors with safety closures, wheelchair accessible bathrooms, grab rails, profiling beds, television and private telephone line. There are two open plan living rooms, a family room and an oratory.

Care and services are provide to both male and female residents over the age of 65 and those under 65 may be accommodated if the centre can meet their assessed needs. Residents with low to maximum dependencies can be accommodated.

Nursing care is provided to residents who require long term care, convalescent, respite or palliative care.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	54
--	----

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
Tuesday 24 September 2024	09:00hrs to 17:00hrs	Mary Veale	Lead
Wednesday 25 September 2024	09:00hrs to 16:45hrs	Mary Veale	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection which took place over two days. Over the course of the inspection the inspector spoke with residents, staff and visitors to gain insight into what it was like to live in Sonas Nursing Home, Carrick-on-Suir. The inspector spent time observing the residents daily life in the centre in order to understand the lived experience of the residents. The inspector spoke in detail with 10 residents and 5 visitors. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared to be content, appropriately dressed and well-groomed.

Sonas Nursing Home is a single story designated centre registered to provide care for 55 residents on the outskirts of the town of Carrick-on-Suir, County Tipperary. There were 54 residents living in the centre on the days of the inspection. The centre was divided into six compartment corridor areas which were called after local areas; Comeragh, East Munster, Old bridge, Ormonde Castle, river Suir, and Silevenamon. The building was well lit, warm and adequately ventilated throughout. Residents had access to communal spaces which included two large day rooms containing dining and sitting areas, a family room, a visitor's room, a quiet room, a partitioned corridor seated area, a multipurpose room and an oratory. The environment was homely, clean and decorated tastefully. Armchairs were available in all communal areas and corridor alcove areas.

Bedroom accommodation consisted of 49 single and three twin bedrooms, all with en-suite facilities. The privacy and dignity of the residents in the multi-occupancy rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings. The layout of one of the twin bedrooms required review, this is discussed further under Regulation 9: Residents rights.

The centre had a production kitchen, laundry, and a staff area which included changing facilities. There was an outdoor smoking shelter for residents who chose to smoke. There was an on-going schedule of works taking place to maintain the premises.

Residents had access to internal courtyard gardens from the corridors. The enclosed outdoor spaces were readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required. The inspector was informed that residents were encouraged to use the courtyard spaces when the weather allowed. The courtyards had level paving, comfortable seating, tables, and flower beds.

The inspector observed the residents spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the days and it was evident that residents had good relationships with staff and residents had

build up friendships with each other. There were many occasions throughout the days of inspection in which the inspector observed laughter and banter between staff and residents.

The inspector observed many examples of kind, discreet, and person-centred interventions throughout the days of inspection. The inspector observed that staff knocked on resident's bedroom doors before entering. Residents very complimentary of the person in charge, staff and services they received. Residents said they felt safe and trusted staff. The inspector observed staff treating residents with dignity during interactions throughout the day.

All residents whom the inspector spoke with were very complimentary of the home cooked food and the dining experience in the centre. Residents' said that there was always a choice of meals, and the quality of food was excellent. The daily and weekly menus were displayed in both dining rooms. There was a choice of two options available for the main meal. The inspector observed the dining experience for residents in both the Clancy and Butler rooms over both days. The meal time experiences were quiet and were not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. The inspector observed homemade baked snacks been offered to residents outside of meal times.

Residents' spoken to said they were very happy with the activities programme in the centre. The weekly activities programme was displayed on notice boards in all day rooms. The residents in the Clancy room were observed enjoying bingo on the first day and a quiz on the second day of inspection.

Visitors whom the inspectors spoke with were complimentary of the care and attention received by their loved one. Visitors were observed attending the centre on the days of inspection. Visits took place in the residents' bedrooms. There was no booking system for visits and the residents who spoke with the inspector confirmed that their relatives and friends could visit anytime.

The centre provided a laundry service for residents. All residents' whom the inspector spoke with on the days of inspection were happy with the laundry service.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

Overall improvements were required in the management of the service to ensure safe effective systems were in place to support and facilitate the residents to have a good quality of life. The provider had progressed the compliance plan following the previous inspection in July 2023. Improvements were found in Regulation 24: Contract for the provision of services, Regulation 28: Fire precautions and

Regulation 29: Medicines and pharmaceutical services. On this inspection, the inspector found that actions were required by the registered provider to comply with:

- Regulation 23: Governance and Management, and
- Regulation 31: Notification of incidents.

Areas of improvement were required in Regulation 5: Individual assessment and care planning, Regulation 8: Protection, Regulation 9: Residents rights, Regulation 17: premises, and Regulation 25: Temporary absence or discharge of residents.

Sonas Asset Holding Limited was the registered provider for Sonas Nursing Home Carrick-on-Suir which was one of 12 designated centres in the group. The company had four directors, one of whom was the registered provider representative. The person in charge worked full time and was supported by an assistant person in charge, a clinical nurse manager, senior nurses, a team of nurses and healthcare assistants, social care practitioners, an activities co-ordinator, housekeeping, laundry, catering, administration and maintenance staff. At the time of inspection there was a vacant clinical nurse manager post which was in the process of being recruited to. The management structure within the centre was clear and staff were all aware of their roles and responsibilities. The person in charge was supported by a quality and governance manager and a quality manager.

There were sufficient staff on duty to meet the needs of residents living in the centre on the days of the inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and person in charge had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was mostly up to date. Staff with whom the inspector spoke with, were knowledgeable regarding safeguarding and fire safety procedures.

Records and documentation, both manual and electronic were well-presented, organised and supported effective care and management systems in the centre. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

Improvements were required in the management systems for safeguarding procedures, auditing procedures, oversight of complaints and oversight of incidents and accidents. There were regular management meetings and audits of care provision. Records of clinical governance meetings, staff meetings and daily safety pause meetings which had taken place since the previous inspection were viewed on this inspection. Governance meetings took place monthly, staff meetings took place quarterly and head of department meetings took place weekly in the centre. The person in charge completed a weekly key performance indicator (KPI) report which

was discussed with the quality manager. There was evidence of trending of incidents, infections and antibiotic use which identified contributing factors such as the location of falls and times of falls, and types of infections and recurrence. Since the previous inspection falls audits, meal time audits, care planning audits, and infection prevention and control audits had been completed. A review of the centres management systems was required this is discussed further under Regulation 23: Governance and Management.

Incidents and reports as set out in schedule 4 of the regulations were not notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified and found one was not managed in accordance with the centre's policies. Subsequent to the inspection these notifications were submitted retrospectively. This is discussed further in this report under Regulation 31.

The inspector reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents spoken with were aware of how to make a complaint and whom to make a complaint to.

### Regulation 15: Staffing

On the inspection days, staffing was found to be sufficient to meet the residents' needs. There was a minimum of two registered nurses and two health care assistants on duty in the centre at all times for the number of residents living in the centre at the time of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported.

Judgment: Compliant

### Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c), were not sufficiently robust. This was evidenced by:

- The centres audit system and processes required review. For example: High levels of compliance had been achieved in audits such as care planning. This did not reflect in the findings in individual assessment and care planning on this inspection. This is discussed further under Regulation 5.
- Oversight was required to ensure that the appropriate incidents were notified to the office of the chief inspector as required by regulation and all appropriate action was taken in response to these incidents. This is discussed further under Regulation 31: Notification of incidents.
- Although the provider maintained a complaints log, oversight of complaints was required, as a number of complaints had been discussed at residents committee meetings and at a staff meeting which had not been documented on the centres complaints log.
- The system for responding to allegations of abuse required review as an alleged incident of abuse was not managed in accordance with the centre's safeguarding policy.
- On the first day of inspection changes were found to the premises which were not in line with the statement of purpose Sonas Asset Holding Limited was registered against premises. Room 39 which was registered as a multi-purpose communal room for residents was observed in use as a store room. This room was returned to its registered use as a communal space during the inspection.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. These clearly outlined the room the resident occupied and additional charges, if any.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of the records in relation to incidents in the centre showed that there was an incident as set out in Schedule 4 of the regulations that was not notified to the office of the Chief Inspector within the required time frames. The person in charge submitted the notification following the inspection for a resident who had a serious injury requiring hospital treatment.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the provider was, in general, delivering a good standard of nursing care; however, the gaps in oversight, as mentioned in the Capacity and Capability section, impacted on the quality of life for the residents living in the centre. The findings of this inspection are that further action was required to come into compliance with areas of resident's rights, protection, assessments and care planning, premises, and transfer documentation.

The inspector viewed a sample of residents' electronic nursing notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Care plans viewed by inspector were generally person- centred. However, a review of a sample of care plans found that there was insufficient information recorded to effectively guide and

direct the care of these residents. Details of issues identified are set out under Regulation 5.

Residents' nursing care and healthcare needs were met to a good standard. Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services including psychiatry of older age.

The overall premises was designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had ample space for their belongings. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained.

The provider had effective systems in place for the maintenance of the fire detection, alarm systems, and emergency lighting. There were automated door closures to all bedrooms and compartment doors, and the doors were seen to be in working order. All fire safety equipment service records were up to date and there was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors to ensure the building remained fire safe. Fire training was completed annually by staff and records showed that fire drills took place regularly in each compartment with fire drills stimulating the lowest staffing levels on duty. Records were detailed and showed the learning identified to inform future drills. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents and staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre.

Mealtimes were facilitated in the dining and communal rooms. Some residents preferred to eat their meals in their bedrooms and residents said that their preferences were facilitated. The inspector observed that residents were provided with adequate quantities of food and drink. Residents were offered choice at mealtimes and those spoken with overall confirmed that they enjoyed the meals provided. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met.

Safeguarding training had been provided to staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff whom the inspector spoke with said that they would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The provider assured the inspector that all staff working in the centre and a volunteer had valid Garda vetting disclosures in place. Improvements were required in the oversight of systems in place to protect residents from abuse. This is discussed further under Regulation 8: Protection.

An activity schedule was available and activities were available from Monday to Sunday. The inspector observed that residents had sufficient opportunities to participate in activities in accordance with their interests and capacities. Residents

had access to radio, television, newspapers and other media such as the use of tablets. Mass took place in the centre weekly which residents said they enjoyed. Access to independent advocacy was available. Notwithstanding the good practices in the centre, areas for action were identified to ensure that all residents in the centre could exercise choice which did not interfere with the rights of other residents.

Improvements were found in medication management since the July 2023 inspection. There was a comprehensive centre specific policy in place to guide nurses and carers on the safe management of medications; this was up to date and based on evidence based practice. Through observation, the inspector could see medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines. Records showed that controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

### Regulation 17: Premises

Room 39 which was registered as a multi-purpose communal room for residents was observed in use as a store room. This room was returned to its registered use as a communal space during the inspection.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored and there was timely referral and assessment of residents' by the dietician. Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

A copy of a transfer record for a resident who was transferred for acute care assessment was available. However; information provided from the centre did not contain all reasonable information about the resident in relation to skin care and wound care. This could lead to errors in care delivery.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Measures were in place to ensure residents' safety in the event of a fire in the centre and these measures were kept under review. Fire safety management servicing and checking procedures were in place to ensure all fire safety equipment was operational and effective at all times. Daily checks were completed to ensure fire exits were clear of any obstruction that may potentially hinder effective and safe emergency evacuation. Each resident's evacuation needs were regularly assessed and the provider assured themselves that residents' evacuation needs would be met with completion of regular effective emergency evacuation drills. All staff had completed annual fire safety training specific to Sonas Nursing home, Carrick-on-Suir and were provided with opportunities to participate in the evacuation drills.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- A falls risk assessment had not been completed following admission for a resident nor had the resident a care plan to provide care for their mobility or their care following a fall.

- A sample of care plans viewed did not all have documented evidence to support if the resident or their care representative were involved in the review of their care in line with the regulations.

Judgment: Substantially compliant

### Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate, for example the dietitian, and physiotherapist. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

### Regulation 8: Protection

There was a policy in place for the prevention, detection and response to allegations or suspicions of abuse. The provider assured the inspector that all staff and volunteers had valid Garda vetting disclosures in place. The centre was not a pension agent for residents. However; all reasonable measures to protect residents from abuse required review, specifically adherence to system for responding to allegations of abuse as outlined in the centres safeguarding policy. For example: A medical assessment of a resident was not completed within the time line as outlined in the centres policy for responding to allegations of abuse.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Due to the configuration of one of the multi-occupancy bedrooms, the inspector was not assured that residents' rights to choice to retain control over their environment was always respected. For example: The placement of a wardrobe and set of drawers were located outside of one of the residents' personal space. This meant that the resident had to leave the privacy of their personal space in order to access their belongings.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Sonas Nursing Home Carrick-on-Suir OSV-0007883

Inspection ID: MON-0044704

Date of inspection: 25/09/2024

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The operational plan and audit tools are currently under review by the Quality team for 2025. This will include a new care plan audit tool. Following the inspection, all care plans in the home are being reviewed &amp; updated and completion by 30/11/24. This is monitored weekly by the QM through the weekly PIC report. ( ongoing )</p> <p>All Nursing staff have completed refresher training in the Nursing Process and care planning, Professional Issues in Nursing/Scope/Fitness to Practice/ Documentation (to include hospital transfers &amp; resident/nominated support person involvement)/Medication Management. (Complete)</p> <p>The complaints log will be monitored through the weekly PIC report to the QM and through the QMs weekly onsite visits to ensure any complaints that require notification are submitted within the regulatory timeframe. Any concerns arising from the monthly residents meeting will be logged as a concern/complaint and investigated as per our Residents’ feedback: Compliments, Complaints &amp; Concerns policy SNH 109/20. (Complete)</p> <p>Incidents requiring notification to HIQA are peer reviewed by the QM. (Complete &amp; ongoing)</p> <p>SNH 109/01 Policy on Prevention, detection &amp; response to abuse (safeguarding vulnerable adults) has been reissued to all staff. (Complete)</p> <p>Onsite Refresher training in the Prevention, detection &amp; response to abuse (safeguarding vulnerable adults) has been booked for 26.11.24</p> <p>Room 39 – all storage removed on day of inspection and returned to multifunctional use as per floor plan</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All Incidents are reported to the QM as they occur and through the weekly PIC report. Incidents requiring notification to HIQA are peer reviewed by the QM</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Room 39 – Items of storage were removed on day of inspection and Multipurpose room 39 returned to full and unrestricted use as per floor plan.</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>All Nursing staff have completed refresher training in the Nursing Process and care planning, Professional Issues in Nursing/Scope/Fitness to Practice/ Documentation (to include hospital transfers &amp; resident/nominated support person involvement )/Medication Management.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p>	

The operational plan and audit tools are currently under review by the Quality team for 2025. This will include a new care plan audit tool. Following the inspection, all care plans in the home are being reviewed & updated. This is monitored weekly by the QM through the weekly PIC report.( ongoing) (completion 30/11/24)

All Nursing staff have completed refresher training in the Nursing Process and care planning, Professional Issues in Nursing/Scope/Fitness to Practice/ Documentation (to include hospital transfers & resident/nominated support person involvement)/Medication Management.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: SNH 109/01 Policy on Prevention, detection & response to abuse (safeguarding vulnerable adults) has been reissued to all staff. Complete

Refresher training in the Prevention, detection & response to abuse (safeguarding vulnerable adults) has been booked for 26.11.24

All Incidents are reported to the QM as they occur and through the weekly PIC report. Incidents requiring notification to HIQA are peer reviewed by the QM. (Complete & ongoing)

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Communal bedroom storage has been reviewed and individual drawer storage space now available within the shared bedroom/bathroom.

## 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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	18/11/2024
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.	Not Compliant	Orange	30/11/2024
Regulation 25(1)	When a resident is temporarily absent from a designated centre for	Substantially Compliant	Yellow	18/11/2024

	treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant		18/11/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/11/2024
Regulation 8(1)	The registered provider shall take all reasonable	Substantially Compliant	Yellow	18/11/2024

	measures to protect residents from abuse.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	18/11/2024