

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

## Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Riverview
Name of provider:	Sonas Nursing Home Riverview
Address of centre:	Morrison Terrace, Mullauns, Ballina, Mayo
Type of inspection:	Unannounced
Date of inspection:	05 February 2025
Centre ID:	OSV-0005504
Fieldwork ID:	MON-0043574

## About the designated centre

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

Sonas Nursing Home, Riverview is a modern building that opened in 2017. It is registered to provide care for 59 male and female residents who require long-term, continuing, convalescent or respite care. Residents' accommodation comprises both twin and single rooms. Care is primarily provided to people over 65 years with low to maximum dependency care needs. The centre is located near the River Moy in Ballina and is a short drive from the train station, shops and business premises in the town. Residents have access to appropriately spacious communal sitting and dining areas, a visitors' room and an enclosed courtyard garden that can be accessed from several points around the building. The centre has good levels of natural light and windows throughout enable residents to see the outdoors when seated in armchairs. Catering, laundry and staff areas are also located within the building. The aim of the centre as described in the statement of purpose is to provide a residential setting where residents are cared for, supported and valued within the care environment that promotes the health and well-being of residents.

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

Number of residents on the date of inspection:	59
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 5 February 2025	09:00hrs to 16:45hrs	Catherine Rose Connolly Gargan	Lead

## What residents told us and what inspectors observed

Overall, residents were relaxed and generally content in their surroundings. Residents expressed their satisfaction with the clinical care they received and the service provided to meet their needs. However, residents' feedback was mixed with a number of residents expressing their discontent with the social activities available to them. This feedback concurred with the inspector's observations during the day.

An introductory meeting was carried out with the person in charge, followed by a walkabout of the centre. This gave the inspector an opportunity to meet with residents and staff and, to observe their day-to-day routines in the centre. The inspector communicated with a number of residents who said that they were 'happy', 'well looked after', 'good that I am still living in Ballina' and 'I want for nothing'. While in contrast other residents comments included, 'nothing that interests me going on here', 'I occupy myself as best I can' and 'the days can be very long'. One resident with additional communication/sensory needs said there was 'very little going on that they could participate in'.

All residents who spoke with the inspector said that staff were 'very kind', 'patient', 'good fun' and 'respectful'. This feedback concurred with the inspectors' observations of staff interactions with residents throughout the day. It was clear that staff knew residents well and residents were comfortable in the company of staff while staff supported them with meeting their care needs throughout the day.

Sonas Nursing Home Riverview is located along the river Moy. At the time of the inspection works were taking place to upgrade an additional outdoor area overlooking the river. These works were intended to facilitate residents to safely enjoy the outdoor river views as the weather got warmer and summer approached. Residents were involved in the design of this outdoor area.

The centre premises was mostly well laid out to meet residents' needs and the lived environment was warm, bright and spacious. The inspector observed that the communal areas and circulation corridors were well maintained. However, paint was missing and damaged on the wall surfaces in a number of residents' bedrooms. The inspector was informed by the centre's management team, that painting of all areas of the centre was in progress, and that all areas had been completed except for the residents' bedrooms. The next phase of repainting to upgrade residents' bedrooms was scheduled to commence on the day following this inspection. This information concurred with the inspector's observations.

Residents' accommodation was provided on ground floor level throughout. Residents' bedrooms were mainly single-occupancy with five twin-occupancy bedrooms. All residents had access to full en-suite facilities in addition to shared toilet/shower facilities which were conveniently located close to communal rooms. The doors on the residents' bedrooms were extra wide and ensured that residents using assistive equipment could access their bedrooms with ease. Residents

expressed satisfaction with their bedroom accommodation and the storage space for their belongings. Many of the residents had personalised their bedrooms with their personal items, including family photographs, artwork and soft, colourful blankets, pillow covers and throws. However, the inspector observed that the layout of one twin-occupancy bedroom did not meet the needs of the residents residing in the room. The inspector's findings are discussed further in the quality and safety section of this report.

The communal rooms available for residents' use were comfortable and were appropriately furnished to meet residents' needs. A small seating area with an electric fire was located in the reception area. The inspector observed that this area gave the residents the opportunity to meet with their visitors or to relax in this quieter area. The circulation corridors were wide and had handrails fitted throughout to support residents' safe mobility and independence. The inspector observed that most residents spent their day in one of the sitting rooms, while other residents chose to rest on chairs around the perimeter of the dining room or in the second sitting room. A small number of residents chose to remain in their bedrooms.

There was a social activity programme in place, however, the social activities available focused on one-to-one activities by staff with individual residents. One resident liked to do crocheting and discussed their interest with the inspector. The inspector observed that although, there was staff present in the sitting rooms and the dining room throughout the day, these staff did not engage with residents to provide meaningful activities or social interactions. In addition, there was limited evidence that those residents who spent time in their bedrooms, were provided with opportunities for meaningful engagement in activities or interactions with staff, with the exception of when staff were providing personal care or assistance to them in their bedroom. There was a high dependence on the televisions to meet residents' activity needs on the day. The inspector observed that most of the residents were not watching the programmes that were showing with a number of residents telling the inspector that they had 'no interest in the television', 'nothing interesting on the television' and would 'love to do something else'. Furthermore, a number of residents were resting in seats along the same wall as the television was fitted on, in one sitting room, which meant they could not see the television if they wished to.

The inspector observed respectful end-of-life care had been provided for one resident at end-of-life. The resident's family were facilitated to stay in the nursing home with them overnight. The resident's end-of-life wishes were clearly documented in their care and records showed that these preferences for end-of-life care were respected.

Residents told the inspector that they felt safe and secure in the nursing home, and if they had any concerns, they would speak to the person in charge. It was clear that individual staff knew residents and their families well.

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

## Capacity and capability

Overall, this unannounced inspection found that the designated centre was well managed for the benefit of the residents. There was clear evidence that improvements had been made or were in progress following the previous inspections, however more focus and effort were now required to ensure residents' social care needs are met and that the care and services provided for residents are in line with the designated centre's statement of purpose.

The inspection was carried out to monitor the provider's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended), and to follow up on the actions the provider had taken in line with their compliance plan response from the previous inspections. The provider had progressed actions they committed to in their compliance plan from the last inspection. However the provider's actions to ensure residents' social care needs were met were not completed and this continued to impact on the quality of life for residents which was reflected in their feedback to the inspector on the day. Furthermore, some improvements were also required in the oversight of key areas such as assessment and care planning, fire evacuation procedures and premises to ensure compliance is sustained. These findings are discussed in the relevant sections of this report.

Storey Broe Nursing Services Limited is the registered provider of Sonas Nursing Home Riverview. There is a clearly defined management structure in place that identifies the lines of authority and accountability, specified roles, and detailed responsibilities for all areas of care provision. The management team consisted of a person in charge and an assistant director of nursing who were supported by a team of nursing staff, health care assistants, housekeeping and catering staff, activity staff, an administration team and maintenance personnel. Additional support to the local management team in the centre was provided by a regional manager who also had oversight responsibility for a number of other designated centres operated by the provider.

There was evidence of regular governance and management meetings and the records of these meetings evidenced that quality improvement plans were being developed and implemented to address deficits identified in the service. However, the audit programme in place to monitor the quality and safety of the service was not effectively identifying and addressing the non compliant findings, as set out in this report.

There were adequate numbers of staff on duty on the day of this inspection to meet the needs of residents. Staff knew the residents and were responsive to residents' needs for assistance and support. Systems were in place to ensure all new staff who joined the service were inducted and staff working in the centre had completed satisfactory Garda Vetting procedures.

Staff were facilitated to attend mandatory and professional development training to ensure they had the necessary skills and competencies to meet residents' needs. Records showed that staff were up-to-date with their training requirements. However, the inspector found that care staff who supported the residents' social activity provision did not have appropriate knowledge and skills to carry out this aspect of their work and, as a result, residents' quality of life was negatively impacted.

This inspection also found that actions were necessary to ensure residents' care plan documentation was completed to required standards to ensure staff providing care were clearly informed of each resident's needs.

The provider had arrangements in place for managing accidents and incidents involving residents in the centre, including appropriately notifying the office of the Chief Inspector of incidents involving residents, as required by the regulations.

Records were maintained as required by the regulations and resident and staff records were stored securely.

#### Regulation 14: Persons in charge

The person in charge commenced in this role in December 2021. The person in charge is a registered nurse and has the clinical and management experience and qualifications as required by the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

While there were adequate numbers of staff available, the provider had not ensured that care staff who had responsibility for supporting the social care practitioner with providing residents' social activities had the necessary knowledge and skills in relation to this aspect of their role. As a result, the inspector found that not all residents had access to meaningful social activities in line with their interests and capacities.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development



Staff were not adequately supervised in accordance with their roles. As a result staff were not consistently implementing the provider's own policies and procedures in order to ensure the following;

- that residents had access to meaningful social activities in line with their interests and capacities
- that residents' care documentation was completed to required standards.

Judgment: Substantially compliant

### Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

The management systems that were in place did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example;

- Oversight by management of assessment and care planning processes did not ensure that these procedures were implemented in line with the provider's own policy and procedures and the requirements of the regulations. As a result, the standards of record-keeping were not adequate and this posed a risk that relevant information regarding each resident's needs and care interventions were not available to staff. The inspector's findings are discussed further under Regulation 5.
- Oversight by management of residents' quality of life in the centre did not ensure that residents had adequate opportunities to participate in meaningful social activities to meet their interests and capacities.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time-frames specified by the regulations.

Judgment: Compliant

## Quality and safety

Overall, residents' nursing and health care needs were met and residents had timely access to medical, health and social care professional expertise. However, a number of residents did not have adequate opportunities to participate in meaningful social activities.

Residents were supported to live in a comfortable environment that ensured their rights were respected. However, the layout and space available for residents in two twin-occupancy bedrooms was impacting on their ability to maintain control over their personal belongings and also on their choice of television viewing.

Each residents' care needs were assessed and care plans were mostly developed in line with their individual preferences and wishes to meet their needs. Although, the majority of residents' nursing needs were met, actions were necessary to ensure residents' care plan documentation reliably guided staff on the care and supports that should be provided for them by staff. The inspector' findings are discussed further under Regulation 5: Individual assessment and Care Plan.

A number of residents' social care needs were not comprehensively assessed and as a result, many of the residents' care plans did not adequately direct staff on the care and support required to meet each resident's social care needs including meaningful occupation in line with the resident's preferences and capacities.

The registered provider had comprehensive measures in place to ensure that residents were protected from the risk of fire and from the risk of the transmission of infection. However some improvements were found to be necessary to ensure full compliance with Regulation 28: Fire Safety and Regulation 27: Infection Prevention and Control. These findings are set out under the relevant regulations.

Visiting arrangements were in place for residents to meet with their friends and visitors in the centre. Visits were encouraged and precautions were in place to manage and mitigate the risk of infection to residents.

Residents' views and feedback were welcomed and valued and their suggestions were used to improve the service provided for all residents. This included feedback from residents to improve the centre's social activity programme. Residents feedback was used to develop an action plan, however the changes had not been

fully implemented at the time of this inspection and had not improved this area of care provision.

Residents told the inspectors that their decisions regarding when they get up in the morning and what time they went to bed at night were respected. This was validated by the inspector's observations on the day of the inspection. Residents had access to an independent advocacy service. Information in relation to these services was provided on the resident notice boards and in the resident's guide.

Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents had access to local and national newspapers and radios. While televisions were available in the communal sitting rooms, some residents in the twin bedrooms shared a television and did not have individual choice of television viewing and listening as they wished.

The provider had effective measures in place to protect residents from risk of abuse. Residents confirmed that they felt safe and secure living in the centre.

### Regulation 11: Visits

There were no restrictions in place on residents' family and friends visiting them, and visitors were observed visiting residents in the centre throughout the day of the inspection. Practical infection prevention and control precautions were in place to protect residents from risk of infection, whilst maintaining open visiting in the centre. Residents told the inspector that their visitors were always welcomed and that they were able to meet with their visitors in a private area outside of their bedrooms as they wished.

Judgment: Compliant

### Regulation 12: Personal possessions

Although adequate storage was provided for all residents, residents accommodated in one of the twin-occupancy bedrooms could not maintain control of their possessions in their wardrobe or the chest of drawers provided as this storage could be accessed by others without their knowledge and consent and the chest of drawers was shared by both residents.

Judgment: Substantially compliant

### Regulation 17: Premises

The layout of four of the twin-occupancy bedrooms did not ensure there was personal space available for each resident to meet their needs. The inspector observed that;

- There was not enough circulation space between the beds for residents in two twin-occupancy bedrooms to facilitate both residents to sit in a chair by their beds if they wished to do so.
- The location of the wardrobe immediately inside the entrance door in another two twin-occupancy bedrooms posed a risk of injury to residents in these bedrooms from the opening bedroom door. Furthermore, as the bedroom doors were in an open position most of the day, residents could not easily access their wardrobes as the entrance door prevented them from opening their wardrobe doors.
- Parts of the premises were not in a good state of repair internally. For example: Paint was damaged/missing on the walls in a number of residents' bedrooms. The provider did have a plan in place to redecorate residents' bedrooms in the coming weeks.

Judgment: Substantially compliant

## Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018). However, further action was required to be fully compliant. For example;

- A clinical hand wash sink was not available in the clinical room where nurses prepared residents' medicines and clinical treatments. This finding did not support effective hand hygiene procedures.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Assurances regarding residents' safe evacuation in the event of a fire in the centre were not adequate as further to review of the most recent simulated night-time evacuation drill, evidence was not available that the following was considered;

- Calling the emergency services was not referenced as part of the procedure completed
- Assurances regarding residents' supervision by staff post their evacuation was not available. Many of the residents' personal emergency evacuation plans

identified that they needed supervision by staff to maintain their safety post evacuation.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Although, each resident's needs were assessed and a care plan was developed to meet their needs, some residents' care plans did not ensure that this information was up-to-date and clearly set out the care interventions required to meet individual resident's needs. For example;

- A behaviour support care plan developed for one resident who experienced responsive behaviours did not detail person-centred strategies to guide staff with supporting them and effectively de-escalating this resident's behaviours.
- Information to direct staff on the pressure relieving equipment to be provided for three residents with assessed high risk to their skin integrity were not detailed in their care plans.
- Personal care plans developed to meet a number of residents needs did not clearly describe their individual preferences regarding their personal care.
- Care plans developed for a number of residents with full-length bedrails in place did not reference the frequency with they should be removed to ensure they were only used for minimum amounts periods of time and in line with the national restraint policy guidelines.
- Residents' social activity care plans did not reference a programme of meaningful social activities developed in consultation with each resident to meet their individual interests and capacities. Furthermore, one resident's social care plan was not up-to-date and did not ensure the social activities programme outlined in the care plan was in line with their visual impairment and communication needs.

Judgment: Not compliant

### Regulation 6: Health care

Residents had timely access to their general practitioners (GPs), allied health professionals and specialist medical and nursing services. This included psychiatry of older age, community palliative care and tissue viability specialists as necessary. The provider had ensured where there was any delays with access to community allied health specialist services, arrangements were in place for residents for alternative access to these services. An on-call medical service was accessible to residents out-

of-hours, as needed. Residents were supported to safely attend out-patient and other health related appointments.

Judgment: Compliant

### Regulation 8: Protection

The provider had policies and procedures in place to safeguard residents from abuse. Staff were facilitated to attend up-to-date safeguarding residents from abuse training. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre. Residents confirmed to the inspector that they felt safe in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had not ensured that residents were provided with adequate opportunities to participate in meaningful social activities that met their interests and capacities. The inspectors observed that the social activity programme for residents was limited, and only made available for a small number of residents. As a result many of the residents spent their time sitting in front of the television in the communal lounges with little to occupy them apart from the television.

Residents were not supported to exercise choice in their daily routines. This was evidenced by the following:

- Residents in a number of twin bedrooms shared one television. The provision of one television for sharing between two residents did not ensure that each resident had a choice of television viewing and listening.
- The seating arrangements in one communal room meant that some residents were not able to see the television if they wished to do so.

Judgment: Not compliant

### Regulation 13: End of life

Staff provided end-of-life care to residents with the support of the residents' general practitioners and the community palliative care services. An up-to-date policy was

available to inform staff on the centre's procedures to ensure residents' end-of-life needs were met.

Residents' end-of-life wishes were assessed and their care plans clearly documented their needs and preferences regarding their physical, psychological and spiritual care. Residents' preferences regarding where they would like to receive care at end of their lives were established and were regularly updated. This gave residents the opportunity to be involved in and to make decisions regarding their end-of-life care while they were able to do so. A pain assessment and monitoring tool was in use by staff to ensure any pain experienced by residents was identified promptly and managed. Pain medications were administered as required and monitored to ensure effectiveness.

Each resident was accommodated in a single bedroom during their end -of-life care, which supported their comfort and privacy needs. Residents' relatives were supported to be with them during this time in line with the resident's wishes. Overnight facilities and refreshments were available to residents' family members and friends during residents' end-of-life care.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially 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 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 13: End of life	Compliant



# Compliance Plan for Sonas Nursing Home Riverview OSV-0005504

Inspection ID: MON-0043574

Date of inspection: 05/02/2025

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>A complete review of the social, therapeutic and recreational programme has been undertaken with the internal activities team, the physiotherapy team, the care team and the external providers of the various recreational activities. This review and subsequent project involved a review of the usage and purpose of all common areas, a review of staff roles, responsibilities and allocations and engagement with the residents to seek their input and feedback into the social, therapeutic and recreational programme available to them. This project will also include the provision of training for care staff in order to enhance their understanding of their role in the social engagement of residents. We are implementing this enhanced programme as a three-phase project so that the change can be managed appropriately. The in-house management team are coordinating the initial changes at present and the Quality Manager is observing and monitoring same on their visits to the centre.</p> <p>Staffing has been increased at lunch time to ensure a smooth transition from recreational to nutritional activities.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A complete review of the social, therapeutic and recreational programme has been undertaken with the internal activities team, the physiotherapy team, the care team and</p>	

the external providers of the various recreational activities. This review and subsequent project involved a review of the usage and purpose of all common areas, a review of staff roles, responsibilities and allocations and engagement with the residents to seek their input and feedback into the social, therapeutic and recreational programme available to them. This project will also include the provision of training for care staff in order to enhance their understanding of their role in the social engagement of residents. We are implementing this enhanced programme as a three-phase project so that the change can be managed appropriately.

In addition to this the management team are providing enhanced coaching and mentoring for staff in relation to engagement with residents and maintaining appropriate care planning records, the management team are now conducting regular QUIS assessments and additional formal training on care planning has been provided. The care plans will be audited in May in order to assure that improvements have been made.

Staff present in the sitting rooms and the dining room throughout the day are also coached by the management team as to how to engage with residents and provide meaningful activities and social interactions. Residents who spend time in their bedrooms are provided with opportunities for meaningful engagement in activities and interactions with staff.

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

Following the inspection a Governance meeting took place with the PIC and their management team and the Director of Quality & Governance, the Quality Manager and the Provider Representative (Director of Facilities and Business Development) and the three-phase project was developed and agreed.

The Director of Quality & Governance and the Quality Manager will review the findings from audits conducted and ensure that appropriate and timely action plans are implemented. The Director of Quality & Governance will report on these audits at Senior Governance meetings which are chaired by the Provider Representative and who in turns brings the findings to the Board of Directors meetings.

All residents records i.e. narrative notes and care plans have undertaken a full review and audit and the findings have been discussed at the monthly governance meeting chaired by the Director of Quality & Governance. Appropriate and consultative updates are being made with the residents and/or their nominated support person.

The Provider Representative (Director of Facilities and Business Development) has

approved the development of an additional external garden and patio area and furniture for this area arrived on 08/04/2025. We are planning to plant flowers and paint a mural on the wall to create an external space which has a lovely view of the River Moy and the adjacent children's park. The revised staffing and allocations will facilitate the residents to use this space if they so wish. The kitchenette on side one will be re-configured so that seating space and access to TVs will be enhanced for the residents.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

The layouts for all double bedrooms in the home were reviewed by the Director of Facilities and Business Development on the 19th of March 2025. The furniture arrangements within each room has been changed and works for additional TV points are ongoing and will be complete by 31/05/2025.

Furniture layout in each double room has been reviewed and improved.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The layouts for all double bedrooms in the home were reviewed by the Director of Facilities and Business Development and the PIC on the 19th of March 2025.

The furniture arrangements and dividing curtains within the two twin-occupancy bedrooms has been changed and works for additional TV points are ongoing and will be complete by 31/05/2025. The PIC and clinical team reviewed the proposed changes to the double bedrooms and confirmed that the bedroom/bedspace for each resident is suitable to meeting their needs. The circulation space between the beds for residents in the two twin-occupancy bedrooms now facilitates both residents to sit in a chair by their beds if they wish to do so and have private access to their own personal property.

Furniture layout in each double room has been reviewed to make sure it meets residents needs and where required replaced with more suitable wardrobes and lockers. The re-location of the wardrobes now ensures that there is no risk of injury and access to their wardrobes is no longer restricted by the bedroom door position.

The Provider Representative (Director of Facilities and Business Development) monitors the outcomes of internal audits completed by the home management team and the maintenance team and visits the centre on a regular basis to ensure that the premises is maintained in good repair at all times and meets the changing needs of residents in line with the Statement of Purpose. On the basis of this the Provider Representative (Director of Facilities and Business Development) develops the annual capex budget which provides a planned and costed roadmap for upkeep of the premises. Rooms identified during the inspection have been painted and our painting schedule is continuous in line with our internal audits and capex budget.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Clinical handwashing sink will be installed in the clinical room.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>As detailed in Section 7 of our Monthly fire drill template, staff are questioned and informed of the procedure in relation to calling the emergency service. We will further enforce this practice through training exercises, fire drills and we have also recently issued fire drill scenarios which the fire wardens can use for training. These scenarios include calling the emergency services and safe evacuation in the event of a fire at night time.</p> <p>Discussion and training on residents supervision by staff post their evacuation is discussed and planned during training exercises and drills. PEEPs have been reviewed and updated.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Taking a proactive approach, all residents care plans have been audited and reviewed. The nursing staff are conducting care planning meetings with the residents and/or their nominated support person. This is being overseen by the Assistant Person in Charge. The Person in Charge includes an update on the progress of the care plan reviews in their weekly report to their Quality Manager and the Director of Quality and Governance reviews this at their weekly meeting with the Quality Manager. All behaviour support care plans have now been reviewed and updated and clearly detail person-centred strategies to guide staff with supporting these residents in order to effectively de-escalate their behaviours. All residents requiring pressure relieving equipment now have this information in their care plans. The Assistant Person in Charge is guiding and mentoring the nursing staff with the enhancement of the residents care plans so that they sufficiently describe each residents individual needs. In addition to this mentorship, formal training has also been provided. Care plans developed for residents with full-length bedrails now describe the frequency with which they should be removed to ensure they are only used for minimum amounts periods of time and in line with the national restraint policy guidelines. All residents social, therepeutic and recreational needs have been re-visited as part of the three phase project. Particular attention has been paid to residents with additional needs such as hearing or sight impairment. This not only includes the care plan records but the practicalities of their access to TVs and appropriate reading materials. As per the operational plan the changes and updates to the care plans will be assessed through an auditing schedule. The results from these audits will be discussed at the monthly home governance meetings chaired by the Director of Quality &amp; Governance who will report on these audits at Senior Governance meetings which are chaired by the Provider Representative and who in turns brings the findings to the Board of Directors meetings. The Provider Representative will monitor adherence to the regulations at all times: "The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre. 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" nominated support person. This will be monitored through the Sonas governance operational plan and meeting schedule.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>A complete review of the social, therapeutic and recreational programme has been undertaken and a three-phase project to enhance same is underway.</p>	

We are also currently seeking feedback from the residents and we have distributed a survey to the residents and their nominated support persons. Our activities team will also seek feedback at the residents meetings.

All twin bedrooms now have two televisions and each resident has access to these. The re-configured dayroom layout also facilitates each resident to have access to the TV if they so wish.

## 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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	31/05/2025
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.	Substantially Compliant	Yellow	31/05/2025
Regulation 16(1)(b)	The person in charge shall	Substantially Compliant	Yellow	31/05/2025



	ensure that staff are appropriately supervised.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/05/2025
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	30/06/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2025
Regulation 28(2)(iii)	The registered provider shall make adequate arrangements for calling the fire service.	Substantially Compliant	Yellow	20/03/2025
Regulation 28(2)(iv)	The registered provider shall	Substantially Compliant	Yellow	20/03/2025

	make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	31/05/2025
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.	Not Compliant	Orange	31/05/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with	Not Compliant	Orange	31/05/2025

	their interests and capacities.			
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	31/05/2025