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 Cloverhill
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Lisagallan, Cloverhill, Roscommon
Type of inspection:	Unannounced
Date of inspection:	31 January 2023
Centre ID:	OSV-0000384
Fieldwork ID:	MON-0038239

About the designated centre

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

Sonas Nursing Home Cloverhill is a 50 bed purpose-built facility combining care and a home environment for those no longer able to live alone. A full spectrum of individualised care is available for residents. Residents can avail of gardens, sitting rooms, TV lounge and activity room. It is situated in a rural area approximately two miles from Roscommon town. The centre's statement of purpose, states that Sonas Nursing Home offers long term care for residents with chronic illness, mental health illness including Dementia type illness and End of Life Care in conjunction with the local Palliative Care Team. The centre comprises three different care areas each with its own sitting and dining areas. There are enclosed accessible gardens available and ample parking is available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48

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
Tuesday 31 January 2023	09:15hrs to 17:30hrs	Michael Dunne	Lead
Tuesday 31 January 2023	09:15hrs to 17:30hrs	Lorraine Wall	Support

What residents told us and what inspectors observed

Overall, residents were generally happy and content living in the designated centre and felt that their needs were for the most part being met by staff who knew them well. While feedback from residents was mostly positive regarding their quality of life and the standards of care provided, focus was required in areas that had the potential to impact on residents quality of life, such as ensuring that there was sufficient staffing available to provide a programme of activities for all the residents living in the centre. Inspectors also found some improvements were required in relation to the centre's assessment and care planning processes. These findings are discussed in more detail under Regulation 5. Although the provider had rearranged the layout of three twin bedrooms since the last inspection in April 2022, this inspection found that the layout of these bedrooms did not meet the requirements of the regulations due to their size and the impact on residents' privacy and dignity. The registered provider agreed to reduce these rooms to single occupancy following the inspection.

On arrival to the centre, the inspectors were guided through the centre's infection prevention and control procedures which included hand hygiene,temperature check and symptom checking for COVID -19. Following an introductory meeting with the provider and the person in charge, the inspectors completed a walkabout of the centre. The tour included a 10 bedroom extension which the provider had recently completed and had requested to register. Inspectors found that the extension was well designed and suitable to meet the assessed needs of intended new residents.

During the walkabout of the centre, many residents were observed seated in the communal sitting rooms and carrying out their normal routines. Residents appeared to be well-dressed and were neat and tidy in their appearance. On the day of the inspection, the registered provider was carrying out building works to improve fire safety systems in the designated centre. Residents confirmed that the provider had told them in advance that these works were planned and while the provider had made efforts to minimise disruption to the residents, there was a high noise level in one of the day rooms.

Inspectors observed many positive interactions between staff and residents on the day of the inspection. Staff were observed to be kind, empathetic and respectful in their interactions with residents. Visitors were observed attending the centre to meet their relatives, however, there was a booking system in place which was not in line with guidance from the Health Protection and Surveillance Centre (HPSC). There was no COVID-19 outbreak in the designated centre at the time of the inspection and the rationale behind the requirement to book in advance was unclear, apart from regulating the footfall to the centre.

While most residents were happy with the choice of food provided, some residents said the food was “tasteless”. Inspectors observed that residents had a choice of where to have their meal, either in the dining rooms located within their own unit or

they could have their meal delivered to their room. The menu for the day was not published in all locations, a number of residents told the inspector that they did not know what was for lunch. Residents were given a choice in what they would like for lunch the day before but some residents could not remember what they had chosen. The provider confirmed that residents could choose an alternative meal should they dislike what they had already chosen.

Inspectors observed a limited number of activities taking place on the day of the inspection and found that the resources in place were not sufficient to ensure that all residents had opportunities for occupation and recreation in line with their interests and capacities. While a staff member was assigned to provide activities, they were busy assisting residents with their mobility and assisting residents to the bathroom.

There are three day rooms available for residents to use in this centre. The inspectors observed that a planned activity was taking place in one of the day rooms with a small number of residents present, however, there was much less activity happening in the other two day rooms. Similarly, inspectors were not assured that residents who spent a lot of time in their bedrooms were offered meaningful activity in line with their interests and capacities.

Inspectors observed that there was a lack of supervision in one of the day rooms, particularly on the morning of the inspection. Some residents told inspectors that there were "not enough staff" and that the staff "are always running and racing" and they are often waiting for long periods when they ring the call bell for assistance. One resident told inspectors that they would "love dearly to go outside fo walk two laps around the building but there is nobody to bring me".

Inspectors reviewed minutes of residents meetings and found that there was evidence of consultation with residents about the day to day running of the centre and that their suggestions were addressed. Agenda items included the ongoing maintenance work and the impact of this on residents, food, activities and the importance of hand hygiene. In a recent meeting, it was noted that residents had raised that they would like some form of daily activity and some residents who had an interest in gardening had said that they would like to do some gardening in warmer weather.

Residents were given the opportunity to access television, radio and the newspaper. Many residents' bedrooms were personalised with photographs and personal belongings. However, inspectors were not assured that the current layout of the twin bedded rooms could safely accommodate residents of maximum dependencies without having a negative impact on the residents' privacy and dignity. There was limited space available for the use of mobility equipment such as mobility chairs and hoists. Additionally, in some rooms, one residents ability to access natural light or to see out of the window was prohibited if the other resident had their privacy screen closed. Residents in some of these bedrooms were required to share a television, which did not facilitate individual residents to choose what they wanted to watch on television.

While the centre was comfortable and nicely decorated, some aspects of the environment in the older part of the building were not in a good state of repair. Some doors and wooden surfaces were scuffed and damaged, which prevented them from being effectively cleaned. The provider had a maintenance plan in place to upgrade these doors once the fire safety works located in these areas had been completed.

While there were some improvements required in relation to infection prevention and control and the oversight of cleaning, for the most part, the centre was clean and there were sufficient cleaning arrangements in place.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This was an unannounced inspection carried out by inspectors of social services to review compliance with the regulations and to follow up on actions taken since the last inspection in April 2022. The registered provider had submitted an application to renew the registration of the designated centre and applications to vary the existing registration to account for an additional 10 bedrooms. These applications were also reviewed on this inspection. The 10 bedded extension was well designed and appropriate to meet the needs of the residents.

The inspectors found that the provider had taken measures to improve fire safety arrangement's in the designated centre in accordance with their compliance plans from the last inspection. Although these improvements were not fully complete, they were due to be concluded in March 2023. The inspectors also found improvements in relation to training and staff development and in the availability of training records. Despite, these improvements inspectors found that staffing was non compliant and that the recording of complaints has disimproved since the last inspection. In addition, some systems for monitoring the quality of the service provided such as audits were not effective.

Sonas Nursing Homes Management Company Limited is the registered provider for this designated centre. There was a clearly defined management structure in place that were responsible for the delivery and monitoring of effective health and social care support to the residents. The management team consisted of a person in charge who was supported in their day-to-day role by a regional quality manager and by a director of quality and governance. A team of nursing staff consisting of an assistant person in charge, a clinical nurse manager provided clinical support along with health care assistants, a part-time physiotherapist, household, catering and maintenance staff making up the full complement of the staff team.

The inspectors found that there was insufficient numbers of staff available in the

designated centre to provide a sustainable and well-planned activity programme. A review of rosters indicated that this role was shared among care assistants who also had other dedicated roles. As a consequence residents did not always receive appropriate support to participate activities of their interest. The providers statement of purpose did not accurately reflect the numbers of staff or the numbers of hours available to support residents. Inspectors found that the number of hours allocated for activity support on the centre's roster was less than the number of hours recorded on the statement of purpose. The registered provider submitted a revised statement of purpose and sample roster post inspection to indicate an improved allocation of activity staff to meet the assessed social care needs of the residents going forward.

The were arrangements in place to provide regular management oversight of the service provided. Systems to monitor and review risk were in place with arrangements set out under the centre's risk management policy. Monthly governance meetings were being held where risks were reviewed and discussed. Monitoring systems to review care practices for their effectiveness required review as they did not identify areas of practice that required improvements in order to provide residents with positive health and social care outcomes.

There was an overall improvement in the management and oversight of staff training and their development. Records were well maintained and made available for inspectors to review. Staff spoken with during the inspection were able to describe the training they had done and on how it had helped them in their day to day work.

While there was a policy in policy and procedure in place to manage complaints, evidence found on this inspection indicated that it was not been used effectively to capture and record complaints. This meant that opportunities to learn lessons from complaints in order to improve service provision were been missed.The centre's 2022 annual review for quality and safety was still in draft form and not ready for review at the time of this inspection.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider submitted a completed application to register 50 beds in the designated centre. The required fee for the renewal of the registration was also submitted. Assurances were required for the application to progress which included,

- Amendments to the statement of purpose to accurately describe the facilities and resources available in the designated centre in accordance with Schedule 1 of the Regulations.

Judgment: Compliant

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider submitted an application to vary conditions one and three of the registration under section 52 of the Health Care Act 2007, to register 10 additional bedrooms and for the changes to the layout of the designated centre. Assurances were required to progress this application which included,

- Amendments to the statement of purpose to accurately describe the facilities and resources available in the designated centre in accordance with Schedule 1 of the Regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider did not ensure that the number and skill mix of staff available in the designated centre were sufficient to meet the assessed needs of the residents. The numbers of staff and their whole time equivalents as identified in the centre's statement of purpose was not reflected in the centre's rosters.

The allocation and availability of staff to provide residents with a planned schedule of meaningful activities was not well organised and often meant that residents did not receive the required support to pursue their social care interests in accordance with their assessed needs.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training. Training records confirmed that staff had completed a range of training which included a mixture of face to face and on-line training. Three staff had yet to complete their mandatory training in manual handling however this training had been arranged to take place two days after the inspection.

There was an induction programme in place to assist for new staff orientate to the centre and to equip them with essential information about the designated centre, such as the operation of the fire alarm system, safeguarding of residents and information on infection prevention and control.

Judgment: Compliant

Regulation 21: Records

The inspectors reviewed a selection of Schedule two records held in respect of the person in charge and staff members working in the designated centre. All staff files reviewed confirmed that the registered provider maintained documentation as required by Schedule two of the regulations, including references and qualifications. Records also confirmed that Garda vetting disclosures were obtained prior to staff commencing in their role, including police disclosures for overseas members of staff. Records to confirm active registration were in place for clinical staff.

Judgment: Compliant

Regulation 23: Governance and management

There were a number of actions identified on this inspection that the registered provider needed to take, in order to ensure that the services provided to residents are safe, appropriate, consistent and effectively monitored. For example,

- To ensure there is sufficient staffing resources to meet the assessed needs of the residents.
- Monitoring systems to review the quality of the care provided, did not identify areas where improvements were needed. For example, care plan audits did not always identify gaps where actions were needed to ensure that resident care plans and associated risk assessments were sufficient to meet their assessed needs, this is discussed in more detail under Regulation 5.
- The oversight of complaints to ensure that when a complaint or concern is raised that it is reviewed and investigated in line with the designated centre's policy and procedure.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which described the services and facilities available in the designated centre. This document had been reviewed and updated to take account of the changes to the layout of the designated centre. The numbers of staff employed to work in the designated centre and their whole time equivalents were not accurate and did not reflect the numbers of staff working in the centre in respect of housekeeping, physiotherapy and activity staff. The registered provider submitted an updated statement of purpose post inspection

which gave the correct numbers of staff employed and their respective roles.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

While there was a complaints policy and procedure in place, a review of records indicated that not all expressions of dissatisfaction with the service were recorded. Some records contained minimal details of the complaint received or the investigation that took place to review the complaint. Not all records confirmed the complainants level of satisfaction with how the complaint was dealt with or resolved. Opportunities to learn from complaints and to improve the service on receipt of a complaint were often missed.

Judgment: Substantially compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of communication and consultation with residents and the majority of residents spoken with in this centre felt that they received a good standard of service. However, inspectors found that the quality and safety of care delivered to residents required actions to ensure that current interventions were sufficient to meet the assessed needs of the residents. In particular care planning, health care, infection prevention and control, visiting and the provision of meaningful activities for all residents.

The extension which the provider was applying to register met the requirements of Regulation 17. Rooms were finished to a very high standard and were tastefully decorated. All rooms had adequate space for each resident including appropriate storage and fully operational en-suite shower facilities. The furniture was new and allowed for appropriate cleaning. Residents occupying these rooms would have access to television, telephone and an Internet connection. The water temperatures in all bedrooms and bathrooms was regulated to ensure that suitable water temperatures were maintained. The day room and dining area were well presented and comfortable. Storage and sluice rooms were adequate for the size and layout of the unit. A call bell system was installed in all rooms and day rooms and was fully operational. The management team and staff had worked hard to minimise the impact of the building works on the residents.All new areas in the centre were connected to the existing fire safety system. Escape routes were clearly signed with all fire exit doors found to be clear. Emergency lighting was installed and there was

clear directional signage in the event of a fire emergency.

At the time of this inspection there were extensive works underway to improve fire safety systems in the original part of the designated centre. Although some improvement works had already been completed, the provider had a plan in place for all fire safety works, including the replacement of fire doors and compartment doors to be completed in March 2023. A review of fire safety records confirmed that the provider was ensuring that fire documentation was reviewed and updated when required. Resident personal emergency evacuation plans (PEEPS) were concise and gave clear information on how the resident could be evacuated safely in the event of a fire emergency. There was also a programme to improve facilities for existing residents underway, A number of resident rooms had been repainted and had their flooring replaced. The provider has arrangements in place to repair or replace damaged doors after the fire safety works were completed.

The registered provider had not ensured that there were sufficient resources in place to offer meaningful activities to all residents within the centre. While there was a staff member assigned to provide activities, this resource was not sufficient to ensure that all residents had opportunities for occupation and recreation, taking into account the size and layout of the centre and the number of residents. While an activities schedule was in place, it was limited and did not correspond with the activities taking place on the day of the inspection. This is addressed further under Regulation 9, Residents Rights.

There were arrangements in place to ensure residents were facilitated to practice their religious beliefs. There was a small oratory and a small comfortable library in the centre which was available for resident use. Residents had access to local and national newspapers, television and radio. However, the provision of one television set in twin bedrooms, along with the location of the television in these rooms did not afford each resident personal choice regarding their television viewing and listening. Furthermore, the configuration of three twin bedrooms meant that one resident did not have access to the window or to the natural light should the other resident have their bed screen closed. Following the inspection, the registered provider committed to reducing the occupancy of these rooms to single bedrooms.

Residents' meetings were convened regularly to ensure residents had an opportunity to express their concerns or wishes. Agenda items included health and safety issues, ongoing maintenance including relocation of residents, activities, importance of hand hygiene and suggestions for any improvement within the centre.

Inspectors found that while the registered provider had ensured that visiting arrangements were in place for residents, these arrangements were not in line with the guidance from the Health Protection Surveillance Centre (HPSC). The provider had a booking system in place, which limited the amount of visitors that residents could have at one time. Inspectors were not assured regarding the rationale regarding this practice as there was no outbreak of infection in the designated centre nor was this supported by a validated risk assessment.

Actions were found to be necessary to ensure residents' assessment and care

documentation was of a standard that comprehensively informed their care and support needs. The inspectors reviewed a sample of resident files and found that residents had been assessed within 48 hours of being admitted to the designated centre as per the requirements of Regulation 5, however, these assessments were not comprehensive and did not sufficiently inform the resident's care plan. Additionally, where risks had been identified on the initial assessment, these had not been followed up using a validated risk assessment tool.

While residents had timely access to their general practitioners (GPs), access to other health and social care services was limited. For example, there was a long wait for residents needing access to occupational therapy services. This meant that a resident may not have their needs met in a manner that ensured a positive health outcome and may increase the risk of potential falls.

Inspectors found that residents at risk of experiencing 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) were well supported. However, behaviour support care plans did not provide sufficient detail to guide staff on all de-escalation strategies, in particular when a resident may require the administration of a prescribed PRN medication.

There was infection prevention and control measures in place in the centre and evidence of good practices such as the appropriate use of personal protective equipment (PPE) and hand hygiene, however, further oversight was required in relation to the cleaning of shared equipment There was no effective system in place to identify whether assistive equipment had been cleaned between resident use, which increased the risk of cross contamination. Furthermore the allocation of staff between different roles on the day of inspection needed to be reviewed. For example a member of staff was carrying out laundry duties as well as providing activities for the residents. This increased the risk of cross contamination.

Regulation 11: Visits

While the provider had made arrangements for residents to receive visitors, visits were arranged through a booking system, which limited visitors to two at a time for any resident and there was no clear rationale or risk assessment for this. The provider did not have a local visiting policy available for review on the day of the inspection.

Judgment: Substantially compliant

Regulation 17: Premises

There were a number of repairs that remained outstanding in relation to doors and

door frames from the last inspection in April 2022. These repairs were contingent on the completion of the fire safety works that were underway at the time of the inspection. The provider had committed to ensuring these works would be completed after the fire safety works were concluded.

Judgment: Substantially compliant

Regulation 26: Risk management

The provider had a system in place to identify operational, environmental and clinical risk. Risk assessments were completed and were found to contain controls to reduce or eliminate the identified risk. A review of the risk management policy found that it contained all the detail required under regulation 26.

Judgment: Compliant

Regulation 27: Infection control

Although there were some good practices in place, consistent with the standards for the prevention and control of healthcare associated infections, there were some areas which required improvement to ensure the safety of all residents: For example:

- Some staff had dual roles where they were assigned to work between laundry and cleaning duties on the same day. The person in charge informed inspectors that these staff changed their uniforms between roles in order to ensure they do not transmit a healthcare associated infection. However the allocation of staff to two roles during the same shift increased the risk of transmission of infection and poor outcomes for vulnerable residents.
- Records were not available to confirm that assistive equipment such as hoists that were used by more than one resident were cleaned or sanitised between use. This was an ongoing non-compliance identified at the last inspection.
- There were a number of urine bottles located in the sink of a sluice room.These items of equipment were not being cleaned and stored appropriately.

Judgment: Substantially compliant

Regulation 28: Fire precautions

At the time of this inspection the provider was upgrading their fire safety facilities in the designated centre. The provider had already completed a number of fire safety upgrades which were identified in their fire safety risk assessment in July 2022 however there were a number of outstanding works which included the replacement of fire compartment doors, fire doors and attic compartment upgrades. There was a plan in place for these works to be completed by the middle of March 2023.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A number of actions were required to ensure that residents health and social care outcomes were being met by effective assessment and through individual care plans that met the residents assessed needs,

For example:

- While the assessments and care plans reviewed by the inspectors showed that residents had an assessment completed on admission, these assessments were not comprehensive and lacked detail, which meant they did not provide sufficient information to develop an effective care plan for the resident. For example some admission assessments identified risks, for example, risk of falls or residents with a history of exhibiting verbal or physical responsive behaviours. However strategies to mitigate and manage the identified risks were not always recorded in the residents care plan.
- Records reviewed did not provide evidence that resident's care plans were reviewed and updated in consultation with the resident or their families.
- A care plan for one resident identified specific needs in relation to their social wellbeing, however there was no appropriate action plan in place to meet those needs and as a result the care plan was not being implemented and the resident did not receive care in line with their assessed needs.

Judgment: Not compliant

Regulation 6: Health care

The person in charge had ensured that residents had timely access to their general practitioners (GPs) and other allied health professionals, however, access to statutory services such as occupational therapy was insufficient. There was a long waiting time for occupational therapy services to be provided.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The existing systems for ensuring that residents who experienced episodes of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) required action to ensure that where restrictive practices were being used, that they were the least restrictive and that they were reviewed on a regular basis. Inspector's acknowledge that there was a restraint register in place, however current practices did not identify the following:

- Bed rail risk assessments had not been completed for residents who had bed rails in place. Additionally, there was no evidence of consultation with,or consent from residents or family members on their behalf for the introduction of this restrictive equipment.
- A behaviour support care plan developed to inform one resident's support needs did not include the use of prescribed PRN medication (as required) as part of the potential de-escalation strategies that might be implemented to support this resident if they became anxious or distressed. Therefore, there was a risk that this pertinent information would not be communicated to all staff caring for this resident.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors found that the registered provider had taken all reasonable measures to ensure that residents were protected from abuse. Staff were knowledgeable about the different type's of abuse that could occur in designated centres and confirmed the actions they would take to protect residents should a concern arise. Residents who spoke with the inspectors confirmed that they felt safe and that they could talk to any member of staff if they had a concern.

Judgment: Compliant

Regulation 9: Residents' rights

Actions were required by the provider to ensure residents were provided with opportunities to participate in meaningful social activities that met their interests and capacities.

- The person who was responsible for providing resident’s in one of the day

rooms with activities in line with their preferences and abilities was observed to be busy assisting residents to go to the bathroom and assisting other residents with their mobility needs. As a result they were often taken away from delivering activities.

- The activities that were available on the day of the inspection were limited in both variety and appropriateness. Furthermore some of the activities on offer were not those scheduled on the activities programme for the day. For example; on the morning of the inspection, eight residents were observed in one of the sitting rooms reading the paper and listening to music on the television, during the afternoon eight residents were playing cards in one of the sitting rooms with the activities coordinator and In another sitting room which was predominantly occupied by residents living with dementia, inspectors observed a health care assistant and residents playing with a ball. There were no other activities taking place on the day of the inspection.
- The activities programme scheduled for the day of the inspection included rosary and sand bag toss. his did not correspond with the activities taking place on the day. Furthermore residents who spoke with the inspectors did not know what activities were on offer on the day.
- One resident told inspectors that they would love to go to walk around outside the centre but there was not enough staff to assist them.
- Residents were consulted about the organisation of the centre through resident's meetings. Inspectors reviewed the minutes of the resident's meetings, the most recent of which took place in November 2022. These minutes evidenced that residents had requested some form of meaningful activity every day.

Residents were not adequately supported to make choices in relation to their meal time options. Some residents were not aware what they were having for dinner on the day of the inspection. There was no menu with the daily choices available displayed for the residents. Furthermore residents chose their meals the day before and many could not remember what the choices were . This was particularly pertinent for those residents living with dementia who were not supported on the day to choose their meal option.

Residents located in a twin bedroom shared one television. Provision of one television in these bedrooms did not ensure that each resident had choice of television viewing and listening. Furthermore the location of the television in these bedrooms did not ensure that both residents could view the television comfortably or that both residents could view the television if one resident had their bed screens closed.

In addition the layout of three twin rooms did not ensure that residents could carry out personal activities in private. Following the inspection, the registered provider has committed to reducing the occupancy of these rooms to single bedrooms.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sonas Nursing Home Cloverhill OSV-0000384

Inspection ID: MON-0038239

Date of inspection: 31/01/2023

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and 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 15: Staffing	Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
Following the inspection, a full review of staffing and resources was undertaken by the Provider, the HR team, the Quality Manager, the Director of Quality & Governance and the PIC.

The recreational therapist is now reassigned to their full-time hours. Meetings and surveys have been conducted with the residents in order to seek their feedback and input into the development of a social, therapeutic and recreational program of their choosing.

The team allocations, roles, responsibilities and duties have also been reviewed so that there is now efficient and appropriate allocation of resources. Staff meetings have taken place in relation to same. All staff have been reminded that all areas should be appropriately supervised and this is monitored by the nurse in charge and the home management team on their walkarounds.

Agency staff are still being contracted for the domestic hours and recruitment is ongoing for the vacant positions in this department.

A new CNM has been recruited and appointed and commencement date is 28/03/2023.

Since the inspection 2 x WTE HCAs have been appointed.

All other positions are filled for current occupancy as per SOP however we are recruiting for the potential increase in registered beds.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Following the inspection, a full review of staffing and resources was undertaken by the Provider, the HR team, the Quality Manager, the Director of Quality & Governance and the PIC.

The recreational therapist is now reassigned to their full-time hours. Meetings and surveys have been conducted with the residents in order to seek their feedback and input in to the development of a social, therapeutic and recreational programs of their choosing.

The team allocations, roles, responsibilities and duties have also been reviewed so that there is now efficient and appropriate allocation of resources. Staff meetings have taken place in relation to same.

Agency staff are still being contracted for the domestic hours while reruitment continues for the vacant positions in this department.

A new and experienced CNM has been recruited and appointed and commencement date is 28/03/2023.

Since the inspection 2 x WTE HCAs have been appointed.

All other positions are filled for current occupancy as per SOP however we are recruiting for the potential increase in registered beds.

The Quality Team are currently reviewing the care plan auditing schedule, approach and audit templates for the Sonas Group. The aim to develop a plan which is centre-specific based on the centres current care plan compliance status. It is envisaged that this will deliver higher compliance, more person-centred care plans and ensure that accurate up-to-date records are maintained. This plan will be complete 31/03/2023. An immediate review of the assessments and care plans was undertaken by the PIC and CNM following the inspection and priority records have been updated. One-to-one mentorship with the nursing staff continues and the Quality Manager supports with this. The appointment of an additional CNM will enable increased governance over this. All residents assessments and care plans will be comprehensively reviewed and updated by 30/04/2023.

All complaints are analysed and reviewed on a quarterly basis. The Quality Manager will ensure that records of complainant satisfaction are recorded. The Quality Manager will also ensure that the PIC reviews and closes the complaint on the computerised care record system. This was an oversight in the last analysis. The Director of Quality & Governance will ensure compliance with this as per company policy.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The statement of purpose has been reviewed and updated and submitted to the Chief Inspector.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
All complaints are analysed and reviewed on a quarterly basis. Any trends or patterns identified are discussed at the governance meetings and action plans implemented where appropriate. The Quality Manager will ensure that the PIC reviews and closes the complaint and records the complainant satisfaction on the computerised care record system. This was an oversight in the last analysis. The Director of Quality & Governance will ensure compliance with this as per company policy.

An updated complaints policy and procedure (SNH/109/20) has been issued in line with the updated regulations and all PICs have attended complaints management training 03/03/2023. The updated complaints procedure is displayed in the centre in areas which are accessible to the residents.

The Director of Quality & Governance presented the complaints analysis to the staff at the recent Quality & Safety meeting 15/03/2023. Learnings were shared and discussions took place.

Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
The booking system is no longer in use and visiting is facilitated as per the HPSC guidelines. This has been communicated to the nominated visitors.

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Completion of the repairs to doors and door frames including a painting program is in progress and will be completed by 31/03/2023.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: As part of the post inspection review conducted by the Provider, the HR team, the Quality Manager, the Director of Quality & Governance and the PIC the resources and allocations were reviewed. Where the allocation of two roles is required this will only occur from clean to dirty roles. This has been risk assessed and added to the risk register. It is risk rated as low risk due to the control measures in place. Records of equipment cleaning after each resident use are now maintained. The urine bottles were removed immediately and staff have been reminded that this practice is not acceptable. This is monitored by the nurse in charge and the home mangement team on their walkarounds.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire safety upgrades which were identified in their fire safety risk assessment in July 2022 which included the replacement of fire compartment doors and fire doors is complete. Attic compartment upgrades will be completed by the 31/03/2023. Final certifiation will be submitted following completion of inspection of works by fire consultant. 29/04/2023.	
Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: The Quality Team are currently reviewing the care plan auditing schedule, approach and audit templates for the Sonas Group. The aim to develop a plan which is centre-specific based on the centres current care plan compliance status. It is envisaged that this will deliver higher compliance, more person-centred care plans and ensure that accurate up-to-date records are maintained. This plan will be complete 31/03/2023. An immediate review of the assessments and care plans was undertaken by the PIC and CNM following the inspection and priority records have been updated. One-to-one mentorship with the nursing staff continues and the Quality Manager supports with this. The appointment of an additional CNM will enable increased governance over this. All residents assessments and care plans will be comprehensively reviewed and updated by 30/04/2023. All residents with identified risks now have an appropriate care plan in place – these have been prioritised as part of the review. All residents representativies will be included in the full review which will be completed by 30/04/23. This practice will continued for all further reviews. As part of this review the recreational therapist will work with the nursing staff on assessing and agreeing appropriate social care plans for all residents based on their assessed needs and wishes.	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: All resident who use a bedrail now have the appropriate risk assessments and consent in place. This has been conducted with the residents and/or their representatives. The behaviour support plan is now accurate and up-to-date.	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: As part of the review of resources and allocations the allocations for the team including the recreational therapist has now been addressed and clearer roles and responsibilities	

have been assigned and discussed with staff.

The recreational therapist is now reassigned to their full-time hours. Meetings and surveys have been conducted with the residents in order to seek their feedback and input in to the development of a social, therapeutic and recreational program of their choosing. The home management team will ensure that the program of activities meets the needs of all residents in all day rooms and bedrooms.

The home mangement team will monior the compliance with the delivery of activities as per the schedule. The wekely scheudle will be reviewed by the PIC and Quality Manager.

Staff will bring residents outside for walks – weather permitting. There are sufficient resources in place to facilitate this. Some very enjoyable spring and summer parties took place outside last year and these events will continue in 2023.

Meetings and surveys have been conducted with the residents in order to seek their feedback and input in to the development of a social, therapeutic and recreational program of their choosing. For example, some residents are now attending Mass twice a week in the local church as per their request.

Residents have choices for meals and are assisted to choose from the menu.
At times some residents may forget what they have ordered therefore they are reminded and can change their selection if they wish to do so. A quality initiative from this inspection is to develop pictorial menus to enable all residents to select meals of their choosing. The menu is displayed daily but had not been displayed in one of the day rooms on the day of inspection. This is now checked daily on the morning walkaround.

Two televisions are now provided in all double rooms.

The three twin rooms have now been reconfigured to double occupancy.

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	23/03/2023
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/05/2023
Regulation 17(2)	The registered provider shall, having regard to	Substantially Compliant	Yellow	31/03/2023

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
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 the statement of purpose.	Substantially Compliant	Yellow	31/05/2023
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	30/04/2023
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	27/03/2023
Regulation 28(1)(c)(i)	The registered provider shall	Substantially Compliant	Yellow	29/04/2023

	make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	27/03/2023
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	01/03/2023
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in	Substantially Compliant	Yellow	01/03/2023

	place any measures required for improvement in response to a complaint.			
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	01/03/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	30/04/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Not Compliant	Orange	30/04/2023

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Not Compliant	Orange	30/04/2023
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	27/03/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and	Not Compliant	Orange	27/03/2023

	capacities.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	27/03/2023
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Not Compliant	Orange	27/03/2023